

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Personal Services	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Capital Expenditures	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	* =====	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	0	0	0	0	0

Is Item Included In Current Budget? Yes X No ___
 Does this item include the use of federal funds? Yes ___ No X
 Budget Account Exp No: Fund 1426 Dept. 662 Unit 3290 Obj. various Prog. various
 Rev No: Fund 1426 Dept. 662 Unit 3290 RevSc. 3429 Prog. ST01

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Grant: SART Program, COHO3
 Fund: 1426 – Public Safety Grants
 Unit: 3290 – SART Program

* No additional fiscal impact.

C. Departmental Fiscal Review:

[Handwritten Signature] 6/1/21

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Handwritten Signature] 6/14/21
 OFMB 6-14-21 LM 6/14

[Handwritten Signature] 6-18-21
 Contract Dev. And Control 6-18-21 TD

B. Legal Sufficiency:

[Handwritten Signature]
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

CONTRACT SUMMARY

This contract action has completed the Department's routing process and has received the required approvals for execution.

Division/CHD/Office: Community Health Promotion/Family Health Services/VIPS
Provider Name: PALM BEACH COUNTY BOARD OF COUN
Contract Number: COHO3
Renewal Number: N/A
Amendment Number: 0001

DESCRIPTION OF CONTRACT AMENDMENT:

The Department and Provider amend this contract to comply with Ch.20-149, Laws of Fla., which created section 448.095, Florida Statutes to require all public employers, contractor, and subcontractors register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system.

REQUIRED FOR EXECUTION PHASE:

Please **check the box** to identify the Provider representative receiving the contract action through DocuSign. Selecting the Point-of-Contact means the Provider will **physically sign** the contract action.

Signatory for Provider (electronic signature)
 Point-of-Contact (will print and obtain signature)

Provide the following information for the box checked above:

Last Name	First Name	E-mail Address
Messam-Gordon	Carol	CMESSAMG@pbcgov.org

DS
kp

This contract complies with all of the following requirements:

- A statement of work
- Quantifiable and measurable deliverables
- Performance measures
- Financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ORIGINAL CONTRACT # COHO3
AMENDMENT # 0001

This amendment entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and PALM BEACH COUNTY BOARD OF COUN, hereinafter referred to as "Provider," amend Contract # COHO3.

The Department and Provider amend this contract to comply with Ch.20-149, Laws of Fla., which created section 448.095, Florida Statutes to require all public employers, contractor, and subcontractors register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system. Accordingly, the contract is amended as follows:

1. Standard Contract, Page 1, Section I.B.2.f., is deleted in its entirety and replaced with the following:
 - f. **Employment Eligibility Verification:** Effective January 1, 2021, Provider is required to use the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all newly hired employees used by the Provider under this Contract, pursuant to section 448.095, Florida Statutes. Also, the Provider must include in related subcontracts, if authorized under this Contract, a requirement that subcontractors performing work or providing services pursuant to this Contract use the E-Verify system to verify employment eligibility of all newly hired employees used by the subcontractor for the performance of services under this Contract. The subcontractor must provide the Provider with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The Provider must maintain a copy of such affidavit for the duration of the Contract. If the Department has a good faith belief that a subcontractor knowingly violated section 448.095(1), Florida Statutes, and notifies the Provider of such, but the Provider otherwise complied with this statute, the Provider must immediately terminate the contract with the subcontractor.
2. This amendment will begin on January 1, 2021, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

to have caused this two-page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: Palm Beach County, A Political Subdivision of the State of Florida by and through its Board of Commissioners.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY: *Stephanie Sejnoha*

NAME: Stephanie Sejnoha

TITLE: Public Safety Director

DATE: 5/11/21

SIGNED BY: *Melissa Jordan, MS, MPH*
DocuSigned by: 3709040D9059476...

NAME: Melissa Jordan, MS, MPH

TITLE: Director, Division of Community Health Promotion

DATE: 5/20/2021

FEDERAL ID NUMBER: VF59-6000785

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: *Jean-Add Williams*
Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS

By: *Nicole Bishop*
Nicole Bishop
Director, Victim Services

Certificate Of Completion

Envelope Id: 685D7376F3BC4BDC87AB716C22D981BD
Subject: Contract COHO3-A1: Has been sent to the providers POC to obtain signature
Source Envelope:
Document Pages: 3
Certificate Pages: 5
AutoNav: Enabled
Enveloped Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed
Envelope Originator:
Rashena Itwaru-Womack
Rashena.Itwaru-Womack@flhealth.gov
IP Address: 167.78.4.19

Record Tracking

Status: Original
4/16/2021 1:31:23 PM
Holder: Rashena Itwaru-Womack
Rashena.Itwaru-Womack@flhealth.gov
Location: DocuSign

Signer Events

Kentavian Paramore
Kentavian.Paramore@flhealth.gov
Security Level: Email, Account Authentication (None)

Signature



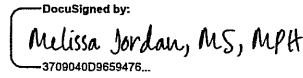
Signature Adoption: Pre-selected Style
Using IP Address: 167.78.30.77

Timestamp

Sent: 5/20/2021 4:35:08 PM
Viewed: 5/20/2021 4:35:44 PM
Signed: 5/20/2021 4:36:04 PM

Electronic Record and Signature Disclosure:
Accepted: 5/20/2021 4:35:44 PM
ID: 417f2570-01ff-4fc7-abd6-17da4e01196d

Melissa Jordan, MS, MPH
Melissa.Jordan@flhealth.gov
Interim Division Director
Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
Using IP Address: 167.78.30.74

Sent: 5/20/2021 4:36:05 PM
Viewed: 5/20/2021 4:38:07 PM
Signed: 5/20/2021 4:38:14 PM

Electronic Record and Signature Disclosure:
Accepted: 5/20/2021 4:38:07 PM
ID: 57c36853-c1a6-4d86-8b90-8eb159b2bad6

In Person Signer Events

Editor Delivery Events

Rashena Itwaru-Womack
rashena.itwaru-womack@flhealth.gov
OPS GOVERNMENT OPERATIONS
CONSULTANT II
Florida Department of Health
Security Level: Email, Account Authentication (None)

Signature

Status



Using IP Address:

Timestamp

Timestamp

Sent: 4/16/2021 1:51:52 PM
Completed: 5/20/2021 4:35:07 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Agent Delivery Events

Intermediary Delivery Events

Certified Delivery Events

Carbon Copy Events

Status

Status

Status

Status

Timestamp

Timestamp

Timestamp

Timestamp

Carbon Copy Events

Kentavian Paramore
Kentavian.Paramore@flhealth.gov
Security Level: Email, Account Authentication (None)

Status

COPIED

Timestamp

Sent: 4/16/2021 1:51:50 PM
Viewed: 4/16/2021 1:52:30 PM

Electronic Record and Signature Disclosure:
Accepted: 5/20/2021 4:35:44 PM
ID: 417f2570-01ff-4fc7-abd6-17da4e01196d

Susan Pearson
Susan.Pearson@flhealth.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 4/16/2021 1:51:51 PM
Viewed: 5/11/2021 4:12:02 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Carol Messam-Gordon
CMESSAMG@pbcgov.org
Security Level: Email, Account Authentication (None)

COPIED

Sent: 4/16/2021 1:51:51 PM
Viewed: 4/21/2021 4:34:28 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent Hashed/Encrypted
Certified Delivered Security Checked
Signing Complete Security Checked
Completed Security Checked

4/16/2021 1:51:51 PM
5/20/2021 4:38:07 PM
5/20/2021 4:38:14 PM
5/20/2021 4:38:14 PM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: antonio.dawkins@flhealth.gov

To advise Carahsoft OBO Florida Department of Health of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at antonio.dawkins@flhealth.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to antonio.dawkins@flhealth.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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