

<input checked="" type="checkbox"/> [X]	Consent	<input type="checkbox"/> []	Regular
<input type="checkbox"/> []	Ordinance	<input type="checkbox"/> []	Public Hearing

Submitted For: Comprehensive Opioids, Stimulants, Substance Abuse Program
(COSSAP)

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2022	2023	2024	2025	2026
Capital Expenditures					
Operating Costs	206,960	0			
External Revenue	(206,960)	0			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT					
No. ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes X No _____

Does this item include the use of federal funds? Yes X No _____

Budget Account No.:
Fund 0001 Dept 146 Unit 7622 Object 3401 Program Code _____ Program Period _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:
Funding Source is the US Department of Justice

DocuSigned by:
Julie Dowe
05AC9C7CC5BC4A4...

C. **Departmental Fiscal Review:** _____
Julie Dowe, Director of Finance and Support Services

III. REVIEW COMMENTS

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




OFMB
 MG 8/24

Contract Development and Control

B. Legal Sufficiency:

Helene C. Dwyer 9-2-22
Assistant County Attorney

C. Other Department Review:

Department Director

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

Funded Award Details

Solicitation Title:

BJA FY 19 Comprehensive Opioid Abuse Site-based Program

Project Title:

Palm Beach County Comprehensive Opioid Abuse Program

Project Period:

10/1/19 - 9/30/23

Managing Office:

OJP

DOJ Grant Manager:

Jocelyn Linde

Grant Award Administrator:

John Hulick

FAW Case ID:

FAW-20173

Federal Award Amount:

\$1,200,000.00

Funding Instrument Type:

CA

Program Office:

BJA

UEI

XL2DNFMPCR44

TIN:

596000785

Project Period Extension

Project Period Extension Start Date

Number of Months to extend Project Period Extension End Date

12

Current Project Period

Current Start Date

10/01/2019

Current Completion Date

09/30/2022

Requested Project Period

Project Period Start Date

10/01/2019

Project Period End Date
09/30/2023

Total Period of Performance with Requested Extension
Months
48

Justification

The Palm Beach County Community Services Department is requesting a no cost extension for Award #2019-AR-BX-K023. The request is being made due to delay in the start date of sub-awards, impacts due to COVID and time needed to complete the research for this project.

The current unobligated balance is \$451,130. The Department acknowledges that no more than one no-cost extension may be made to an award, barring extraordinary circumstances beyond its control.

Attachments
Grants Management Comments

Create Date	User	Note
6/28/22 9:16 AM	Jocelyn Linde	Good morning, Please include the following additions to the request: 1. The current unobligated balance of funds; 2. .An acknowledgement, that, per the DOJ Grants Financial Guide, no more than one no-cost extension may be made to an award, barring extraordinary circumstances beyond the recipient’s control.
7/7/22 2:30 PM	Jocelyn Linde	Hi, I am sorry to send this back again but, I forgot to mention that we need an updated timeline for the requested 12 month extension. You can just attach the timeline to the GAM and then everything will be ready to submit for final approval. Best, Jocelyn

		1st NCE Request due to pandemic delays
		Reporting current
7/18/22 2:40 PM	Jocelyn Linde	AC satisfied
		Unobligated balance and timeline included
		Approval recommended

Close

Funded Award
(2019-AR-BX-K023)

PENDING-ACTIVE

Entity Legal Name

(PALM BEACH COUNTY OF)

Doing Business As:

(BOARD OF COMMISSIONS)

Actions

Solicitation Title:

BJA FY 19 Comprehensive Opioid Abuse Site-based Program

Solicitation Category:

Project Title:

Palm Beach County Comprehensive Opioid Abuse Program

Project Period:

10/1/19

-

9/30/23

Managing Office:

OJP

DOJ Grant Manager:
Jocelyn Linde
Grant Award Administrator:
John Hulick
FAW Case ID
FAW-20173
Federal Award Amount
\$1,200,000.00
Program Office:
BJA
UEI:
XL2DNFMPCR44
TIN:
596000785

Assignments

[View all](#)

☐ [View all](#)

Assigned to		Actions
Task	Funded Award	Begin
	Funded Awards BJA	Begin
	Funded Award	Begin
	Funded Award	Begin
	Funded Awards	Begin
Audit And Assessment		
Financial		
Leadership		

Legal

JH

[John Hulick](#)

Begin

○ 1y

Programmatic

JL

[Jocelyn Linde](#)

Begin

-

Performance Report (PR-602274)

▪ 5mo

Complete Performance Measure Survey

-

Performance Report (PR-582841)

▪ 28d

Please approve or reject this

View Case

-

Performance Report (PR-569423)

View Case

-

Performance Report (PR-124806)

View Case

-

Performance Report (PR-2428)

View Case

-

Performance Report (PR-2426)

View Case

-

Performance Report (PR-2429)

View Case

-

Federal Financial Report (FFR-371339)

View Case

-

Federal Financial Report (FFR-142251)

JD

[Julie Dowe](#)

Begin

-

Federal Financial Report (FFR-953767)

Federal Financial Report (FFR-934852)	View Case
Federal Financial Report (FFR-927497)	View Case
Federal Financial Report (FFR-535178)	View Case
Federal Financial Report (FFR-327502)	View Case
Federal Financial Report (FFR-971471)	

[Create FFR](#)

- [Federal Financial Report \(FFR-796533\)](#)
- [Federal Financial Report \(FFR-142250\)](#)
- [Federal Financial Report \(FFR-142247\)](#)
- [Federal Financial Report \(FFR-142245\)](#)

[FUNDED AWARD INITIAL SETUP](#)

[ACTIVE](#)

[INITIATE CLOSEOUT](#)

[PROGRAMMATIC CLOSEOUT](#)

[FINANCIAL CLOSEOUT](#)

[UFMS HANDOFF](#)

- [Funded Award Information](#)
- [Award Package](#)
 - [Award Conditions](#)
 - [Award Details](#)
 - [Award Attachments](#)
 - [Performance Management](#)

Funding Balance and Availability

Federal Financial Report (FFR)

Grant Award Modification (GAM)

Title

GAM Selection

Type of Award Change

In Progress GAMs

FAW-20173

GAM ID	Status	Type of Award Change	Award Subty
--------	--------	----------------------	-------------

No Items

Completed GAMs

FAW-20173

GAM ID	Status	Type of Award Change
GAM-36169	Resolved-Completed	Programmatic
GAM-560328	Resolved-Completed	Project Period Extension

Closeout

View Application

Case details

Last updated by

Queue processor(pzStandardProcessor.ProcessFAWWithMissingFFRs)

7d ago

Created by
Queue processor(MigrateFundedAwards)
1y ago

DOJ Grant Manager
Jocelyn Linde

Phone

Email

jocelyn.linde@ojp.usdoj.gov

Participants
(7)

JH
John Hulick
Grant Award Administrator

EM
ELENA MADONNA
Entity Administrator

JD
Julie Dowe
Financial Manager

JL
Jocelyn Linde

JH
John Hulick
Authorized Representative 1

View all

AMENDMENT 1

FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT

THIS FIRST AMENDMENT TO SUB-RECIPIENT AGREEMENT dated March 09, 2021, (R2021-0301), is made on this _____ day of _____, 2022, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and **Southeast Florida Behavioral Health Network, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **27-1871869**.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

WHEREAS, on March 09, 2021, the above named parties entered into a Sub-recipient Agreement, (R2021-0301) (the Agreement), in an amount not to exceed \$953,920.00, to provide certain services for the Comprehensive Opioid Abuse Site-based Program; and

WHEREAS, the need exists to amend the Agreement with the AGENCY, to extend the term of the Contract by amending **ARTICLE 4 – SCHEDULE**, to increase the total funding by amending the first paragraph in **ARTICLE 5 – PAYMENTS**, and to replace **EXHIBIT B – PAYMENT SCHEDULE**, with **EXHIBIT B1 – PAYMENT SCHEDULE**.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Contract is hereby amended as follows:

I. The foregoing recitals are true and correct and incorporated herein by reference and made a part of the parties' Contract.

II. The first sentence of **ARTICLE 4 – SCHEDULE** is hereby replaced with the following:

The term of this Agreement shall be for one (1) year, starting October 1, 2020 and will automatically renew for two (2), one (1)-year terms, unless either party notifies the other prior to the expiration of the initial term or any extended term of its intent not to renew in accordance with the time parameters and notice requirements state herein.

III. The first paragraph in **ARTICLE 5 – PAYMENTS** is amended to read as follows:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of **ONE MILLION, NINETY-SEVEN THOUSAND EIGHT HUNDRED EIGHTY DOLLARS AND ZERO CENTS (\$1,097,880.00)**, of which **FOUR HUNDRED SEVENTY-SIX THOUSAND, NINE HUNDRED AND SIXTY DOLLARS AND ZERO CENTS (\$476,960.00)** was budgeted in both FY 2021 and FY 2022, and **ONE HUNDRED FORTY-THREE THOUSAND, NINE HUNDRED AND SIXTY DOLLARS AND ZERO CENTS (\$143,960.00)** is budgeted in FY 2023.

IV. Exhibit B1, attached hereto and incorporated herein by reference, shall replace Exhibit B in its entirety.

OTHER PROVISIONS:

All other provision of the Agreement not modified in this First Amendment are still in effect and are to be performed at the same level as specified in the Agreement.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Joseph Abruzzo, Clerk of the Circuit Court
and Comptroller
Palm Beach County

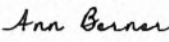
PALM BEACH COUNTY, FLORIDA,
A Political Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY _____
Deputy Clerk

BY _____
Robert S. Weinroth, Mayor

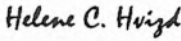
AGENCY:

Southeast FL Behavioral Health Network, Inc.
AGENCY'S Name Typed

DocuSigned by:

A0D74861170F450...
AGENCY'S Signatory Name

Ann Berner, President/CEO
AGENCY'S Signatory Title Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

DocuSigned by:

BF3DF20B2223413...
Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

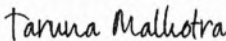
DocuSigned by:

1459E4101F1049C...
Taruna Malhotra, Assistant Director
Community Services Department

EXHIBIT B1

Payment Schedule

Service Description	FY 21 Cost Per Deliverable	FY 22 Cost Per Deliverable	FY 23 Cost Per Deliverable
Care Coordination: Services that develop plans for the evaluation individuals in recovery needing assistance in planning and arranging for services, which assess the individual's needs; coordinate the delivery of needed services; ensure that services are obtained in accordance with the service plan; and follow up and monitor progress to ensure that services are having a beneficial impact on the individual as noted in Exhibit A.	\$90,000.00	\$90,000.00	\$27,352.00
Peer Support: Services that include assisting Clients in articulating their goals for recovery and learning and practicing new skills. Helping them monitor their progress, supporting them in their recovery, modeling effective coping techniques and self-help strategies based on their own recovery experience, and supporting them in advocating for themselves to obtain effective services as noted in Exhibit A.			
Recovery Housing Voucher: Provides financial assistance to cover housing expenses.	\$180,000.00	\$180,000.00	\$54,316.00
Recovery Support Services Fund: Provides additional support to COSSAP program clients as they continue their recovery journey.	\$181,500.00	\$181,500.00	\$55,093.00
Administrative Costs	\$25,460.00	\$25,460.00	\$7,199.00
Total	\$476,960.00	\$476,960.00	\$143,960.00

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission of the general ledger. The backup documentation - copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.



CERTIFICATE OF LIABILITY INSURANCE

14MF

DATE (MM/DD/YYYY)

09/10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive, Suite #1100
Miami, FL 33131-4937

CONTACT NAME:

Aon Risk Services, Inc of Florida

PHONE (A/C, No, Ext):

833-506-1544

FAX (A/C, No):

EMAIL ADDRESS:

work.comp@trinet.com

INSURER(S) AFFORDING COVERAGE

INSURER A : Indemnity Insurance Company of North America

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

NAIC #

43575

INSURED

TriNet Group, Inc.
SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK, INC.
9000 Town Center Parkway
Bradenton, FL 34202

COVERAGES

CERTIFICATE NUMBER: 15368701

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> OTHER						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEC <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLR_C6899469A	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N / A				E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Compensation coverage is limited to worksite employees of SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK, INC. through a co-employment agreement with TRINET HR III, INC..

CERTIFICATE HOLDER

CANCELLATION

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK, INC.
1070 E Indiantown Road
Suite 408
JUPITER, FL 33477

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc of Florida

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 1000 Corporate Drive Suite 400 Fort Lauderdale FL 33334	CONTACT NAME: PHONE (A/C, No, Ext): 954-938-8788 FAX (A/C, No): E-MAIL ADDRESS:
INSURED Southeast Florida Behavioral Health Net 1070 E Indiantown Rd, Suite 408 Jupiter FL 33477	INSURER(S) AFFORDING COVERAGE INSURER A : Ameritrust Insurance Corporation INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
	NAIC # 10665

COVERAGES CERTIFICATE NUMBER: 1974255836 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL500372022	06/1/2022	06/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FITGAU500372022	06/1/2022	06/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			FITGL500372022	06/1/2022	6/1/2023	Each Claim Aggregate 1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder as Designated Organization is an Additional Insured as respects General Liability when required by written contract subject to the terms, conditions and exclusions of the policy.

CERTIFICATE HOLDER Palm Beach County Insurance Compliance PO Box 100085 - DX Duluth IA 50021	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

AMENDMENT 1

FIRST AMENDMENT TO INTERLOCAL AGREEMENT

THIS FIRST AMENDMENT TO INTERLOCAL AGREEMENT dated March 09, 2021, (**R2021-0302**) (the Agreement), is made on this _____ day of _____, 2022, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and **Florida Atlantic University Board of Trustees**, hereinafter referred to as the UNIVERSITY, a public institution of higher education authorized to do business in the State of Florida, whose Federal Tax I.D. is **65-0385507**.

In consideration of the mutual promises contained herein, the COUNTY and the UNIVERSITY agree as follows:

WHEREAS, on March 09, 2021, the above named parties entered into an Interlocal Agreement, (R2021-0302) (the Agreement), in an amount not to exceed \$126,000.00, to provide Comprehensive Opioid Stimulant Substance Abuse Program (COSSAP) services to residents of Palm Beach County; and

WHEREAS, the need exists to amend the Agreement with the UNIVERSITY, to extend the term of the Contract by amending **ARTICLE 4 – SCHEDULE**, to increase the total funding by amending the first paragraph in **ARTICLE 5 – PAYMENTS**, and to replace **EXHIBIT B – PAYMENT SCHEDULE**, with **EXHIBIT B1 – PAYMENT SCHEDULE**.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Contract is hereby amended as follows:

- I. The foregoing recitals are true and correct and incorporated herein by reference and made a part of the parties’ Contract.
- II. The first sentence of **ARTICLE 4 - SCHEDULE** is hereby replaced with the following:

The term of this Agreement shall be for one (1) year, starting October 1, 2020 and will automatically renew for two (2) terms, unless either party notifies the other prior to the expiration of the initial term or any extended term of its intent not to renew in accordance with the time parameters and notice requirements state herein.
- III. The first paragraph in **ARTICLE 5 – PAYMENTS** is amended to read as follows:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of **ONE HUNDRED EIGHTY-NINE THOUSAND DOLLARS AND ZERO CENTS (\$189,000.00)**, of which **SIXTY-THREE THOUSAND DOLLARS AND ZERO CENTS (\$63,000.00)** was budgeted in FY 2021 and FY 2022, and is budgeted in FY 2023.
- IV. Exhibit B1, attached hereto and incorporated herein by reference, shall replace Exhibit B in its entirety.

OTHER PROVISIONS:

All other provision of the Agreement not modified in this First Amendment are still in effect and are to be performed at the same level as specified in the Agreement.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and UNIVERSITY has hereunto set his/her hand the day and year above written.

ATTEST:

Joseph Abruzzo, Clerk of the Circuit Court
and Comptroller
Palm Beach County

PALM BEACH COUNTY, FLORIDA,
A Political Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY _____
Deputy Clerk

BY _____
Robert S. Weinroth, Mayor

AGENCY:

Florida Atlantic University Board of Trustees
AGENCY'S Name Typed

DocuSigned by:
Miriam Campo
F82DD0445DB444D...

AGENCY'S Signatory Name

Miriam Campo, Assistant VP for Research,
Office of Sponsored Research
AGENCY'S Signatory Title Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

DocuSigned by:
Helene C. Hvizd
BF3DF20B2223413...
Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

DocuSigned by:
Taruna Malhotra
1459E4101F1049C...
Taruna Malhotra, Assistant Director
Community Services Department

EXHIBIT B1

Payment Schedule

Task #	Task	Due Date	FY 21 Cost Per Deliverable	FY 22 Cost Per Deliverable	FY 23 Cost Per Deliverable
1	Quarter 1 Progress Report	December 15	\$15,750.00	\$15,750.00	\$15,750.00
2	Quarter 2 Progress Report	March 15	\$15,750.00	\$15,750.00	\$15,750.00
3	Quarter 3 Progress Report	June 15	\$15,750.00	\$15,750.00	\$15,750.00
4	Quarter 4 Progress Report	September 15	\$15,750.00	\$15,750.00	\$15,750.00
Total			\$63,000.00	\$63,000.00	\$63,000.00

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission of the general ledger. The backup documentation - copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE RISK MANAGEMENT
TRUST FUND

Policy Number: GL-0201 General Liability
Certificate of Coverage

Name Insured: Florida Atlantic University

General Liability Coverage provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes, and any rules promulgated thereunder.

Coverage Limits:

General Liability: \$200,000.00 each person
\$300,000.00 each occurrence

Inception Date: July 1, 2022

Expiration Date: July 1, 2023



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE RISK MANAGEMENT
TRUST FUND

Policy Number: WC-0201

State Employee Workers' Compensation
and Employer's Liability
Certificate of Coverage

Name Insured: Florida Atlantic University

Coverage Limits:

Coverage A - Compensation coverage is provided to comply with the applicable State Workers' Compensation, Occupational Disease Laws and any rule promulgated thereunder.

Coverage B \$200,000.00 each person
 \$300,000.00 each occurrence

Inception Date: July 1, 2022

Expiration Date: July 1, 2023