CONTRACT BETWEEN

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

AND

SCHOOL DISTRICT OF CLAY COUNTY

SECOND AMENDMENT

THIS AMENDMENT, entered into between the Florida Department of Children and Families, hereinafter referred to as the "department" and School District of Clay County, hereinafter referred to as the "provider", amends contract # DH676, which is a renewal of contract # DH635, entered into between said parties on June 23, 2009, for the period July 1, 2009, through June 30, 2012, last amended on October 28, 2009.

This amendment increases funding for the Professional Services Line Item budget for Fiscal Year 09-10 to increase the number of therapeutic services available to clients.

I. Standard Contract, Section II., Paragraph A., Contract Amount, is hereby amended to read:

"To pay for contracted services according to the terms and conditions of this contract in an amount not to exceed \$147,960.00 or the rate schedule, subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract."

II. Attachment I, Paragraph C. I., Method of Payment, Payment Clauses, is hereby amended to read:

"This is a cost reimbursement contract. The department shall reimburse the provider for allowable expenditures incurred pursuant to the terms of this contract for a total dollar amount not to exceed \$147,960.00, subject to the availability of funds. Reimbursement shall not exceed the following limits:

\$59,320.00 for the time period of July 1, 2009 through June 30, 2010. \$44,320.00 for the time period of July 1, 2010 through June 30, 2011. \$44,320.00 for the time period of July 1, 2011 through June 30, 2012."

- III. Attachment I, Exhibit B-1, Line Item Operating Budget, FY 09-10, (1 page), dated 09/01/2009, is hereby deleted and a new Attachment I, Exhibit B-1, Line Item Operating Budget, FY 09-10, (1 page), dated 11/10/2009, is hereby inserted.
- IV. Attachment I, Exhibit C-1, FY 09-10 Budget Narrative, (1 page), dated 09/01/2009, is hereby deleted and a new Attachment I, Exhibit C-1, FY 09-10 Budget Narrative, (1 page), dated 11/10/2009, is hereby inserted.

V. Attachment I, Exhibit D-1, FY 09-10 Cost Reimbursement Report of Expenditures and Request for Payment/Advance, (1 page), dated 09/01/2009, is hereby deleted and a new Attachment I, Exhibit D-1, FY 09-10 Cost Reimbursement Report of Expenditures and Request for Payment/Advance, (1 page), dated 11/10/2009, is hereby inserted.

This amendment shall be effective December 31, 2009, or the date signed by both parties, whichever is later.

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

IN WITNESS THEREOF, the parties hereto have caused this 5 page amendment to be executed by their undersigned officials as duly authorized.

PROVIDER: School District of Clay County	FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES		
Signature:	Signature:		
Print/Type Name: Lisa Graham	Print/Type Name: <u>Vicki M. Abrams</u>		
Title: School Board Chairperson	Title: <u>Circuit 4 Operations Manager</u>		
Date:	Date:		

Exhibit B-1

LINE ITEM OPERATING BUDGET FY 09-10

AGENCY School District of Clay County

CONTRACT # DH676

CONTRACT PERIOD FROM 07/01/09

TO 06/30/10

DATE PREPARED 11/10/2009

	CONTRACTED	MATCH	7071
LINE ITEMS	AMOUNTS	AMOUNTS	TOTAL
I. PERSONNEL SERVICES	044004		•
(a) SALARIES	\$14,294	\$	\$
(b) FRINGE	\$3,467	\$	\$
TOTAL PERSONNEL =	\$17,761	\$	\$
		made and south dead receit total three from hand dead made total total total total trans from made dead	
II. EXPENSES			•
(a) BUILDING OCCUPANCY	\$	\$	\$
(b) PROFESSIONAL SERVICES	\$34,060	\$	\$
(c) TRAVEL	\$	\$	\$
(d) EQUIPMENT COSTS	\$	\$	\$
(e) FOOD SERVICES	\$	\$ \$	\$
(f) MEDICAL AND PHARMACY	\$		\$
(g) SUBCONTRACTED SERVICES	\$ \$	\$ \$ \$	\$
(h) INSURANCE	\$	\$	\$
(i) INTEREST	\$	\$	\$
(j) OPERATING SUPPLIES &	\$499	\$	\$
EXPENSES			
(k) OTHER	\$7,000	\$	\$
(I) DONATED ITEMS	\$	\$	\$
TOTAL EXPENSES =	\$41,559	\$	\$
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III. NONEXPENDABLE PROPERTY			
(a) EQUIPMENT	\$	\$	\$
(b) PROPERTY	\$	\$	\$
TOTAL NONEXPENDABLE PROPERTY =	GROUP SEASE STATE STATE STATE STATE STATE STATE STATE STATE STATE	descript formal formal names formal happing finding planted channel games formal forma	Section Sec
IV. ADMINISTRATION	\$	\$	\$
•			word done have been front own front state from
GRAND TOTAL =	\$59,320	\$	\$
		COME STATE	== == == == == == == == == == == == ==

EXHIBIT C-1 FY 09-10 BUDGET NARRATIVE

Provider: School District of Clay County

Contract Number: DH676

Budget Details:

1. Personnel:

a. Salaries will pay .20 of the SEDNET project manager's salary.

\$ 14,294.00

b. Other Project Staff (Secretary) .2 FTE is funded by other revenue sources.

2. Fringe Benefits:

Retirement at 9.85 % of salary	\$ 1	1,408.00
Social Security at 7.65% of salary	\$:	1,093.00
Insurance	\$	966.00
Workmens Compensation 1% (Not Currently Deducted)	\$	0.00

Total Fringe \$ 3,467.00

3. Office Expenses:

Office Expenses will include consumable supplies, reproductions of necessary paper work, printing cost, and postage.

499.00

4. Professional Services:

Professional Services will include reimbursement for psychiatrist and/or psychologist to attend and give technical assistance to the TRT. Psychiatrist fee at \$150.00 per hour and psychologist fee at \$100.00 per hour. This rate is consistent with the typical fees for psychiatric and psychologist services in the community. Funds are also allocated to include, but are not limited to, the following: behavior specialist, psychological evaluations, psychosexual evaluations, therapy, therapeutic friend, parent training, and tutoring services.

\$ 34,060.00

5. Other:

a. Other allowable costs are for stabilization of the child or family which may include camp, and miscellaneous wraparound services such as clothing, after school activities, crises supports for the family, medical supplies, and parent training programs designed to help foster parents/parents/guardians deal with emotionally disturbed children and maintain them in the community.

\$ 5,000.00

b. Funding is also set aside for services to assist in transitioning to independent living status.

\$ 2,000.00

Total Other:

\$ 7,000.00

TOTAL

\$ 59,320.00

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COST REIMBURSEMENT REPORT		S AND REQUEST	FUR PAYMENT	/ ADVANCE	
PROVIDER NAME: School District of		_			
ADDRESS: 900 Walnut Street, Green Cove		3			
TYPE OF REQUEST: Regular				mv n m	
CONTRACT # DH676	APPR. CAT.	_100435 EO: TU	OCA: <u>19M13</u>	FUND: <u>000326</u>	
PERIOD COVERED BY THIS REPORT: From	7/1/09 to 6/30/10		Q OCA: <u>19M18</u> J OCA: 9PRNM		
	TOTAL CONTRACT	AMENDED AMT	TOTAL EXPEND	. EXPENDITURES	
BUDGET SUMMARY	AMOUNT	DATE 11/10/2009	THIS REPORT	YEAR TO DATE	
PERSONNEL SERVICES					
(a) SALARIES	\$14,294.00	\$14,294.00	•		
(b) FRINGE	\$3,467.00	\$3,467.00			
TOTAL PERSONNEL =	\$17,761.00	\$17,761.00	***************************************	***************************************	
II. EXPENSES (a) BUILDING OCCUPANCY (b) PROFESSIONAL SERVICES (c) TRAVEL (d) EQUIPMENT COSTS (e) FOOD SERVICES (f) MEDICAL AND PHARMACY	\$19,060.00	\$34,060.00			
(g) SUBCONTRACTED SERVICES (h) INSURANCE (i) INTEREST					
(j) OPERATING SUPPLIES & EXPENSES	\$499.00	\$499.00		**************************************	
(k) OTHER (I) DONATED ITEMS	\$7,000.00	\$7,000.00			
TOTAL EXPENSES =	\$26,559.00	\$41,559.00			
III. NONEXPENDABLE PROPERTY (a) EQUIPMENT (b) PROPERTY TOTAL NONEXPENDABLE PROPERTY =					
IV. ADMINISTRATION					
GRAND TOTAL =	\$44,320.00	\$59,320.00			
	AMOUNT OF FUN	DS REQUESTED	\$		
	STATE AMOUN	T OF PAYMENT	\$		
STATE AMOUNT OF PAYMENT \$ (to be completed by contract manager)					
I CERTIFY THE ABOVE REPORT IS A TRUE AND CORRECT REFLECTION OF THIS PERIOD'S ACTIVITIES AND THAT REPORTED EXPENDITURES HAVE BEEN MADE FOR ALLOWABLE ITEMS RELATED TO THE PURPOSE OF THIS CONTRACT					
SIGNATURE OF PROVIDER AGENCY OFFICIAL					
TITLE		Date Goods Servic	es Received		
DATE		Date Inspected and Approved			
PHONE	**************************************	Approval Signature	2	Date	