

## CHILDREN'S SERVICES COUNCIL

### Contract # 22-2751

### Amendment # 001

The purpose of this amendment is to amend contract # 22-2751 to transfer the remaining start-up dollars from FY 21-22 to FY 22-23.

This Amendment, entered into between the CHILDREN'S SERVICES COUNCIL OF BROWARD COUNTY, hereinafter referred to as "CSC," and City of Hollywood, hereinafter referred to as "PROVIDER", amends contract #22-2751 by deleting, as indicated by "~~striketrough~~", and adding, as indicated by "underscore", language in the sections below:

#### CORE CONTRACT, SECTION 4: FUNDING AND METHOD OF PAYMENT, A & B, PAGE 3

- A. The annual maximum amount payable by CSC to PROVIDER for the period of **July 1, 2022, through September 30, 2022** shall be ~~\$108,889~~ **\$88,889**; and for the period of **October 1, 2022, through September 30, 2023** shall be ~~\$931,040~~ **\$951,040**, for a total of **\$1,039,929** ("Contract Amount").
- B. The PROVIDER agrees to provide a CSC-required Match in the amount of **\$5,447** for the period of **July 1, 2022, through September 30, 2022; and \$46,580** for the period of **October 1, 2022, through September 30, 2023**.

#### EXHIBIT A: SCOPE OF WORK, SECTION 8: METHOD OF PAYMENT, PAGES 33-35

All payments shall be requested by the PROVIDER in the format prescribed by the CSC. CSC payment will be on a monthly basis, derived from PROVIDER invoices reflecting services delivered in accordance with the contract. Agencies will not be paid for clients who do not attend sessions. Payment is contingent upon submittal of complete and accurate data in accordance with CSC requirements for the reporting of client and service data information. No invoices will be processed for payment if required backup documentation has not been provided in a complete and accurate manner in accordance with CSC Provider Guidelines. If the contract is with an agency which is subcontracting delivery of services to other PROVIDERS, the lead agency will be responsible for compiling all data necessary to submit a consolidated monthly invoice, and required reports.

**Unit Costs:** Client services provided under this contract will be paid as units of service at the rates and maximum amounts as defined in the Unit Amounts section. The maximum amount to be paid under this Scope of Work for units of service, as detailed in the Units of Service Amount section, shall not exceed:

- FY 21/22 **\$73,737**
- FY 22/23 **\$722,476**

**Value Added (#8020):** Value added expenditures shall be on a cost reimbursement basis. The CSC will pay the PROVIDER for allowable value added expenditures in accordance with CSC PROVIDER Guidelines and the approved value added budget and value added budget narrative, hereby incorporated by reference. Only value added expenditures incurred on or after the contract effective date and on or prior to the termination date of the contract are eligible for payment. The total maximum amount to be paid under this contract for value added expenditures shall not exceed:

- FY 21/22 **\$15,152**
- FY 22/23 **\$204,464**

**Other Reimbursement (#8050):** Other Reimbursement expenditures shall be on a cost reimbursement basis. The CSC will pay the PROVIDER for allowable other reimbursement expenditures in accordance with CSC PROVIDER Guidelines and the approved other reimbursement budget and other reimbursement budget narrative, hereby incorporated by reference. Only other reimbursement expenditures incurred on or after the contract effective date and or prior to the termination date of the contract are eligible for payment. Reimbursement shall be made for actual costs incurred by the PROVIDER, substantiated by actual cost documentation. The total maximum amount to be paid under this contract for other reimbursement shall not exceed:

- FY 21/22 **\$0**
- FY 22/23 **\$4,100**

**Start-Up Supplies (#8093):** Start-up expenditures shall be on a cost reimbursement basis and shall be limited to supplies and other non-capital expenditures required for start-up. The CSC will pay the PROVIDER for allowable costs incurred in accordance with CSC PROVIDER Guidelines and the approved start-up supplies and other non-capital expense budget and budget narrative, hereby incorporated by reference. **Only costs incurred on or after the contract effective date and on or prior to July 31, 2023, shall be eligible for payment.** Start-up expenses may be included in both the school year and summer budgets. The maximum amount of start-up expenditures to be paid for under this contract shall not exceed:

- FY 21/22 **~~\$20,000~~ \$0**
- FY 22/23 **~~\$0~~ \$20,000**

**Sliding Fee Scale:** In order to further the reach of CSC funding, the PROVIDER shall utilize the CSC's approved sliding fee scale. Collected fees shall be deducted from the invoice as third party payments. No child shall be denied services due to inability to pay. Fees may be waived based on documented individual circumstances.

**Registration Fees/Deposits:** In addition to the sliding fee scale, with CSC approval, PROVIDER may charge a one-time registration or membership fee to families participating in MOST afterschool and/or the summer programs. This fee shall not exceed \$25 per family per school year for the afterschool program (includes afterschool, early release, and non-school days). For MOST summer programs, this fee shall not exceed \$15 per family. MOST programs may charge a fee, not to exceed \$10 per day, for non-school days during the school year. It is recommended that the PROVIDER develop an "Attendance Contract" with families to ensure regular attendance. All registration and membership fees must be deducted on the PROVIDER's invoice as a Third Party Reimbursement.

Refundable deposits may be charged when used as a reservation fee for summer camp or non-school day services. This fee shall not exceed \$30 for a single child or \$50 for a family. PROVIDER may not charge other additional fees to families receiving MOST services, such as non-refundable deposits. Fees may be waived based on documented individual circumstances. No child will be denied MOST services for inability to pay any fees.

**Match:** The PROVIDER agrees to match the dollar amount awarded by the CSC to the PROVIDER in an amount equal to the total approved match amount or the higher amount so specified in the Proposal. The match may be provided in the form of cash or in-kind contributions, in accordance with the approved budget, hereby incorporated by reference. In-kind contributions may only include a portion of staff salaries, volunteers, equipment, space and other in-kind contributions as agreed to in writing by the CSC. The PROVIDER shall provide proof of the match

on or before the due date of the invoice(s). To the extent that the PROVIDER fails to provide such proof, then that amount shall be deducted from any amounts due and owing by the CSC to the PROVIDER under this contract or any other contracts between the parties. The total amount of Match to be applied to this Scope of Work shall be a minimum of 5% of the total reimbursed contract amount through the end of the contract term in accordance with the approved line item budget, hereby incorporated by reference.

This Amendment shall be effective October 1, 2022. All provisions in the contract and any attachments thereof in conflict with this amendment shall be and are hereby changed to conform to this amendment. All provisions in the contract not in conflict with this amendment remain in effect and are to be performed at the level(s) specified in the contract. This amendment is hereby made a part of the contract.

IN WITNESS WHEREOF, the parties hereto have caused this four (4) page amendment to be executed by their officials thereunto duly authorized.

Approved as to form by:

JOHN MILLEDGE, ESQ.  
200 Las Olas Office Building  
200 SW First Avenue, Suite 800  
Ft. Lauderdale, FL 33301

\_\_\_\_\_  
John Milledge, Esq.

**PROVIDER:**  
City of Hollywood

**SIGNED**

**BY:** \_\_\_\_\_

**NAME:** Josh Levy

**TITLE:** Mayor

**CSC:**

**SIGNED**

**BY:** \_\_\_\_\_

**NAME:** Dawn Liberta

**TITLE:** Chair

**Provider Witness (Finance Officer/Staff):**

**SIGNED BY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Provider Witness (Finance Officer/Staff):**

**SIGNED BY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Provider Federal Identification #: 56-6000338**

If two witnesses above, then no notary attestation is required below.

Provide notary attestation for Provider's signature below:

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing Agreement was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022,  
by \_\_\_\_\_ as \_\_\_\_\_  
on behalf of \_\_\_\_\_  
(Name of Entity)

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public – State of Florida  
\_\_\_\_\_

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