

Work Authorization Number 2
Under Agreement Number 16-CP-CSA-8267-02
Between Broward County and School Board of Broward County, Florida

Change Type: Adjustment to Option Period Funding Pursuant to Article 4 of Agreement

1. This Work Authorization is issued pursuant to the Agreement dated October 27, 2015 between Broward County (hereinafter referred to as "County") and School Board of Broward County, Florida (hereinafter referred to as "SBBC") for Behavioral Health: Family Counseling Program (hereinafter the "Agreement").
2. This Work Authorization authorizes SBBC to provide the services detailed in Attachment I to this Work Authorization. These services are authorized pursuant to Article 3, Scope of Services, of the Agreement.
3. Funding and Method of Payment shall be in accordance with the provisions of Article 4, Funding and Method of Payment, and Exhibit A, "Agreement Specifications," of this Agreement.
4. This Work Authorization shall be effective June 1, 2016.
5. The terms and conditions of the Agreement are hereby incorporated into this Work Authorization. Nothing contained in this Work Authorization shall alter, modify, or change in any way the terms and conditions of the parties' Agreement.

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IN WITNESS WHEREOF, the parties have made and executed this Work Authorization Number 2: Broward County, by and through its Human Services Director or Deputy Director, as authorized pursuant to Article 4 of the Agreement, and School Board of Broward County, Florida, signing by and through its Chair, duly authorized to execute same.

County

Broward County, by and through
its Human Services Director/Deputy Director

By _____

____ day of _____ 2016.

SBBC

School Board of Broward County, Florida

By _____
Dr. Rosalind Osgood

ATTEST:

Robert W. Runcie
Superintendent of Schools

Approved as to Form and Legal Content

Office of General Counsel

____ day of _____ 2016.



ATTACHMENT I TO WORK AUTHORIZATION NUMBER 2

The Agreement is hereby modified as follows:

In order to facilitate maximum utilization of County funds, pursuant to Article 4, "Funding and Method of Payment, Exhibit A of Agreement Number 16-CP-CSA-8267-02, is hereby replaced with revised Exhibit A, attached hereto as Attachment II to Work Authorization Number 2 to reflect the total funding available for the Initial Term of the Agreement.

Exhibit A, "Agreement Specifications, Item VI.B., "Official Notification of Designations" is revised to reflect the correct mailing and email address for Superintendent Robert Runcie.

Exhibit D-1, "The Scope of Services", Section I.D. is revised to reflect the change in the number of Clients to be served as follows:

I. Scope of Services

...

B. A minimum of ~~2,832~~ 3,043 unduplicated Clients shall be provided services under this Agreement ~~annually~~ for the Initial Term of the Agreement. A minimum of 2,832 unduplicated Clients shall be provided services under this Agreement annually thereafter.

...

Exhibit D-1, "The Scope of Services", III B. is revised to reflect the change in the funding amount as referenced in the Initial Term as follows:

II. Maximum Number of Units to be Purchased/Maximum Dollar Amount:

...

B. \$ Amount of Initial Term of Agreement:	\$1,343,940	<u>\$1,443,940</u>
\$ Amount of Option Period 1, if exercised:	\$1,343,940	
\$ Amount of Option Period 2, if exercised:	\$1,343,940	

Except as expressly amended herein, all terms and conditions of the Agreement remain in full force and effect.

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ATTACHMENT I TO WORK AUTHORIZATION NUMBER 2
EXHIBIT A – AGREEMENT SPECIFICATIONS
(Revised-Effective June 1, 2016)

Agreement #: 16-CP-CSA-8267-02

- I. Administering Division: Community Partnerships
- II. Beginning and Ending Dates:
- A. Initial Term: Commencing on October 1, 2015 and ending on September 30, 2016
- B. Option Period 1: If exercised, commences on October 1, 2016 and ends on September 30, 2017
- C. Option Period 2: If exercised, commences on October 1, 2017 and ends on September 30, 2018
- III. Maximum Funding Amounts:
- A. Initial Term: ~~\$1,343,940~~ \$1,443,940
- B. Option Period 1: \$ 1,343,940
- C. Option Period 2: \$ 1,343,940
- D. Extension: Equal to a pro rata amount of the then existing annual funding amount.
- IV. SBBC's Representative: Coordinator, Family Counseling Program
- V. Official Payee: School Board of Broward County, Florida
600 SE 3rd Avenue, 7th Floor
Fort Lauderdale, FL 33301
(754) 321-8124
Email: Rosemary.Russo@browardschools.com
- VI. Official Notification Designations:
- A. For County: Director, Community Partnerships Division
115 South Andrews Avenue, Room A370
Fort Lauderdale, Florida 33301
- B. For Second Party: Superintendent, School Board of Broward County, Florida
600 SE 3rd Avenue, 7th 10th Floor
Fort Lauderdale, FL 33301
(754) 321-2600
Email: Robert.Runcie@browardschools.com
supt_runcie@browardschools.com
- VII. Client Co-pay: Required Not required
- VIII. Match: Required Not required because enter reason not required.
- IX. Required Insurance Coverage (nongovernmental entities only):
- A. Commercial or General Liability: Required Waived
- B. Business Automobile Liability: Required Waived
- C. Professional Liability: Required Waived
- D. Workers' Compensation & Employer's Liability: Required Waived
- E. Other: enter type Required
- X. RFP/RLI/RFA Date: March 23, 2015 Published Title: Request for Proposals FY 2016 General Services