

Work Authorization Number 4  
Under Agreement Number 16-CP-CSA-8267-02  
Between Broward County and School Board of Broward County, Florida

Change Type Exercise Option Period Pursuant to Section 2.1 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 of the Agreement.
3. Funding and Method of Payment shall be in accordance with the provisions of Article 4 and Exhibit A, "Agreement Specifications," of this Agreement.
4. This Work Authorization shall be effective February 1, 2018.
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.

(Remainder of Page Intentionally Left Blank)

IN WITNESS WHEREOF, the parties have made and executed this Work Authorization Number 3: 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

WITNESS:

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

By \_\_\_\_\_

\_\_\_\_ day of \_\_\_\_\_ 2018.

SBBC

School Board of Broward County, Florida

By \_\_\_\_\_

Nora Rupert, Chair

ATTEST:

\_\_\_\_\_  
Robert W. Runcie  
Superintendent of Schools

Approved as to Form and Legal Content

\_\_\_\_\_  
Office of General Counsel

\_\_\_\_ day of \_\_\_\_\_ 2018.



ATTACHMENT I TO WORK AUTHORIZATION NUMBER 4

The Agreement is hereby modified as follows:

In order to facilitate maximum utilization of County funds, Exhibit A of Agreement 16-CP-CSA-8267-02 is hereby replaced with the revised Exhibit A, attached hereto as Attachment II to Contract Adjustment Number 4, to reflect the total funding available for Option Period 2.

Attachment I to Work Authorization Number 1 executed November 4, 2015, "Scope of Services" Section II, "Other Requirements" is hereby revised as follows:

II. Other Requirements:

D. Notwithstanding Section 4.7 of the Agreement, in addition to services using BSFT, SBBC's, Family Counseling Program (FCP) may also provide Brief Intervention Services (BI Services) designed to stabilize a Client experiencing a personal crisis that is interfering with his/her functioning, whether in school, at home, or in the community. In such instances, SBBC shall assess the Client and may provide up to six (6) BI Services counseling sessions to help the Client address the current crisis while determining whether the BI Services are eligible to be covered by any Third Party Payment. In the event it is determined that a Third Party Payment is available for BI Services delivered herein (Third Party Eligible), SBBC shall immediately update the Client's file to indicate Third Party Eligibility and the date of the determination. SBBC shall deduct the amount paid by County for the BI Services (County Payments) on its next invoice immediately following its determination that the BI Services are Third Party Eligible. If SBBC has not submitted an invoice or has submitted a final invoice to County under this Agreement, SBBC shall reimburse County in the amount of the County Payment with thirty (30) calendar days of its determination that the BI Services are Third Party Eligible.

III. Exhibit D-1- Scope of Services of the Agreement, Section III, "Maximum Number of Units to be Purchased/Maximum Dollar Amount", is revised as follows:

...

B. \$ Amount for Initial Term of Agreement: \$ 1,443,940

\$ Amount for Option Period 1, if exercised: \$ 1,343,940

\$ Amount for Option Period 2, if exercised: \$ ~~1,343,940~~ **1,478,334**

\$ Amount per Extension, if exercised: Shall be equal to a pro rata amount of the then current annual funding amount.

**ATTACHMENT II TO WORK AUTHORIZATION NUMBER 4**  
**EXHIBIT A – AGREEMENT SPECIFICATIONS**  
(Revised-Effective February 1, 2018)

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: \$1,443,940
- B. Option Period 1: \$ 1,343,940
- C. Option Period 2: ~~\$ 1,343,940~~ **\$1,478,334**
- 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](mailto: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 3<sup>rd</sup> Avenue, 7<sup>th</sup> 10<sup>th</sup> Floor  
Fort Lauderdale, FL 33301  
(754) 321-2600  
Email: [supt\\_runcie@browardschools.com](mailto: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:              | <input checked="" type="checkbox"/> Required | <input type="checkbox"/> Waived |
| B. Business Automobile Liability:                | <input checked="" type="checkbox"/> Required | <input type="checkbox"/> Waived |
| C. Professional Liability:                       | <input checked="" type="checkbox"/> Required | <input type="checkbox"/> Waived |
| D. Workers' Compensation & Employer's Liability: | <input checked="" type="checkbox"/> Required | <input type="checkbox"/> Waived |
| E. Other: enter type                             | <input type="checkbox"/> Required            |                                 |
- X. RFP/RLI/RFA Date: March 23, 2015 Published Title: Request for Proposals FY 2016 General Services