

## AMENDMENT # 0005

Contract # GJL58

Effective the latter of March 22, 2021 or the last date of the signatories, this amends the above referenced Contract as follows:

- Numbers 2 and 5 below were last addressed in Amendment #0004. Number 3 was last addressed in Amendment #0004 as regards to II-B, and Amendment #0001, as regards II.C-E. Number 4 was last addressed in Amendments #0001 and #0004.
- In Legacy Standard Contract, Section 3, and Attachment I, 4.1.1, the amount \$376,013,438.00, is replaced with \$385,381,767.00.
- The highlighted portions below amend 4.1.1. The non-highlighted parts are for illustrative purposes only and are unaffected by this amendment.

Attachment II-A, Fiscal Year 2019-2020	\$77,363,883.00
Attachment II-B, Fiscal Year 2020-2021	\$77,004,471.00
Attachment II-C, Fiscal Year 2021-2022	\$77,004,471.00
Attachment II-D, Fiscal Year 2022-2023	\$77,004,471.00
Attachment II-E, Fiscal Year 2023-2024	\$77,004,471.00

- The highlighted portions of the below table amend 4.1.1. The non-highlighted parts are for illustrative purposes only and are unaffected by this amendment.

Service Unit	Fixed Payment	# of Units	Total Amount	Total Fiscal Year Amount
4.1.1.1 FY19/20				
One Month of Child Welfare and Related Services (7/01/2019-09/30/2019)	\$5,868,222.25	3	\$17,604,666.75	\$77,363,883.00
One Month of Child Welfare and Related Services (10/01/2019-5/30/2020)	\$6,346,878.25	8	\$50,775,026.00	
One Month of Child Welfare and Related Services (6/01/2020-06/30/2020)	\$6,356,292.25	1	\$6,356,292.25	
Lump Sum Back of the Bill (6/01/2019-6/30/2020)	\$2,627,898.00	1	\$2,627,898.00	
4.1.1.2 FY20/21				
One Month of Child Welfare and Related Services (7/01/2020-7/31/2020)	\$6,176,925.82	1	\$6,176,925.82	\$77,004,471.00
One Month of Child Welfare and Related Services (08/01/2020-9/30/2020)	\$6,176,925.38	2	\$12,353,850.76	
One Month of Child Welfare and Related Services (10/01/2020-4/30/2021)	\$6,416,607.04	7	\$44,916,249.28	
One Month of Child Welfare and Related Services (5/01/2021-6/30/2021)	\$6,778,722.57	2	\$13,557,445.14	
4.1.1.3 FY21-22				
One Month of Child Welfare and Related	6,417,039.25	12	\$77,004,471.00	\$77,004,471.00

## AMENDMENT # 0005

Contract # GJL58

Services (7/01/2021-6/30/2022)				
4.1.1.4 FY22-23				
One Month of Child Welfare and Related Services (7/01/2022-6/30/2023)	6,417,039.25	12	\$77,004,471.00	\$77,004,471.00
4.1.1.5 FY23-24				
One Month of Child Welfare and Related Services (7/01/2023-6/30/2024)	6,417,039.25	12	\$77,004,471.00	\$77,004,471.00

5. **Attachment II-B** is hereby replaced by the attached **Attachment II-B (dated 3/10/2021)**.

6. All provisions in the contract and any attachments thereto in conflict with this amendment are changed to conform with 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 made a part of the contract.

**IN WITNESS THEREOF**, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER: Embrace Families Community Based Care, Inc.

DEPARTMENT: Department of Children and Families

SIGNED



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

SIGNED



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

NAME: Catherine Macina

NAME: Patricia Babcock

TITLE: Chief Financial Officer

TITLE: Deputy Secretary

DATE: 3/31/2021 | 1:01 PM EDT

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

Federal ID Number:010631375

DATE: 3/31/2021 | 2:53 PM EDT

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

AMENDMENT # 0005

Contract # GJL58

## Attachment II-B

## Community Based Care (CBC) Lead Agency Schedule of Funds

## Embrace Families Community Based Care - Contract #GJL58

## FY 2020-21 Use Designation - As of 3/10/2021

	Other Cost Accumulators (OCA)	Title IV-E Funds	Other Federal Funds	State Funds	Total Funds	The Amount of Non- Recurring Funds included in Total Funds
<b>Line # 330 - Special Categories: Grant and Aids - Community Based Care Funds for Providers of Child Welfare Services (108304)</b>						
<b>Core Services Funding (409.991 (1)(a), Florida Statutes)</b>						
Title IV-E Fund Sources (Section A&B) (a)	Multiple	14,628,329	8,165,072	26,598,937	49,392,338	-
Level I Licensed Care (FH) Payments - IV-E Eligible (Section B) (b)	LCLVE	478,118	-	295,035	773,153	-
Level I Licensed Care (FH) Payments - IV-E Ineligible (Section B) (b)	LCLVI	-	-	682,811	682,811	-
Capped Fund Sources (Section A&B) (c)	Multiple		120,063	5,064,840	5,184,903	-
Medicaid Administration	PR005		260,779	260,777	521,556	-
State Access & Visitation Grant (d)	PRSAV		24,527	-	24,527	-
Safe & Stable Families Act Grant-Family Preservation	PRE04		466,003	-	466,003	-
Safe & Stable Families Act Grant-Family Support	PRE06		466,003	-	466,003	-
Safe & Stable Families Act Grant-Family Reunification	PRE11		932,007	-	932,007	-
Safe & Stable Families Act Grant-Adoption	PRE12		466,003	-	466,003	-
<b>Total Core Services Funding</b>		<b>15,106,447</b>	<b>10,900,457</b>	<b>32,902,400</b>	<b>58,909,304</b>	<b>-</b>
<b>Independent Living (IL), Extended Foster Care (EFC) and Aftercare Funding (409.1451, FS &amp; 39.6251, FS)</b>						
Independent Living Services - Chafee Administration Eligible and Other	KRE17/KRE22/ KRL17/KRL22/CH0AT		562,817	140,703	703,520	-
Chafee Road to Independence - Post-Secondary Education & Services and Supports (PESS)	CHPES		79,586	230,389	309,975	-
Chafee, Education & Training Vouchers (ETV), Post-Secondary Education & Services and Supports (PESS) and Aftercare	ETVAF/ETVAP/ ETVPS		142,989	412,125	555,114	-
Extended Foster Care - Title IV-E Eligible	EFCCM/EFBE	410,665	-	396,766	807,431	-
All State Funded Independent Living and Extended Foster Care Services	EFBVI/ SFSRA/EFCE			115,186	115,186	-
<b>Total IL EFC and Aftercare Funding</b>		<b>410,665</b>	<b>785,392</b>	<b>1,295,169</b>	<b>2,491,226</b>	<b>-</b>
<b>Line # 331 Special Categories: Grant and Aids - Adoption Assistance (108305) - 409.166, FS</b>						
Maintenance Adoption Subsidies (MAS) and Non Recurring Expenses	39MAS/ MP000/ SFMSA/WO006/ WO007/WR001/ WR002	7,348,261	854,179	6,615,050	14,817,490	-
<b>Line # 332 Special Categories: Grant and Aids - Guardianship Assistance Program Payments (108306) - 39.6225, FS</b>						
Guardianship Assistance Program (GAP) Payments	GAP4E/GAPTA/ GAPSF/GAPNR/ EGAPE/EGAPI	46,681	-	33,854	80,535	-
<b>Line # 377 Special Categories: Grant and Aids - Purchase of Therapeutic Services for Children (100806)</b>						
Children's Mental Health CW Wraparound Funding	19MCB/19MCF			705,916	705,916	-
<b>Line # 319 Special Categories: Contracted Services (100777)</b>						
Protective Investigator Training - IV-E Eligible	BATRN		-	-	-	-
<b>Line # 323 Special Categories: Grant and Aids - Child Projection (103034)</b>						
CW PI Training	BAT00		-	-	-	-
<b>Total All Fund Sources</b>		<b>22,912,054</b>	<b>12,540,028</b>	<b>41,552,389</b>	<b>77,004,471</b>	<b>-</b>

## Footnotes:

(a) Expenditures less than the IV-E amount identified in this section may be subject to repayment.

This section includes the following OCAs: AS000, AS0CS, DCMR, DCMLO, CHPAO, DCMOH, DCMIH, LCFHE, LCFHI, LCGHE, LCGHI, REV4E, REVTF, SECLE, SECLI, SMS4E, TRCOR, TRFCA

(b) Expenditures less than the IV-E amount identified in this section may be subject to repayment. Funds may only be used for Foster Home Level I Board Payments.

(c) The section includes the following OCAs: PVSPR, CS00H, CSF0H, CS0AS, CSFAS, SECSV, PR024

(d) A 10% match is provided by the Community-Based Care provider.

**From:** [Ray, Barney](#)  
**To:** [Anglade, Lesline](#); [Barrios, Rolando](#); [Belda, Haymanot](#); [Bozeman, Melinda](#); [Bradley, Charlton P](#); [Bray, Sumer](#); [Brewer, Danette M](#); [Cain, Tina](#); [Carden, Lisa](#); [Coleman, Alison](#); [Conner, Clint](#); [De Escobar, Sonia](#); [Dressel, Melanie](#); [Hill, Bobbie](#); [Holley, Robin](#); [Holsapfel, Mark](#); [HOW.CFO.CBC.ME.Accountability](#); [Janeczek, Teresa](#); [Johnson, Paula](#); [Maul, Adam](#); [McCray, Lori](#); [MOORE, FAWN](#); [Nichols, Kayetrenia L](#); [Nistri, Maria](#); [Nwigwe, Benjamin](#); [Ocampo, Raul](#); [Shea, Robert](#); [Silverstein, Ralph](#); [Strope, Andrew](#); [Swain, Britt](#); [Taylor, James E](#); [Timmons, Marla](#); [Trentham, Melissa H](#); [Walker, Jessica D](#); [Walker, Melissa](#); [Wall, Nancy](#); [Weis, Stephanie](#); [Williams, Barbara](#); [Williams, Kathryn](#); [Wilson, Deborah M](#); [Criswell, Danielle](#); [Ferraro, Jeffrey](#); [Hammett, Amy](#); [Jones, Kathryn](#); [May, Luke](#); [McMahon, Kimberly](#); [Musgrove, Jana](#); [Nah, Gabriel K](#); [Todd, Nicole](#); [Tucker, Susan E](#)  
**Cc:** [Zabaldo, Darrell](#)  
**Subject:** FW: CBC Schedule of Funds as of 3/10/2021  
**Date:** Wednesday, March 17, 2021 1:28:47 PM

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DCF contract managers and supervisors,

EOG has given their okay for blanket approval to amendment contracts for the 3/10/2021 Schedule of Funds.

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**From:** Zabaldo, Darrell <Darrell.Zabaldo@myflfamilies.com>  
**Sent:** Wednesday, March 17, 2021 1:25 PM  
**To:** Ray, Barney <Barney.Ray@myflfamilies.com>  
**Subject:** FW: CBC Schedule of Funds as of 3/10/2021

Good afternoon Barney,

Could you let the CBC contract managers know that EOG has approved the new schedule of funds.

Thank you,

Darrell R. Zabaldo  
Chief of Budget Policy and Planning  
Florida Department Of Children and Families  
Office [\(850\) 717-4778](#)  
Cell [\(850\) 597-1519](#)

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**From:** Vickers, Julie <Julie.Vickers@LASPBS.STATE.FL.US>  
**Sent:** Wednesday, March 17, 2021 1:05 PM  
**To:** Zabaldo, Darrell <Darrell.Zabaldo@myflfamilies.com>  
**Subject:** RE: CBC Schedule of Funds as of 3/10/2021

**CAUTION:** This email originated from outside of the Department of Children and Families. Whether you know the sender or not, do not click links or open attachments you were not expecting.

Okay to proceed

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**From:** Zabaldo, Darrell <Darrell.Zabaldo@myflfamilies.com>  
**Sent:** Friday, March 12, 2021 12:36 PM  
**To:** Vickers, Julie <Julie.Vickers@LASPBS.STATE.FL.US>; West, Kate <Kate.West@LASPBS.STATE.FL.US>; Conway, Sharon <Sharon.Conway@laspbs.state.fl.us>  
**Subject:** FW: CBC Schedule of Funds as of 3/10/2021

Good Morning Julie,

Please find attached mid year contract adjustments for the CBC schedule of funds. We have grouped these 19 contract amendments together for your review.

Darrell R. Zabaldo  
Chief of Budget Policy and Planning  
Florida Department Of Children and Families  
Office [\(850\) 717-4778](tel:8507174778)  
Cell [\(850\) 597-1519](tel:8505971519)

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**From:** Ray, Barney <[Barney.Ray@myflfamilies.com](mailto:Barney.Ray@myflfamilies.com)>  
**Sent:** Thursday, March 11, 2021 2:33 PM  
**To:** Anglade, Lesline <[Lesline.Anglade@myflfamilies.com](mailto:Lesline.Anglade@myflfamilies.com)>; Barrios, Rolando <[Rolando.Barrios@myflfamilies.com](mailto:Rolando.Barrios@myflfamilies.com)>; Belda, Haymanot <[Haymanot.Belda@myflfamilies.com](mailto:Haymanot.Belda@myflfamilies.com)>; Bozeman, Melinda <[Melinda.Bozeman@myflfamilies.com](mailto:Melinda.Bozeman@myflfamilies.com)>; Bradley, Charlton P <[charlton.bradley@myflfamilies.com](mailto:charlton.bradley@myflfamilies.com)>; Bray, Sumer <[Sumer.Bray@myflfamilies.com](mailto:Sumer.Bray@myflfamilies.com)>; Brewer, Danette M <[Danette.Brewer@myflfamilies.com](mailto:Danette.Brewer@myflfamilies.com)>; Cain, Tina <[Tina.Cain@myflfamilies.com](mailto:Tina.Cain@myflfamilies.com)>; Carden, Lisa <[Lisa.Carden@myflfamilies.com](mailto:Lisa.Carden@myflfamilies.com)>; Coleman, Alison <[Alison.Coleman@myflfamilies.com](mailto:Alison.Coleman@myflfamilies.com)>; Conner, Clint <[Clint.Conner@myflfamilies.com](mailto:Clint.Conner@myflfamilies.com)>; De Escobar, Sonia <[Sonia.DeEscobar@myflfamilies.com](mailto:Sonia.DeEscobar@myflfamilies.com)>; Dressel, Melanie <[melanie.dressel@myflfamilies.com](mailto:melanie.dressel@myflfamilies.com)>; Hill, Bobbie <[Bobbie.Hill@myflfamilies.com](mailto:Bobbie.Hill@myflfamilies.com)>; Holley, Robin <[robin.holley@myflfamilies.com](mailto:robin.holley@myflfamilies.com)>; Holsapfel, Mark <[Mark.Holsapfel@myflfamilies.com](mailto:Mark.Holsapfel@myflfamilies.com)>; HQW.CFO.CBC.ME.Accountability <[HQW.CFO.CBC.ME.Accountability@myflfamilies.com](mailto:HQW.CFO.CBC.ME.Accountability@myflfamilies.com)>; Janeczek, Teresa <[Teresa.Janeczek@myflfamilies.com](mailto:Teresa.Janeczek@myflfamilies.com)>; Johnson, Paula <[Paula.Johnson@Myflfamilies.com](mailto:Paula.Johnson@Myflfamilies.com)>; Maul, Adam <[Adam.Maul@myflfamilies.com](mailto:Adam.Maul@myflfamilies.com)>; McCray, Lori <[Lori.McCray@myflfamilies.com](mailto:Lori.McCray@myflfamilies.com)>; MOORE, FAWN <[Fawn.Moore@myflfamilies.com](mailto:Fawn.Moore@myflfamilies.com)>; Nichols, Kayetrenia L <[Kayetrenia.Nichols@myflfamilies.com](mailto:Kayetrenia.Nichols@myflfamilies.com)>; Nistri, Maria <[Maria.Nistri@myflfamilies.com](mailto:Maria.Nistri@myflfamilies.com)>; Nwigwe, Benjamin <[Benjamin.Nwigwe@myflfamilies.com](mailto:Benjamin.Nwigwe@myflfamilies.com)>; Ocampo, Raul <[Raul.Ocampo@myflfamilies.com](mailto:Raul.Ocampo@myflfamilies.com)>; Shea, Robert <[Robert.Shea@myflfamilies.com](mailto:Robert.Shea@myflfamilies.com)>; Silverstein, Ralph <[Ralph.Silverstein@myflfamilies.com](mailto:Ralph.Silverstein@myflfamilies.com)>; Strobe, Andrew <[Andrew.Strobe@myflfamilies.com](mailto:Andrew.Strobe@myflfamilies.com)>; Swain, Britt <[Britt.Swain@myflfamilies.com](mailto:Britt.Swain@myflfamilies.com)>; Taylor, James E <[James.Taylor@myflfamilies.com](mailto:James.Taylor@myflfamilies.com)>; Timmons, Marla <[Marla.Timmons@myflfamilies.com](mailto:Marla.Timmons@myflfamilies.com)>; Trentham, Melissa H <[Melissa.Trentham@myflfamilies.com](mailto:Melissa.Trentham@myflfamilies.com)>; Walker, Jessica D <[jessica.walker@myflfamilies.com](mailto:jessica.walker@myflfamilies.com)>; Walker, Melissa <[Melissa.Walker@myflfamilies.com](mailto:Melissa.Walker@myflfamilies.com)>; Wall, Nancy <[Nancy.Wall@myflfamilies.com](mailto:Nancy.Wall@myflfamilies.com)>;

Weis, Stephanie <[Stephanie.weis@myflfamilies.com](mailto:Stephanie.weis@myflfamilies.com)>; Williams, Barbara <[BARBARA.WILLIAMS1@MYFLFAMILIES.COM](mailto:BARBARA.WILLIAMS1@MYFLFAMILIES.COM)>; Williams, Kathryn <[Kathryn.Williams@myflfamilies.com](mailto:Kathryn.Williams@myflfamilies.com)>; Wilson, Deborah M. <[Deborah.Wilson@myflfamilies.com](mailto:Deborah.Wilson@myflfamilies.com)>; Zabaldo, Darrell <[Darrell.Zabaldo@myflfamilies.com](mailto:Darrell.Zabaldo@myflfamilies.com)>; Criswell, Danielle <[danielle.criswell@myflfamilies.com](mailto:danielle.criswell@myflfamilies.com)>; Ferraro, Jeffrey <[Jeffrey.Ferraro@myflfamilies.com](mailto:Jeffrey.Ferraro@myflfamilies.com)>; Hammett, Amy <[Amy.Hammett@myflfamilies.com](mailto:Amy.Hammett@myflfamilies.com)>; Jones, Kathryn <[Kathryn.Jones@myflfamilies.com](mailto:Kathryn.Jones@myflfamilies.com)>; May, Luke <[luke.may@myflfamilies.com](mailto:luke.may@myflfamilies.com)>; McMahon, Kimberly <[kimberly.mcmahon@myflfamilies.com](mailto:kimberly.mcmahon@myflfamilies.com)>; Musgrove, Jana <[jana.musgrove@myflfamilies.com](mailto:jana.musgrove@myflfamilies.com)>; Nah, Gabriel K <[Gabriel.Nah@myflfamilies.com](mailto:Gabriel.Nah@myflfamilies.com)>; Todd, Nicole <[nicole.todd@myflfamilies.com](mailto:nicole.todd@myflfamilies.com)>; Tucker, Susan E <[Susan.Tucker@myflfamilies.com](mailto:Susan.Tucker@myflfamilies.com)>

**Cc:** Sachs, Walter T <[walter.sachs@myflfamilies.com](mailto:walter.sachs@myflfamilies.com)>; Encarnacion, Eddie <[EDDIE.ENCARNACION@MYFLFAMILIES.COM](mailto:EDDIE.ENCARNACION@MYFLFAMILIES.COM)>; Washington, Sharron <[Sharron.Washington@myflfamilies.com](mailto:Sharron.Washington@myflfamilies.com)>; Prado, Frank <[Frank.Prado@myflfamilies.com](mailto:Frank.Prado@myflfamilies.com)>; Miles, Dennis <[Dennis.Miles@myflfamilies.com](mailto:Dennis.Miles@myflfamilies.com)>; Bacchus, Raeann J <[raeann.bacchus@myflfamilies.com](mailto:raeann.bacchus@myflfamilies.com)>; Anderson, Robert <[Robert.Anderson@myflfamilies.com](mailto:Robert.Anderson@myflfamilies.com)>; Freeman, Judson S <[judson.freeman@myflfamilies.com](mailto:judson.freeman@myflfamilies.com)>; Lloyd, Tony B <[tony.lloyd@myflfamilies.com](mailto:tony.lloyd@myflfamilies.com)>

**Subject:** CBC Schedule of Funds as of 3/10/2021

CBC contract managers and supervisors,

Attached is an updated Schedule of Funds dated 3/10/2021. They include the following budget actions.

B-0158

Maintenance Adoption Subsidies	\$3,890,413
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B-0159

Guardianship Assistance Payments	\$ 396,000
Level I Licensed Foster Home Payments	\$4,859,728

- None of these allocations were included in the Amount of Non-Recurring Funds column because the appropriation for these categories are all recurring base budget. However, contract managers should follow the guidance developed by Contract Administration for whether to include these budget allocation as changes to future years in the contract.
- Note that CBC contract # KJ138 with Citrus has a net decrease due to a reduction in total MAB budget currently allocated to their contract that they do not project to need this year. This contract amendment must be completed before their June Invoice is due on May 20<sup>th</sup> since that is the last payment for the fiscal year.
- CBC Contracts BJ101 (NWFHN), DJ038 (FSSNF) and TJ501 (HFC) all have reductions to MAS but even though they have a net increase due to greater increases for GAP and Level I funding, contract amendments for those contracts also need to be executed before May 20<sup>th</sup>.
- This risk pool budget amendment is still in process and I do not have an ETA yet on an approval date.

- Previously approved budget amendments for PI Training budget to IJ706 and ZJK85 are included with this SoFs.

Thank you,

Barney Ray

State of Florida  
Department of Children and Families  
Revenue Management & Partner Compliance Director  
Cell (850) 228-4212  
Email address: [Barney.Ray@myflfamilies.com](mailto:Barney.Ray@myflfamilies.com)



## AGREEMENT PACKAGE EXECUTION COVER PAGE (CF 1121)

<b>Contract Number</b>	GJL58	<b>Total Current Contract Amount</b>	\$376,013,438.00
<b>Amendment Number</b>	0005	<b>Amendment Amount (+/-)</b>	\$9,368,329.00
<b>Procurement Officer or Contract Manager</b>	Sumer Bray	<b>Total Amended Contract Amount</b>	\$385,381,767.00
<b>Provider Name</b>	Embrace Families (CBC)	<b>State FY Funds Included</b>	\$41,552,389.00
<b>Contract Term</b>	7/1/2019 – 6/30/2024	<b>Federal FY Funds Included</b>	\$35,452,082.00

### Contract Summary/Comments

**Program Name: Family Safety**

Amendment 0005 incorporates the following changes: increases the State Fiscal Year 2020-2021 amount **\$76,280,240.00 to \$77,004,471.00**, increasing the total contract amount to **\$385,381,767.00**, subject to availability of funds.

**Required documents/attachments have been included in the contract (if applicable) and submitted for review as follows:**

Yes	N/A	Document:	When Required:
X		Agreement Document	Always. E.g.: Standard Contract with Amendment if applicable, Settlement Agreement, MOA/MOU.
X		Conflict of Interest (CF-1124)	Always. All reviewers and executors must also sign and include in the package.
	X	Contract Manager Assignment Letter (CMT-01)	All original agreements that will need a Contract Manager assigned.
X		Background Screening Affidavit (PCMT-05)	Always, except for Settlement Agreements.
X		Certification of Executive Compensation Reporting Requirements (CF-1111)	Agreements containing \$30,000 or more in Federal funds, except Settlement Agreements.
X		Certification of Current General Liability Insurance	Renewals and Amendments only.
	X	Evaluation of Provider Performance	Renewals and Extensions only.
	X	Advance Payment Justification	Agreements including advance payment.
	X	Cost Analysis (DFS-02B)	Non-Competitively procured agreements in excess of Category II (\$35,000), and amendments increasing funds to those agreements, including agreements resulting from fewer than two responses to a competitive solicitation.
	X	EOG Contract/Solicitation Review Worksheet (OPB-01)	Contract Actions involving \$1 Million or more in aggregate.
	X	Settlement Agreement Package	Settlement Agreement Package includes: Cover Letter, Non-Compliance Certification (PUR 1010-0106), Supporting Docs (E.g., invoices, payments, original contract doc, amendments)
	X	AG Approval for Private Attorney Services (OAG-001)	OGC contracts involving the hiring of outside attorneys.
	X	Single Source Documentation (PUR 7776 or PUR 7778)	Single-source procurement method.
	X	Emergency Procurement Documentation (PUR 7800)	Emergency Procurements, which must also include the Governor, Secretary and Federal executive orders (all that are applicable).



## Conflict of Interest Questionnaire

Conflict of Interest: Activities or relationships with other persons which render individuals unable to give impartial assistance or advice to the Department or, as stated in section 112.312(8), Florida Statutes, a situation in which regard for a private interest tends to lead to disregard of a public duty or interest.

Embrace Families Community Based Care, Inc. (GJL58)  
(Title of Solicitation/Contract Number)

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Do you, your immediate family, or business partner have financial or ..... other interests in any potential vendor?                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have gratuities, favors, or anything of monetary value been offered to ..... you or accepted by you from any potential vendor?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you been employed by any potential vendor within the last 24 months? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Do you plan to obtain a financial interest, e.g., stock, in any ..... potential vendor?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have any affiliations with Non-Profit Organizations or other local ..... organizations that could be affected by this solicitation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you plan to seek or accept future employment with any potential vendor?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Do you have any other conditions which may cause a conflict of interest? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered "yes" to any of the above questions, please provide a written explanation of your answer.

### DECLARATION

My answers to the above questions, along with any written explanation, are truthful and to the best of my knowledge; I will request the opportunity to change my answers to the above questions or supplement any written explanation immediately upon discovery of facts requiring such a change or supplement. I attest that I am independent of, and have no conflict of interest in, the entities evaluated and selected. (s. 287.057, F.S.)

Declarant Name (Printed): William D. Reed II

Declarant Signature: William D. Reed II Date: 04/23/2020

(Insert Written Explanation here if applicable)

## Conflict of Interest Questionnaire

Conflict of Interest: Activities or relationships with other persons which render individuals unable to give impartial assistance or advice to the Department or, as stated in section 112.312(8), Florida Statutes, a situation in which regard for a private interest tends to lead to disregard of a public duty or interest.

GJL58 Embrace Families CBC  
(Title of Solicitation/Contract Number)

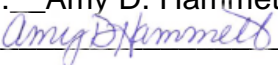
- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Do you, your immediate family, or business partner have financial or ..... other interests in any potential vendor?                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have gratuities, favors, or anything of monetary value been offered to ..... you or accepted by you from any potential vendor?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you been employed by any potential vendor within the last 24 months? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Do you plan to obtain a financial interest, e.g., stock, in any ..... potential vendor?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have any affiliations with Non-Profit Organizations or other local ..... organizations that could be affected by this solicitation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you plan to seek or accept future employment with any potential vendor? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Do you have any other conditions which may cause a conflict of interest? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered "yes" to any of the above questions, please provide a written explanation of your answer.

### DECLARATION

My answers to the above questions, along with any written explanation, are truthful and to the best of my knowledge; I will request the opportunity to change my answers to the above questions or supplement any written explanation immediately upon discovery of facts requiring such a change or supplement. I attest that I am independent of, and have no conflict of interest in, the entities evaluated and selected. (s. 287.057, F.S.)

Declarant Name (Printed): Amy D. Hammett

Declarant Signature:  Date: 4/23/2020

(Insert Written Explanation here if applicable)

## Conflict of Interest Questionnaire

Conflict of Interest: Activities or relationships with other persons which render individuals unable to give impartial assistance or advice to the Department or, as stated in section 112.312(8), Florida Statutes, a situation in which regard for a private interest tends to lead to disregard of a public duty or interest.

GJL58

(Title of Solicitation/Contract Number)

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Do you, your immediate family, or business partner have financial or ..... other interests in any potential vendor?                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have gratuities, favors, or anything of monetary value been offered to ..... you or accepted by you from any potential vendor?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you been employed by any potential vendor within the last 24 months? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Do you plan to obtain a financial interest, e.g., stock, in any ..... potential vendor?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have any affiliations with Non-Profit Organizations or other local ..... organizations that could be affected by this solicitation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you plan to seek or accept future employment with any potential vendor? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Do you have any other conditions which may cause a conflict of interest? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered "yes" to any of the above questions, please provide a written explanation of your answer.

### DECLARATION

My answers to the above questions, along with any written explanation, are truthful and to the best of my knowledge; I will request the opportunity to change my answers to the above questions or supplement any written explanation immediately upon discovery of facts requiring such a change or supplement. I attest that I am independent of, and have no conflict of interest in, the entities evaluated and selected. (s. 287.057, F.S.)

Declarant Name (Printed): Kathryn Jones

Declarant Signature:  Date: 4/24/2020

(Insert Written Explanation here if applicable)

## Conflict of Interest Questionnaire

Conflict of Interest: Activities or relationships with other persons which render individuals unable to give impartial assistance or advice to the Department or, as stated in section 112.312(8), Florida Statutes, a situation in which regard for a private interest tends to lead to disregard of a public duty or interest.

### GJL58

(Title of Solicitation/Contract Number)

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Do you, your immediate family, or business partner have financial or ..... other interests in any potential vendor?                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have gratuities, favors, or anything of monetary value been offered to ..... you or accepted by you from any potential vendor?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you been employed by any potential vendor within the last 24 months? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Do you plan to obtain a financial interest, e.g., stock, in any ..... potential vendor?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have any affiliations with Non-Profit Organizations or other local ..... organizations that could be affected by this solicitation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you plan to seek or accept future employment with any potential vendor? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Do you have any other conditions which may cause a conflict of interest? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered "yes" to any of the above questions, please provide a written explanation of your answer.

### DECLARATION

My answers to the above questions, along with any written explanation, are truthful and to the best of my knowledge; I will request the opportunity to change my answers to the above questions or supplement any written explanation immediately upon discovery of facts requiring such a change or supplement. I attest that I am independent of, and have no conflict of interest in, the entities evaluated and selected. (s. 287.057, F.S.)

Declarant Name (Printed): Michael A. Greif

Declarant Signature: /S/ Date: 4.26.20

(Insert Written Explanation here if applicable)



## Certification of Executive Compensation Reporting Requirements

**The Federal Funding Accountability and Transparency Act (FFATA)** requires that certain information pertaining to federal awards (federal financial assistance and expenditures) be made available to the public. Federal awards include grants, subgrants, loans, awards, cooperative agreements and other forms of financial assistance as well as contracts, subcontracts, purchase orders, task orders, and delivery orders. Organizations meeting the Reporting Criteria listed below must disclose the total compensation of their five most highly paid executives.

**Reporting Criteria:** During the preceding fiscal year the organization identified below received more than \$25 million in total federal funding, AND the federal funds received during that fiscal year accounted for more than 80% of the Provider's annual gross revenue.

I, Catherine Macina, as an authorized representative of

Embrace Families Community Based Care, Inc., certify that my organization:

[check which statement applies]

- ☒ is required to report Executive Compensation in compliance with FFATA.  
☐ is not required to report Executive Compensation in compliance with FFATA.

**Exemption:**

The organization is exempt from reporting executive compensation information if [check if applicable]:

- ☐ The public already has access to this information about the compensation of the executives of this organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

The undersigned certifies the foregoing information is accurate and complete to the best of his or her knowledge and belief.

C Macina  
 Signature

8/2/19  
 Date

Catherine Macina  
 Name of Authorized Individual (print)

CFO  
 Position Title of Authorized Individual

**Provider's DUNS Number:** 149388816      **Contract Number:** GJL58

Even if you are not subject to executive compensation reporting, you must also complete the top part of page 2 of this form. To report the executive compensation information required by FFATA, complete the bottom part and sign page 2 of this form.

According to federal law FFATA information must be reported to the Department of Children and Families not later than the end of the month following the month during which an award in excess of \$30,000 of federal funds was made to your organization, or during which a lesser amount was awarded but the cumulative value of funds made pursuant to this and previous awards exceeds \$30,000.





## Certification of Executive Compensation Reporting Requirements

**Provider Name:** Embrace Families Community Based Care, Inc.

**Provider Address:** 4001 Pelee Street

Orlando, Florida 32817

32817-4653

Zip plus four is required

**Contract No.:** GJL58      **Total Amount:** \$352,093,335.00

**Total Amount of Federal Funds in contract:** \$169,356,894.00

**Contract Beginning Date:** 07/01/19      **Ending Date:** 6/30/2024

**CFDA Number:** N/A      **Provider's DUNS Number:** 149388816

**City, State and Zip plus four of**

**Principal Place of Performance:** Orlando, FL 32817-4653

### Provider's Top 5 Most Highly Compensated Executives & Compensation Information

Full Name	Position Title	Total Annual Compensation Amount
Glen Casel	Chief Executive Officer	\$ 99,000
Michael Bryant	Chief Operating Officer	\$ 92,500
Catherine Macina	Chief Financial Officer	\$ 87,500
Kimberly Brien	Vice President of Operations	\$122,906
Nicola Bailey	Executive Director	\$118,131

"Total compensation" means the cash and noncash dollar value earned by the executive during the entity's preceding completed fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

- (i). Salary and bonus.
- (ii). Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- (iii). Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- (iv). Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- (v). Above-market earnings on deferred compensation which is not tax-qualified.
- (vi). Other compensation, if the aggregate value of all such other compensation for the executive exceeds \$10,000. Examples of other compensation are severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property if the value for the executive exceeds \$10,000.

**The undersigned certifies, to the best of his or her knowledge and belief, that the information provided above to satisfy the Executive Compensation Reporting Requirement is complete and accurate.**

  
Signature

8/2/19  
Date

Catherine Macina  
Name of Authorized Individual (print)

CFO  
Position Title of Authorized Individual



## Florida Department of Children and Families

### Employment Screening Affidavit

CONTRACT NO.: GJL58 DATED 8/24/2020

THE UNDERSIGNED VENDOR HEREBY ATTESTS IT IS IN COMPLIANCE WITH THE EMPLOYMENT SCREENING CLAUSE CONTAINED IN THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD INTEGRATED CONTRACT. ALL REQUIRED STAFF HAVE BEEN SCREENED OR THE VENDOR IS AWAITING THE RESULTS OF SCREENING.

VENDOR NAME: Embrace Families Community Based Care, Inc.

(Print Name)

BY: C Macina DATE: 8/24/2020  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: Catherine Macina, Chief Financial Officer  
(Print Name/Title)

STATE OF Florida  
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me this 24 day Aug of 2020, by

Catherin Macina



Laura M. Strby  
Notary Public  
State of Florida  
Comm# GG987894  
Expires 5/28/2024

Laura M Strby  
Signature of Notary

(Print, Type, or Stamp Commissioned Name of Notary Public)

[Check One] ☒ Personally Known OR ☐ Produced the following I.D. \_\_\_\_\_

VENDOR NAME	<u>Embrace Families CBC</u>	FEIN#	<u>01-0631375</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE			
<u>Catherine Macina, Chief Financial Officer</u>			
ADDRESS: <u>4001 Pelee Street</u>			
CITY, STATE, ZIP: <u>Orlando, FL 32817</u>			
PHONE NUMBER: <u>321-441-2060</u>			
EMAIL ADDRESS: <u>catherine.macina@embracefamilies.org</u>			

CORPORATE SEAL (IF APPLICABLE)

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/30/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Marsh &amp; McLennan (CLW)</b> <b>101 N Starcrest Dr.</b> <b>Clearwater, FL 33765</b> <b>727 447-6481</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 727 447-6481</b> <b>FAX (A/C, No): 727 449-1267</b> <b>E-MAIL ADDRESS:</b> <table border="1"> <tr> <th data-bbox="803 420 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 420 1576 451">NAIC #</th> </tr> <tr> <td data-bbox="803 451 1437 483"><b>INSURER A : Alliance of Nonprofits for Ins</b></td> <td data-bbox="1437 451 1576 483"><b>10023</b></td> </tr> <tr> <td data-bbox="803 483 1437 514"><b>INSURER B :</b></td> <td data-bbox="1437 483 1576 514"></td> </tr> <tr> <td data-bbox="803 514 1437 546"><b>INSURER C :</b></td> <td data-bbox="1437 514 1576 546"></td> </tr> <tr> <td data-bbox="803 546 1437 577"><b>INSURER D :</b></td> <td data-bbox="1437 546 1576 577"></td> </tr> <tr> <td data-bbox="803 577 1437 609"><b>INSURER E :</b></td> <td data-bbox="1437 577 1576 609"></td> </tr> <tr> <td data-bbox="803 609 1437 638"><b>INSURER F :</b></td> <td data-bbox="1437 609 1576 638"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Alliance of Nonprofits for Ins</b>	<b>10023</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A : Alliance of Nonprofits for Ins</b>	<b>10023</b>														
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<b>INSURER C :</b>															
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															
<b>INSURED</b> <b>Embrace Families, Inc.</b> <b>4001 Pelee Street Suite 200</b> <b>Orlando, FL 32817</b>															

**COVERAGES****CERTIFICATE NUMBER:****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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<b>Y</b>	<b>Y</b>	<b>202030715</b>	<b>07/01/2020</b>	<b>07/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$500,000</b> MED EXP (Any one person) <b>\$20,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$3,000,000</b> PRODUCTS - COMP/OP AGG <b>\$3,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>202030715</b>	<b>07/01/2020</b>	<b>07/01/2021</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$0			<b>202030715UMB</b>	<b>07/01/2020</b>	<b>07/01/2021</b>	EACH OCCURRENCE <b>\$5,000,000</b> AGGREGATE <b>\$5,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Professional Liab</b>			<b>202030715</b>	<b>07/01/2020</b>	<b>07/01/2021</b>	<b>\$1,000,000/\$3,000,000</b>
<b>A</b>	<b>Abuse/Molestation</b>			<b>202030715</b>	<b>07/01/2020</b>	<b>07/01/2021</b>	<b>\$1,000,000/\$3,000,000</b>

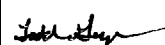
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

**Department of Children and Families**  
**1317 Winewood Boulevard,**  
**Building 1, Suite 300-I**  
**Tallahassee, FL 32399-0000**

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





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**State of Florida**  
**Department of Children and Families**

**Ron DeSantis**  
 Governor

**Shevaun L. Harris**  
 Secretary

**Sharron Washington**  
 Regional Managing Director

**MEMORANDUM**

**DATE:** March 23, 2021

**TO:** Patricia Babcock, Deputy Secretary

**THROUGH:** Kathryn Jones, Chief of Contract Administration

**FROM:** Sumer Bray, Contract Manager

**SUBJECT:** Amendment 0005 to Contract GJL58 with Embrace Families  
 Community Based Care, Inc. (CBC)

**APPROVER:**

	Signature	Date
John Hammett Program Director	N/A	
William D. Reed II Budget Office	<i>William D. Reed II</i>	03/25/2021
Office of Information Technology	N/A	
Amy D. Hammett / Kathryn Jones	<i>Amy D. Hammett</i> 3/25/21 <i>K.E. Jones</i>	3/26/2021
HQ Office of Contracted Client Services		
Michael Greif Office of General Counsel	<i>Michael A. Greif</i>	3.30.21
Sharron Washington RMD (Regions only)	N/A	

**Executive Approval Levels**

Patricia Medlock Assistant Secretary of Child Welfare	N/A	
Robert K. Anderson Assistant Secretary of Operations (Regions only)	N/A	
Vacant		
Chief of Staff	N/A	
Patricia Babcock Deputy Secretary	<i>Patricia Babcock</i>	3/31/2021   2:53 PM EDT
Shevaun L. Harris Secretary	N/A	

Central Region: 400 W. Robinson Street, Suite 1129, Orlando, FL 32801

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

**PURPOSE:** The Central Region's contract management unit is requesting approval to amend Contract GJL58 with Circuit 9,18 Community-Based Care Provider Embrace Families Community Based Care, Inc.

**BACKGROUND:** Contract GJL58 provides foster care and related community-based care services in the Central Region, pursuant to Sections 409.988 and 409.986(1)(a), Florida Statutes. The contract provides services to children and families located in Circuit 9, 18 – Orange, Osceola, Seminole County

**KEY PROVISIONS:** Amendment 0005 incorporates the following changes: increases the State Fiscal Year 2020-2021 amount of **\$76,280,240.00** to **\$77,004,471.00**, increasing the total contract amount to **\$385,381,767.00**, subject to availability of funds.

**ACTION REQUESTED:** Approval to execute Amendment 0005 to Contract GJL58

**CONTACT INFORMATION:** Sumer Bray, CBC Contract Manager  
(407) 317-7957  
[Sumer.Bray@myflfamilies.com](mailto:Sumer.Bray@myflfamilies.com)

**ATTACHMENTS:** Contract GJL58 Amendment 0005  
Contract GJL58 CF1121 Agreement Package  
Contract GJL58 EOG Review (Email)