

CONTRACT SUMMARY

This contract action has completed the Department's routing process and has received the required approvals for execution.

Division/CHD/Office:	Public Health Statistics & Performance Mgmt
Provider Name:	Florida Association of Free Clinics and Charitable Clinics, Inc.
Contract Number:	COREL
Original Contract Amount:	\$10,000,000.00
Total Contract Amount (executed actions):	\$10,000,000.00
Original Contract Start Date:	7/1/2016
Contract End Date (executed actions):	06/30/2017
Procurement Award Date:	N/A
Contract Negotiations Completion Date:	10/06/2016

DESCRIPTION OF CONTRACTUAL SERVICES:

This contract is a legislative appropriation to support FAFCC member clinics, through a grant program to expand capacity and surrounding support in delivering services and sustain operations as well as expand service to uninsured Floridians. This appropriation will provide for clinic capacity to increase medical, dental and behavioral health to low-income and uninsured Floridians

CONTRACT ACTION:

AMENDMENT(Y/N):	Y	AMENDMENT AMOUNT:	\$9,500,000.00
CHANGE TO TERM(Y/N):	N	START DATE:	END DATE:
RENEWAL:		RENEWAL AMOUNT:	
START DATE:		END DATE:	

DESCRIPTION OF CONTRACT AMENDMENT ACTION:

Budget reduction from \$10,000,000.00 to \$9,500,000.00

This contract complies with all of the following requirements:

- A statement of work
- Quantifiable and measurable deliverables
- Performance measures
- Financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value

AMENDMENT # 0002

This amendment, entered into between the State of Florida Department of Health, hereinafter referred to as "the Department" and Florida Association of Free and Charitable Clinic, Inc., hereinafter referred to as "Provider," amends contract # COREL_

The Department and Provider have amend this contract to reduce the total contract amount and to change the payment amounts pursuant to the annual appropriation. See Ch.17-070 § 3 at 447, Laws of Florida. Accordingly, the contract is amended as follows:

1. Page 11 Attachment I, C. Method of Payment, 1. Payment, is deleted in its entirety and replaced with the following:

1. Payment: This is a fixed price, fixed-fee contract. The Department will pay Provider, upon satisfactory completion of the deliverables specified in Section B.1.b, and in accordance with the terms and conditions of this contract a total dollar amount not to exceed \$9,500,000 The Department will make the following fixed fee payments:

- a. Deliverable B.1.b.1) \$4,500,000
- b. Deliverable B.1.b.2) \$2,500,000
- c. Deliverable B.1.b.3) \$2,500,000

2. This amendment shall begin on July 1, 2017, or the date, on which the amendment has been signed by both parties, whichever is later.

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 hereto have caused this 1 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: FLORIDA ASSOCIATION OF FREE AND CHARITABLE CLINIC, INC.

DocuSigned by:
SIGNATURE: Nicholas Duran
2C786D303D59419...
PRINT/TYPE NAME: NICHOLAS DURAN

TITLE: EXECUTIVE DIRECTOR

DATE: 6/21/2017

FEDERAL EID# (OR SSN): 49-3502696

STATE OF FLORIDA, DEPARTMENT OF HEALTH

DocuSigned by:
SIGNATURE: Kelly Dick
5E06FA16BC584F4...
PRINT/TYPE NAME: KELLY T. WELLS, MD

TITLE: DEPUTY SECRETARY FOR HEALTH

DATE: 6/29/2017

Certificate of Completion

Envelope Id: 1082EDA1414C4383BD0F225D53E4A007 Status: Completed
 Subject: Contract COREL-A2: Please DocuSign this contract amendment from the Florida Department of Health
 Custom Field:
 ACH:
 Source Envelope:
 Document Pages: 2 Signatures: 2 Envelope Originator:
 Supplemental Document Pages: 0 Initials: 0 Deborah Brown
 Certificate Pages: 5
 AutoNav: Enabled Payments: 0 Deborah.Brown3@flhealth.gov
 Envelopeld Stamping: Enabled IP Address: 10.102.101.12
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

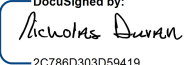
Record Tracking

Status: Original Holder: Deborah Brown Location: DocuSign
 6/20/2017 11:56:21 AM Deborah.Brown3@flhealth.gov

Signer Events

Nicholas Duran
 Nick@fafcc.org
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 2C786D303D59419...
 Using IP Address: 104.4.176.56

Timestamp

Sent: 6/20/2017 12:04:33 PM
 Resent: 6/21/2017 5:43:48 AM
 Viewed: 6/21/2017 7:25:17 AM
 Signed: 6/21/2017 7:28:49 AM

Electronic Record and Signature Disclosure:
 Accepted: 6/21/2017 7:25:17 AM
 ID: 07019a3e-8ca4-4925-802b-da6cf00dbdce

Cindy Dick
 Cindy.Dick@flhealth.gov
 Security Level: Email, Account Authentication (None)

DocuSigned by:

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 Using IP Address: 69.254.220.254

Sent: 6/28/2017 6:31:13 AM
 Resent: 6/29/2017 11:05:04 AM
 Viewed: 6/29/2017 4:28:51 PM
 Signed: 6/29/2017 4:29:09 PM

Electronic Record and Signature Disclosure:
 Accepted: 6/29/2017 4:28:51 PM
 ID: 2f08b0c3-9dd3-442b-ac33-fd3045c7c6b5

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Jennifer Johnson
 Jennifer.Johnson@flhealth.gov
 Security Level: Email, Account Authentication (None)

VIEWED
 Using IP Address: 10.102.101.12

Sent: 6/21/2017 7:28:50 AM
 Viewed: 6/28/2017 6:31:13 AM

Electronic Record and Signature Disclosure:
 Accepted: 6/28/2017 6:31:13 AM
 ID: b353a04d-265c-4a1a-b71d-6ee847eada63

Carbon Copy Events	Status	Timestamp
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Debbie Reich
Debbie.Reich@flhealth.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

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Sent: 6/20/2017 12:04:32 PM
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Daphne Holden
Daphne.Holden@flhealth.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

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Sent: 6/20/2017 12:04:32 PM
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	6/29/2017 11:05:04 AM
Certified Delivered	Security Checked	6/29/2017 4:28:51 PM
Completed	Security Checked	6/29/2017 4:29:09 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: antonio.dawkins@flhealth.gov

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at antonio.dawkins@flhealth.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to antonio.dawkins@flhealth.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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