

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures					
Operating Costs	\$130,000	\$130,000	\$130,000	\$130,000	
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$130,000	\$130,000	\$130,000	\$130,000	
No. ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No _____
 Does this item include the use of federal funds? Yes _____ No X

Budget Account **Exp No:**
 Fund 0001 Dept 154 Unit 2531 Obj 3401
Rev No:
 Fund _____ Dept _____ Unit _____ Obj _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

The fiscal impact associated with this Contract shall be funded by existing FY2023 and future proposed ad valorem.

Departmental Fiscal Review: Michelle D'Agostino
6115123

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

ASD d21/23 Ann J. Jarboe @10/17/23
 OFMB § 6/21 Contract Development & Control
 mod 6/23/23

B. Legal Sufficiency:

Shelene C. Boyd 6-28-23
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

**FIRST AMENDMENT TO
COMMUNITY BASED AGENCY CONTRACT**

This First Amendment is made as of the July 11, 2023, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and The Children's Home Society of Florida, a not-for-profit corporation, authorized to do business in the State of Florida, hereinafter referred to as the AGENCY, whose Federal I.D. is 59-0192430.

WITNESSETH:

WHEREAS, the parties entered into a Community Based Agency Contract (Contract) dated June 16, 2020, (R2020-0702) in the amount of \$422,500, to fund Visitation Center services, from July 1, 2020, through September 30, 2023; and

WHEREAS, the parties desire to modify the targeted outcomes to better align with current services, extend the original Contract three (3) years to September 30, 2026, and increase the Contract by \$390,000, for a new total not to exceed amount of \$812,500.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

1. The foregoing recitals are true and correct and incorporated herein by reference.
2. **ARTICLE 1 – SERVICES**, Paragraphs 3 and 4 are hereby replaced in their entirety with the following:

The COUNTY'S representative/liaison during the performance of this Contract shall be Ike Powell, Director of Outreach & Community Programming (telephone no. 561-242-5704).

The AGENCY'S representative/liaison during the performance of this Contract shall be Lauren Fuentes, Regional Executive Director (telephone no. 561-485-7056).

3. **ARTICLE 2 – SCHEDULE**, Paragraph A is hereby replaced in its entirety with the following:
 - A. The initial term of this Contract began July 1, 2020, and extended through September 30, 2023. The parties agree to extend this Contract for an additional three (3) years beginning October 1, 2023, and ending September 30, 2026.
4. **ARTICLE 3 – PAYMENTS TO THE AGENCY**, the first sentence of Paragraph A and all of Paragraph C are hereby replaced with the following:
 - A. The COUNTY shall pay to the AGENCY for services rendered under this Contract not to exceed a total amount of EIGHT HUNDRED TWELVE THOUSAND FIVE

HUNDRED DOLLARS (\$812,500), over a six (6) year and three (3) month period of which THIRTY-TWO THOUSAND FIVE HUNDRED DOLLARS (\$32,500) was budgeted in fiscal year 2020, ONE HUNDRED THIRTY THOUSAND DOLLARS (\$130,000) was budgeted in each of the fiscal years 2021, 2022 and 2023, with ONE HUNDRED THIRTY THOUSAND DOLLARS (\$130,000) anticipated to be budgeted for each of the fiscal years 2024, 2025, and 2026.

- C. The AGENCY is obligated to provide the COUNTY with the properly completed requests for all funds paid relative to this Contract no later than the 15th of the month following each quarter ending. Any amounts not submitted as follows shall remain the COUNTY'S and the COUNTY shall have no further obligation with respect to such amounts:
1. by October 15, 2020, for quarter Q1;
 2. by October 15, 2021, for quarters Q2-Q5;
 3. by October 15, 2022, for quarters Q6-Q9;
 4. by October 15, 2023, for quarters Q10-Q13;
 5. by October 15, 2024, for quarters Q14-Q17;
 6. by October 15, 2025, for quarters Q18-Q21;
 7. by October 15, 2026, for quarters Q22-Q25

5. **ARTICLE 12 – AGENCY'S PROGRAMMATIC REQUIREMENTS**, Paragraph F is hereby replaced in its entirety with the following:

F. Reporting requirements.

1. The AGENCY shall submit reports to identify outcomes and demographic information so that the DEPARTMENT staff is able to determine performance of services being provided.
2. Reports shall be provided at the following intervals and in the report formats identified in **Exhibit A-1**, by entering program specific data into the CBA Portal.
 - i. Monthly reports shall be due no later than the 15th of the month and shall include the applicable data for the preceding month.
 - a. The first monthly compliance report will be due no later than August, 2023.
 - ii. Quarterly reports shall be due no later than the 15th of the month and shall include the applicable data for the preceding quarter.
 - a. Quarterly reports shall be due in January, April, July and October.
 - b. The first reports are due no later than October 15, 2020.
 - iii. Annual reports shall be due no later than October 15th and shall include the applicable data for the preceding year.
 - a. The first Annual report will be due no later than October 15, 2020.
 - b. The final Annual report will be due no later than October 15, 2026.

- c. The AGENCY agrees to submit final outcomes by the stated time-frame in order to be in contract compliance so that the DEPARTMENT staff is able to determine the AGENCY'S progress in attaining its goals as outlined in the attached Scope of Work.
 - iv. Logic Model reports shall be due no later than October 15th of each year, and shall include annual actual outcome results data for the preceding year in column 5. These results shall be as evidenced by the outcomes measurement tools specified in column 6 of the Logic Model.
 - a. The first Logic Model will be due no later than October 15, 2024, and shall include the applicable date for the preceding year.
 - b. The final Logic Model will be due no later than October 15, 2026.
 - v. Failure to provide any of the above report information in a timely fashion in a format acceptable to the COUNTY, may be grounds for financial reimbursements to be held by the COUNTY staff, or may be considered in future funding decisions.
- 6. **ARTICLE 12 – AGENCY'S PROGRAMMATIC REQUIREMENTS**, Paragraph I(4) is hereby deleted in its entirety.
- 7. **ARTICLE 13 – ACCESS AND AUDITS**, Paragraph C is hereby replaced in its entirety with the following:
 - C. Two (2) bound originals of the audit are due thirty (30) days after receipt of the financial audit report by the Independent Certified Public Accountant or a Public Accountant licensed under Chapter 473, Florida Statutes, or nine (9) months after the close of the fiscal year. The complete financial audit report, including all items specified herein, shall be sent directly to:

Palm Beach County Youth Services Department
Attn: Ike Powell, Director of Outreach & Community Programming
50 S. Military Trail, Suite 203
West Palm Beach, FL 33415

8. **ARTICLE 27 -- NOTICE**, the first and third paragraphs are hereby replaced in their entirety with the following:

First paragraph replacement:

If sent to the COUNTY, notices shall be addressed to:

Palm Beach County Youth Services Department
Attn: Director
50 S. Military Trail, Suite 203
West Palm Beach, FL 33415

Third paragraph replacement:

If sent to the AGENCY, notices shall be addressed to:

The Children's Home Society of Florida
Attn: Lauren Fuentes, Regional Executive Director
3335 Forest Hill Boulevard
West Palm Beach, FL 33406

9. **ARTICLE 34 -- E-VERIFY -- EMPLOYMENT ELIGIBILITY** is hereby added as follows:

ARTICLE 34 - E-VERIFY -- EMPLOYMENT ELIGIBILITY

The AGENCY warrants and represents that it is in compliance with section 448.095, Florida Statutes, as may be amended, and that it: (1) is registered with the E-Verify System (E-Verify.gov), and uses the E-Verify System to electronically verify the employment eligibility of all newly hired workers; and (2) has verified that all of the AGENCY'S subconsultants performing the duties and obligations of this Contract are registered with the E-Verify System, and use the E-Verify System to electronically verify the employment eligibility of all newly hired workers.

The AGENCY shall obtain from each of its subconsultants an affidavit stating that the subconsultant does not employ, contract with, or subcontract with an Unauthorized Alien, as that term is defined in section 448.095(1)(k), Florida Statutes, as may be amended. The AGENCY shall maintain a copy of any such affidavit from a subconsultant for, at a minimum, the duration of the subcontract and any extension thereof. This provision shall not supersede any provision of this Contract which requires a longer retention period.

The COUNTY shall terminate this Contract if it has a good faith belief that the AGENCY has knowingly violated section 448.09(1), Florida Statutes, as may be amended. If the COUNTY has a good faith belief that the AGENCY'S subconsultant has knowingly violated section 448.09(1), Florida Statutes, as may be amended, the

COUNTY shall notify the AGENCY to terminate its contract with the subconsultant and the AGENCY shall immediately terminate its contract with the subconsultant. If the COUNTY terminates this Contract pursuant to the above, the AGENCY shall be barred from being awarded a future contract by the COUNTY for a period of one (1) year from the date on which this Contract was terminated. In the event of such contract termination, the AGENCY shall also be liable for any additional costs incurred by the COUNTY as a result of the termination.

10. **Exhibit A** is hereby replaced in its entirety with **Exhibit A-1**, attached hereto and incorporated herein by reference.
11. **Exhibit B** is hereby replaced in its entirety with **Exhibit B-1**, attached hereto and incorporated herein by reference..
12. All other provisions of the Contract not modified in this First Amendment remain in full force and effect.

{Remainder of page left blank intentionally}

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and the AGENCY has hereunto set its hand the day and year above written.

AGENCY:

The Children's Home Society of Florida
Company Name

DocuSigned by:
Kimberly Cook
722A1450B878472
Signature

Kymberly Cook
Typed Name

Chief Operating Officer
Title

ATTEST:

COUNTY:

**JOSEPH ABRUZZO, CLERK OF THE
CIRCUIT COURT & COMPTROLLER**

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

By: _____
Deputy Clerk

By: _____
Gregg K. Weiss, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

DocuSigned by:
Helene C. Huizd
D233AA1DB87543B...
By: _____
County Attorney

DocuSigned by:
Ike Powell
E15D3C31507B437...
By: _____
Youth Services Department

EXHIBIT A-1
SCOPE OF WORK

Contract Period: October 1, 2022 - September 30, 2026

Agency Name: The Children's Home Society of Florida

Program Name: Family Visitation Center

Target Population: Babies, Preschool Age, Elementary Age Youth, Middle School Age Youth, and High School Age Youth

Geographic area(s) served: Countywide

Commission District(s): Countywide

Overview:

The Family Visitation Center is designed to provide better quality and more frequent visitation to children removed from their parents involved in the Dependency System. Visitation is a key indicator for a successful and timely reunification. The Visitation Center provides a safe and confidential homelike environment for parents to bond with their children.

The Family Visitation Center will have eight age-specific rooms where suitable toys and activities are provided to promote bonding and interaction between the parents and their children. The Center has a shared space where educational programs, group meetings and other gatherings can be facilitated. There is a fully functional kitchen and outdoor playground that increases normalcy and enhances the families' experience.

The Family Visitation Center will also be an environment where caregivers, both foster parents and relatives/non-relatives, can feel comfortable being a part of the visitation process. Partnerships with community members and local universities will be leveraged to provide additional interventions and supports to quality visitation between parents and their children.

The program coordinator will be a Program Supervisor who will be housed at the Family Visitation Center and will be well versed in the dependency system. The specialist works with the Dependency Case Managers on family goals and Conditions for Return, which are the factors needed to move towards reunification. The Program Supervisor will oversee scheduling visitations and ensure maximum utilization of staff, interns and volunteers. The Program Supervisor will assist in service provision and referrals as needed. The Center will have two family Support Workers to assist with transportation and visitation exchange.

The Family Visitation Center will provide visitation support with varying levels of required supervision. High Risk: Sight and Sound visitation; Moderate Risk: Supervised Visitation and Monitored Visitation; Low Risk: Unsupervised in the Family Visitation Center. All visitations will have an assessment of visitation outcomes and documentation to be completed and provided to the Dependency Case Manager. The support will include education and feedback to parents. The Family Visitation Center is a safe environment as an Exchange location between parents and/or caregivers. The staff can provide resources and referrals for clients for community support or service needs.

Evidence-based model or promising practice:

Promising Practice

Observed Need/Risk Factor(s) that will be addressed:

The need that will be addressed is providing a safe and confidential homelike environment for parents to bond with their children. The overarching goal of the program is to increase the number and quality visitations that occur during a child's removal episode leading to an increase in timely achievement of permanency and reduction in re-abuse after permanency is achieved

Services:

The following services will be coordinated and provided by staff at the Family Visitation Center:

- Scheduled and Staff Supported Visit
- Dependency Case Visitations
- Sibling Visitations
- Family Court Ordered Supervised Visitations

Outcomes:

The following outcomes will be tracked:

- 97 of 97 (100%) of Child(ren) will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.
- 55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.
- 59 of 65 (91%) of Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.

Reports Submission:

The Agency shall provide monthly, quarterly and annual data for all program participants funded in this Contract. The reports shall be presented in a format acceptable to COUNTY.

- Monthly Report format, Exhibit A-1, Form 1
- Quarterly Report format, Exhibit A-1, Form 2
- Logic Model, Exhibit A-1, Form 3
- Annual Report format, Exhibit A-1, Form 4

Projected number of Clients Served:

65 Parents/Caregivers

97 Youth

EXHIBIT A-1, FORM 1
Monthly Reports Format

The AGENCY will submit monthly reports by entering program specific data into the CBA Portal.



MONTHLY COMPLIANCE REPORT COMMUNITY BASED AGENCY CONTRACT

Contract Period: 10/1/2022 - 09/30/2026

The Children's Home Society of Florida

Month: Choose an item.

Services	Current Status	Explanation
Scheduled and Staff Supported Visit	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.
Dependency Case Visitations	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.
Sibling Visitations	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.
Family Court Ordered Supervised Visitations	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.

Available/Scheduled Educational Sessions

Choose an item.

Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.

Please list any program specific challenges your agency experienced during this reporting period:

Click here to list any program specific challenges your agency experienced during this reporting period.

Please list any program specific accomplishments your agency experienced during this reporting period:

Click here to list any program specific accomplishments your agency experienced during this reporting period.

Please report your outcomes achieved for this month.

Target: 97 of 97 (100%) of Child(ren) will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.

Actual for the month: ___ of ___ (___%)

Total number served this month:

Target: 55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.

Actual for the month: ___ of ___ (___%)

Total number served this month:

Target: 55 of 65 (85%) of Parents shall incident positive response to felling respected, valued, supported, and involved in their services as demonstrated by CHS Client Satisfaction Surveys.

Actual for the month: ___ of ___ (___%)

Total number served this month:

Unit Cost of Service Rate Definition: A unit of service is defined as one quarter of direct or indirect visitation services and related work that may include scheduled and staff supported visits, dependency case visitations, sibling visitations, family court order supervised visitations, available/scheduled educational sessions, documentation, data entry, and grant reporting.

Unit Cost of Service Rate is \$32,500.00 as per Exhibit B-1

Total Cost of Service Rate is \$130,000.00

Click here to report on number of units being claimed for this reporting period.

Report approved and submitted by: *Click or tap here to enter text.*

Title of signatory: *Click or tap here to enter text.*

EXHIBIT A-1, FORM 2
Quarterly Reports Format

The AGENCY will submit quarterly reports by entering program specific data into the CBA Portal.



CBA Quarterly Outcomes Report

Outcome	Validator	Projected %	Actual Outcome %	Projected # to be Served	Actual # Served	Projected # to Attain Outcome	For GCS Review	Comments
Mentors are successfully matched with mentees.	Mentor/Mentee Matching Log	80%	101%	100	156	80	Y	
Mentors complete training and provide effective mentor/mentee interactions, and address trauma.	Attendance logs and training records for mentors	90%	76%	100		90	N	
Youth achieve and/or maintain academic achievements.	Student progress and report cards	95%	75%	100		95	Y	

EXHIBIT A-1, FORM 3

Logic Model

Children's Home Society of Florida - Family Visitation Center

Family Agency Community

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
Problem/ Need/ Situation	Service/Activity	Outcome	Indicator	Results	Measurement Tool	Data Source	Frequency
<i>Instruction: Need/ Problem/ Situation</i>	<i>Instruction: What your Agency is doing, such as meetings, trainings, and events in order to achieve outcomes; include # of Clients Served, Timeframe & # of Units</i>	<i>Instruction: Statement of Results Expected, such as change in knowledge, attitudes, skills, behaviors, conditions</i>	<i>Instruction: Number (#) and Percent (%) of Clients Expected to Achieve Outcome (# of Clients ÷ by # Served)</i>	<i>Instruction: Actual Number (#) and Percent (%) of Clients who Achieve the Outcome (# of Clients who achieved the outcome ÷ # Served)</i>	<i>Instruction: Evidence Collected (provide specific name of tool; examples of tools include: pre/post surveys or assessments, progress reports</i>	<i>Instruction: Collection Procedure & Personnel Responsible</i>	<i>Instruction: Time & Frequency of Evaluation/Outcome Measurement</i>
Youth need better quality care and more frequent visitation from their parents and relatives/non-relatives	Scheduled and Staff Supported Visits, Sibling Visitations, and Family Court Order Supervised Sessions	Child(ren) will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.	97 of 97 (100%) of Child(ren) will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.		CHS Incident Reporting	CHS Staff will be responsible for reporting Incident Reports.	As needed
Parents need safe and confidential homelike environment to bond with their children	Scheduled and Staff Supported and Available /Scheduled Educational Sessions	Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.	55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.		Parental Stress Scale	CHS Staff will be responsible for managing and administering the Parental Stress Scale	Administered at intake and discharge

<p>Parents need safe and confidential homelike environment to bond with their children</p>	<p>Scheduled and Staff Supported, and Dependency Case Visitations Available /Scheduled Educational Sessions</p>	<p>Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.</p>	<p>59 of 65 (91%) of Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.</p>		<p>Client Satisfaction Surveys</p>	<p>CHS Staff will be responsible for managing and administering the Client Satisfaction Surveys</p>	<p>Administered at discharge</p>
<p>Mission Statement:</p>	<p>Our Mission Building bridges to success for children. Our Vision A world where children realize their full potential.</p>						

EXHIBIT A-1, FORM 4
Annual Report Format

The AGENCY will submit an annual report by entering program specific data into the CBA Portal.



ANNUAL REPORT COMMUNITY BASED AGENCY CONTRACT

Contract Period: 7/1/2020 - 09/30/2026

Executive Summary

Agency Name:	The Children's Home Society of Florida
Program Name:	Family Visitation Center
Reporting Period:	10/1/2022- 09/30/2023
Prepared By:	<i>Click here to enter name and contact information of the person preparing this report.</i>
Methods:	<i>Click here to enter a short statement of the evaluation methodology.</i>
Outcomes:	<i>Click here to enter a short statement about the program's outcomes.</i>
Conclusion:	<i>Click here to enter a short statement that indicates if the program achieved its stated outcomes.</i>
Recommendations:	<i>Click here to enter a short statement that include recommendations to address challenges and improve this program.</i>
Report approved and submitted by:	<i>Click or tap here to enter text.</i>
Title of signatory:	<i>Click or tap here to enter text.</i>
Date:	<i>Click or tap here to enter date.</i>

Annual Report

Introduction:

Provide a brief description about your agency and the funded program.

Click here to enter text.

Scope of Work:

Describe the program's scope of work.

Click here to enter text.

Services:

- Scheduled and Staff Supported Visit
- Dependency Case Visitations
- Sibling Visitations
- Family Court Ordered Supervised Visitations

Demographics:

Describe and provide totals for the population you served. Highlight any demographic information that is program specific, specify 'other' categories, and provide a summary of challenges and accomplishments serving this population.

Click here to enter text.

Gender	(#)	(%)
Female		
Male		
FTM		
MTF		
Other		
Non-binary		
Not Applicable		
Unknown		
Age	(#)	(%)
0-4		
5-10		
11-13		

14-18		
19-22		
>22		
Unknown		
Not Applicable		
Race	(#)	(%)
Asian/Pacific Islander		
Black or African American		
Hispanic or Latino/a		
Native American or American Indian		
White		
Other		
Multiracial		
Not Applicable		
Unknown		
Family Type	(#)	(%)
Two Parent Household		
Single Parent Female Head of Household		
Single Parent Male Head of Household		
Grandparents		
Other		
Unknown		
Not Applicable		
Household Income	(#)	(%)
\$0.00		
<\$19,999		
\$20-29,999		
\$30-39,999		
\$40-49,999		
\$50-59,999		
>\$60,000		
Unknown		
Not Applicable		

Methodology:

Describe your process of data collection and data analysis. Include any statistical techniques and particular calculations you employed, and explain the rationale for your process.

Click here to enter text.

Outcomes:

Provide a narrative of your findings as supported by your data analysis. List and summarize outcome results as indicated below:

Target: 97 of 97 (100%) Child(ren) will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.

Actual for the grant year: ___ of ___(___%) **achieved outcome, as evidence by [click here to enter Data Validator.](#)**

Target: 55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.

Actual for the grant year: ___ of ___(___%) **achieved outcome, as evidence by [click here to enter Data Validator.](#)**

Target: 59 of 65 (91%) of Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.

Actual for the grant year: ___ of ___(___%) **achieved outcome, as evidence by [click here to enter Data Validator.](#)**

Charts:

Additional charts, graphs, descriptive statistics, and statistical outputs may also be included in this section.

Click here to enter text, charts, or graphs.

Conclusions:

Conclude your report by summarizing your findings. Explain the impact of the outcomes above with program-related quantitative and qualitative data as applicable. Discuss any challenges and limitations of your program as well as your successes. Explain recommended changes to the programs based on your findings.

Click here to enter text.

EXHIBIT B-1

UNIT COST OF SERVICE RATE AND DEFINITION

The Scope of Work to be completed by the AGENCY as defined in **Exhibit A-1**, consist of submission to the COUNTY of certain “deliverables” as expressly indicated below. Compensation for the work tasks stated herein shall be in accordance with the following Unit Cost of Service Rate and Definition:

Program: Family Visitation Center	Community Based Agency: The Children’s Home Society of Florida	
Contract Period: October 1, 2022 – September 30, 2026		
Unit Cost of Service Rate Definition	Unit Cost of Service Rate	Total Cost of Service
A unit of service is defined as one quarter of direct or indirect visitation services and related work that may include scheduled and staff supported visits, dependency case visitations, sibling visitations, family court order supervised visitations, available/scheduled educational sessions, documentation, data entry, and grant reporting.	\$ 32,500	\$130,000 annually
TOTAL CONTRACT		\$812,500
Deliverables Description: <ul style="list-style-type: none"> • Proof of Service: Monthly, quarterly and annual reports for each month of service, as applicable • Cover Memo/Invoice (signed by authorized representative, including statement as to all units being claimed were 100% allocated to the Scope of Work) 		



**Palm Beach County
Compliance Summary Report**

Vendor Number	Vendor Name	AM Best Rating	Insurance Carrier	Policy #	Eff. Date	Exp. Date	Coverage	Contract Number	Contract Name
DX00000951	The Children's Home Society Of Florida	Modified	Compliant					R2020-0702	Community Based Agency Contract - Visitation Center
		Ag , IX	Alliance of Nonprofits for Insurance, Risk Retenti	202230265AU	7/1/2022	7/1/2023	Auto Liability		
		Ag , IX	Alliance of Nonprofits for Insurance, Risk Retenti	202230265UM	7/1/2022	7/1/2023	Excess Liability		
		Ag , IX	Alliance of Nonprofits for Insurance, Risk Retenti	202230265	7/1/2022	7/1/2023	General Liability		
		Ag , IX	Alliance of Nonprofits for Insurance, Risk Retenti	202230265	7/1/2022	7/1/2023	Professional Liability		
		Ag , IX	Alliance of Nonprofits for Insurance, Risk Retenti	202230265	7/1/2022	7/1/2023	Sexual Molestation		
		Ar , XV	United Wisconsin Insurance Company	A010090673	7/1/2022	7/1/2023	Workers Comp		

Risk Profile : Standard - General Services

Required Additional Insured : Palm Beach County Board of County Commissioners

Ownership Entity :