



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

Fiscal Years	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>
Personal Expenses	\$186,513				
Operating Costs	13,755				
Capital Expenditures					
External Revenues	(\$200,268)				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	*				

**# ADDITIONAL FTE**

POSITIONS (Cumulative)	0				
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Is item included in Current Budget? Yes \_\_\_ No X  
 Is this item using Federal Funds? Yes \_\_\_ No X  
 Is this item using State Funds? Yes X No \_\_\_

Budget Account Exp No: Fund 1426 Department 662 Unit 3230/3231 Object Varies  
 Rev No: Fund 1426 Department 662 Unit 3230/3231 RevSc 3429

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

Grant: FCASV (Sexual Assault) Program  
 Fund: 1426 – Public Safety Grant  
 Department: 662 – Public Safety  
 Unit: 3230 – Sexual Assault Violence Grant – RCP  
 3231 – GR – Sexual Assault Recovery Services

\*The FY24 budget is being amended to include this grant. Of the \$267,024, \$66,756 is estimated to be spent in FY24. When the year closes, a grant carryforward request will be submitted.

Departmental Fiscal Review: [Signature]

**III. REVIEW COMMENTS**

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

<p><u>[Signature]</u> OFMB</p>	<p><u>[Signature]</u> Contract Administration</p>
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**B. Legal Sufficiency:**

[Signature] 9/17/24  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

16TFGR26

TWELFTH AMENDMENT TO THE STANDARD SUBCONTRACT 16TFGR26

This Amendment, entered into between the Florida Council Against Sexual Violence, hereinafter referred to as the "Council" and Palm Beach County, A Political Subdivision of the State of Florida, hereinafter referred to as the "Provider," amends subcontract number 16TFGR26. Accordingly, the subcontract is amended as follows:

1. The Provider shall receive an award in the amount of \$267,024.00 for the period July 1, 2024 – June 30, 2025.
2. Attachment I. All references to reporting service data in the Sexual Violence Data Registry (SVDR) are revised to indicate that data shall be entered into the Department of Health approved database. Notification of the appropriate reporting system shall be provided by the Council. All other related requirements, including entry due date, remain.
3. Attachment I, C.4.b.4) is revised as follows:  
  
*SANE Pilot Data Collection Survey. The Provider shall complete the SANE Pilot Data Collection Survey, incorporated herein by reference, on Survey Monkey at the end of every six (6) month period; to provide data on all survivors provided SANE medical forensic exams and medical forensic exam advocacy and accompaniment services. For the period July 1 through December 31, the survey shall be completed by January 15 of each year. For the period January 1 through June 30, the survey shall be completed by July 15 of each year.*
4. Attachment II, Exhibit 1, Financial and Compliance Audit, is deleted entirely and replaced as attached hereto.
5. Attachment III (invoice) is deleted entirely and replaced as attached hereto.

This amendment shall begin on July 1, 2024 and shall be retroactive to that date if executed thereafter. All provisions in the subcontract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to 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 subcontract.

This amendment and all its attachments are hereby made a part of the subcontract.

IN WITNESS THEREOF, the parties hereto have caused this three (3) page amendment to be executed by their officials thereunto duly authorized.

PALM BEACH COUNTY,  
A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE

BY: 

BY: Jennifer L. Dritt

NAME: Stephanie Seinoha

NAME: Jennifer L. Dritt, LCSW

TITLE: Director, Public Safety

TITLE: Executive Director  
date Signed 8/16/2024 | 9:21 AM PDT

DATE: 8/13/24

DATE: 8/19/24  
APPROVED AS TO TERMS AND CONDITIONS

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By:   
County Attorney

By:   
Division Director

EXHIBIT - 1

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Program 1	N/A	CFDA#	Title	\$
Federal Program 2	N/A	CFDA#	Title	\$
TOTAL FEDERAL AWARDS				\$

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

CSFA# 64.061	Title: Rape Crisis Program Trust Fund – Sexual Battery Victims’ Access to Services Act	\$57,692.00
CSFA# 64.069	Title: Rape Crisis Centers	\$209,332.00

TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S. \$267,024.00

Financial assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.40: \$

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

FL Dept. of Financial Services, Reference Guide for State Expenditures

Matching and Maintenance of Effort \*

Matching resources for federal program(s):

Program: N/A CFDA# Title \$

Maintenance of Effort (MOE):

Program: N/A CFDA# Title \$

\*Matching Resources, MOE, and Financial Assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.306 amounts should not be included by the Provider when computing the threshold for single audit requirements totals. However, these amounts could be included under notes in the financial audit or footnoted in the Schedule of Expenditures of Federal Awards and State Financial Assistance (SEFA). Matching, MOE, and Financial Assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.306 is not considered State/Federal Assistance.

**Attachment III**

Provider: Palm Beach County, A Political Subdivision of the State of Florida		Subcontractor Number: 16TFGR26	
Address: 205 N. Dixie Highway Suite 5100, West Palm Beach, FL, 33415			
<b>Service Period (check one)</b>		<b>TF Monthly Rate</b>	<b>GR Monthly Rate</b>
Jul-24 <input type="checkbox"/>	Nov-24 <input type="checkbox"/>	Mar-25 <input type="checkbox"/>	July 2024 – May 2025 \$17,444.00
Aug-24 <input type="checkbox"/>	Dec-24 <input type="checkbox"/>	Apr-25 <input type="checkbox"/>	
Sept- 24 <input type="checkbox"/>	Jan-25 <input type="checkbox"/>	May-25 <input type="checkbox"/>	June 2025 \$17,448.00
Oct-24 <input type="checkbox"/>	Feb-25 <input type="checkbox"/>	June-25 <input type="checkbox"/>	
<b>Summary of Payments</b>		<b>(FOR FCASV USE ONLY)</b>	
	<b>TF</b>	<b>GR</b>	July 2024-May 2025 combined monthly total: \$22,251.00 June 2025 combined total: \$22,263.00
SFY 2024-25 Allocation:	\$57,692.00	\$209,332.00	
Amount of this invoice:	\$	\$	
<b>(NOTE: ALL FUNDS MUST BE ENCUMBERED BY June 30<sup>th</sup>.)</b>		<b>Penalties</b>	
		\$ _____	
		\$ _____	
		Total: \$ _____	
I certify that the above report is a true and correct reflection of this period's activities, as stipulated in this contract.		<b>TF</b>	<b>GR</b>
	\$	\$	
Invoice Request	\$	\$	
Less Penalty	\$	\$	
Amount Approved	\$	\$	
		Total Approved For Payment By The Council: \$ _____	
Signature of Provider Agency Official	Date		
Print Name and Title	Phone #		Signature _____ Date _____

16TFGR26

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A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

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BY: 

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TOTAL FEDERAL AWARDS				\$	

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Oct-24 <input type="checkbox"/>	Feb-25 <input type="checkbox"/>	June-25 <input type="checkbox"/>		
				June 2025 \$17,448.00
				July 2024 – May 2025 \$4,807.00
<b>Summary of Payments</b>		<b>(FOR FCASV USE ONLY)</b>		
	<b>TF</b>	<b>GR</b>		
SFY 2024-25 Allocation:	\$57,692.00	\$209,332.00		
Amount of this invoice:	\$	\$		
<b>(NOTE: ALL FUNDS MUST BE ENCUMBERED BY June 30<sup>th</sup>.)</b>				
I certify that the above report is a true and correct reflection of this period's activities, as stipulated in this contract.				
		<b>Penalties</b>		
		\$		
		\$		
		Total: \$		
		<b>TF</b>	<b>GR</b>	
Invoice Request	\$	\$		
Less Penalty	\$	\$		
Amount Approved	\$	\$		
<b>Total Approved For Payment By The Council: \$</b>				
Signature of Provider Agency Official	Date	Signature	Date	
Print Name and Title	Phone #			



# 24-0985

**BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT**

**BGEX** 071224\*1603 \_\_\_\_\_

**BGRV** 071224\*502 \_\_\_\_\_

**FUND** 1426 Public Safety Grant \_\_\_\_\_

ACCOUNT NUMBER	ACCOUNT NAME	UNIT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ENCUMBERED as of 08/20/24	REMAINING BALANCE
<b>REVENUES</b>									
1426-662-3230-3429	State Grnt Other Public Safety	Sexual Violence Grant-RCP	57,575	62,472	43,298	0	105,770		105,770
1426-662-3231-3429	State Grnt Other Public Safety	GR-Sexual Assault Recovery	97,714	207,161	184,903		392,064		
<b>Total Fund Revenues</b>			<b>1,716,213</b>	<b>2,652,852</b>	<b>228,201</b>	<b>0</b>	<b>2,881,053</b>		
<b>EXPENDITURES</b>									
1426-662-3230-1201	Salaries & Wages	Sexual Violence Grant-RCP	43,930	21,818	21,964	0	43,782	16,591	27,191
1426-662-3230-2101	Fica-Taxes	Sexual Violence Grant-RCP	2,723	2,723	1,608	0	4,331	1,048	3,283
1426-662-3230-2105	Fica Medicare	Sexual Violence Grant-RCP	637	637	149	0	786	245	541
1426-662-3230-2201	Retirement Contributions-FRS	Sexual Violence Grant-RCP	5,254	5,254	3,028	0	8,282	2,251	6,031
1426-662-3230-2301	Insurance-Life & Health	Sexual Violence Grant-RCP	5,027	5,027	4,585	0	9,612	2,546	7,066
1426-662-3230-3401	Other Contractual Services	Sexual Violence Grant-RCP	0	9,334	11,000	0	20,334	9,334	11,000
1426-662-3230-4007	Travel-Mileage	Sexual Violence Grant-RCP	0	2,000	964	0	2,964	1,192	1,772
1426-662-3231-1201	Salaries & Wages	GR-Sexual Assault Recovery	79,494	172,991	119,837	0	292,828	33,900	258,928
1426-662-3231-2101	Fica-Taxes	GR-Sexual Assault Recovery	4,930	4,930	6,784	0	11,714	8,511	3,203
1426-662-3231-2105	Fica Medicare	GR-Sexual Assault Recovery	1,152	1,152	2,376	0	3,528	1,991	1,537
1426-662-3231-2201	Retirement Contributions-FRS	GR-Sexual Assault Recovery	9,674	9,674	16,333	0	26,007	19,142	6,865
1426-662-3231-2301	Insurance-Life & Health	GR-Sexual Assault Recovery	27,837	27,837	33,188	0	61,025	28,774	32,251
1426-662-3231-4007	Travel-Mileage	GR-Sexual Assault Recovery	0	2,700	3,040	0	5,740	1,339	4,401
1426-662-3231-5111	Office Furniture & Equipment	GR-Sexual Assault Recovery	0	0	3,345	0	3,345	2,100	1,245
<b>Total Fund Expenditures</b>			<b>1,716,213</b>	<b>2,652,852</b>	<b>228,201</b>	<b>0</b>	<b>2,881,053</b>		

**SIGNATURES** \_\_\_\_\_ **DATES** \_\_\_\_\_  
 Initiating Department/Division  
 Administration/Budget Department Approval  
 OFMB Department - Posted

**BY BOARD OF COUNTY COMMISSIONERS**

At Meeting of: 10/8/2024

Deputy Clerk to the  
Board of County Commissioners

ATTACHMENT 2