

**Central Florida Cares Health System, Inc.
Amendment #4 to Contract No. COC22**

THIS AMENDMENT, entered into between **Central Florida Cares Health System, Inc.**, hereinafter referred to as “CFCHS” and **Circles of Care, Inc.**, hereinafter referred to as the “Provider,” amends **Contract No. COC22**.

The purpose of this amendment is to update the Exhibit C Template and align with FY20-21s Network budget, as shown in the table below:

FUNDING CHANGES					
OCA	Description	COC22 FY20-21 Funding Initial	COC22 FY20-21 Funding Final	Difference	Effective Date
MHD00	General Revenue	\$6,431,375.00	\$6,381,375.38	(\$49,999.62)	7/1/2020
MHOPG	PATH	\$124,157.00	\$170,240.00	\$46,083.00	7/1/2020
MHS52	Circles CSU Proviso	\$700,000.00	\$700,000.00	\$0.00	7/1/2020
MHD72	Forensic	\$124,547.00	\$90,855.00	(\$33,692.00)	7/1/2020
MHD76	IDP	\$17,742.00	\$17,742.00	\$0.00	7/1/2020
MHOCN	Care Coord	\$202,836.00	\$233,962.00	\$31,126.00	7/1/2020
MHOFH	Forensic Team	\$588,691.00	\$486,387.00	(\$102,304.00)	7/1/2020
MHDTB	TANF	\$129,163.00	\$65,163.00	(\$64,000.00)	7/1/2020
MHTRV	Trans Vouchers	\$75,603.00	\$75,603.00	\$0.00	7/1/2020
Mental Health Sub total		\$8,394,114.00	\$8,221,327.38	(\$172,786.62)	
MS000	General Revenue	\$2,407,287.00	\$2,407,287.00	\$0.00	7/1/2020
MS023	HIV	\$235,304.00	\$199,908.00	(\$35,396.00)	7/1/2020
MS025	Prevention	\$307,722.00	\$307,722.00	\$0.00	7/1/2020
MSSG3	SOR YR3 - GPRA	\$0.00	\$47,229.76	\$47,229.76	10/1/2020
MSSOH	SOR - Hospital	\$25,000.00	\$136,929.50	\$111,929.50	7/1/2020
MSSOW	SOR - Child Welfare	\$23,228.64	\$140,639.69	\$117,411.05	7/1/2020
MSSM2	SOR - MAT Year2	\$75,552.20	\$859,486.03	\$783,933.83	7/1/2020
MSSM3	SOR YR3 - MAT	\$0.00	\$519,655.38	\$519,655.38	10/1/2020
MSOCN	Care Coordination	\$86,930.00	\$86,930.00	\$0.00	7/1/2020
MSOTB	TANF	\$101,524.00	\$101,524.00	\$0.00	7/1/2020
MSCBS	SA Community Based Services	\$579,250.00	\$579,250.00	\$0.00	7/1/2020
MSTRV	Trans Vouchers	\$49,094.00	\$49,094.00	\$0.00	7/1/2020
Substance Abuse Sub total		\$3,890,891.84	\$5,435,655.36	\$1,544,763.52	
MHOCN	Care Coordination	\$45.00	\$0.00	(\$45.00)	Expired
MSOCN	Care Coordination	\$31,126.00	\$0.00	(\$31,126.00)	Expired
MHOFH	FMT	\$0.00	\$165,613.47	\$165,613.47	7/1/2020
MHD76	IDP	\$0.00	\$2,112.50	\$2,112.50	7/1/2020
MSTRV	Vouchers	\$0.00	\$5,523.20	\$5,523.20	7/1/2020
Carry Forward Sub total		\$31,171.00	\$173,249.17	\$142,078.17	
Grand Total		\$12,316,176.84	\$13,830,231.91	\$1,514,055.07	

1. Page 1 is hereby amended to read (words underlined are inserted and words stricken are deleted):

Subcontract Number: COC22
Subcontract Amount: ~~\$39,645,462.84~~ \$41,382,021.82
Local Match Requirement: ~~\$7,761,601.86~~ \$8,550,532.86
Begin and End Dates: 7/1/2019 – 6/30/2022

2. Page 4 is hereby amended to read (words underlined are inserted and words stricken are deleted):
 1. This is a fee-for-service rate contract with the exception of GPRA funding which will be paid on a cost reimbursement basis.
 5. At the beginning of each fiscal year, the total subcontract amount in **Table 1** will be adjusted accordingly.

Table 1 – Subcontract Funding and Local Match Requirement		
State Fiscal Year	Subcontract Amount	Local Match Requirement
2019-2020	\$13,721,558.00	\$2,415,152.86
2020-2021	\$12,316,176.84 <u>\$13,830,231.91</u>	\$2,962,747.87 <u>\$3,067,690.00</u>
2021-2022	\$13,607,728.00 <u>\$13,830,231.91</u>	\$2,383,701.13 <u>\$3,067,690.00</u>
Total	\$39,645,462.84 <u>\$41,382,021.82</u>	\$7,761,601.86 <u>\$8,550,532.86</u>

3. Page 29, Exhibit C Specific Program/Services Allocations, dated 11/12/2019 is hereby deleted. Page 29, Exhibit C Specific Program/Services Allocations, dated 11/12/2019 are hereby inserted in lieu thereof and attached hereto.

This amendment shall begin on **July 1, 2020** or the date in which the amendment has been signed by both parties, whichever is earlier.

All provisions in the contract 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 contract.

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

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

FEDERAL ID NUMBER: 59-1101553

Circles of Care, Inc.
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Signatures