

RESOLUTION NO. 2019-

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF BROWARD COUNTY, FLORIDA, AUTHORIZING AN APPROPRIATION AND DISBURSEMENT OF FUNDS IN THE AMOUNT OF \$1,305,645 FOR STATE OF FLORIDA FISCAL YEAR 2018-2019 TO SPECIFIC COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE PROVIDERS; APPROVING A REVISED LOCAL MATCHING FUNDS STANDARD FORM AGREEMENT; AUTHORIZING THE COUNTY ADMINISTRATOR TO EXECUTE THE AGREEMENTS AND TO TAKE ALL NECESSARY ADMINISTRATIVE AND BUDGETARY ACTIONS TO IMPLEMENT THE AGREEMENTS; AND PROVIDING FOR SEVERABILITY AND AN EFFECTIVE DATE.

WHEREAS, the Board of County Commissioners of Broward County, Florida ("Board"), provides funding each year to community substance abuse and mental health service providers for the provision of behavioral health services based on the amount funded by the Department of Children and Families ("DCF") as required by Section 394.76, Florida Statutes;

WHEREAS, DCF has designated Broward Behavioral Health Coalition, Inc. ("BBHC"), as the lead agency for community substance abuse and mental health services in Broward County;

WHEREAS, BBHC has allocated State of Florida Fiscal Year 2018-2019 funding for adult substance abuse and mental health services to various community substance abuse and mental health service providers;

WHEREAS, the Board desires to base Broward County's local match contribution for adult substance abuse and mental health services on BBHC's allocations;

1 WHEREAS, the Board desires to authorize the Broward County Administrator
2 (“County Administrator”) to execute the individual agreements on behalf of
3 BrowardCounty with specific service providers; and

4 WHEREAS, the Board finds that programs providing adult community substance
5 abuse and mental health services serve a public purpose, NOW, THEREFORE,

6 BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF
7 BROWARD COUNTY, FLORIDA:

8 Section 1. Authorized Appropriations and Disbursements.

9 The Board hereby authorizes an appropriation and disbursement of funds for
10 Fiscal Year 2018-2019, as set forth in Attachment A.

11 Section 2. Approval of Local Matching Funds Standard Form Agreement.

12 The Board hereby approves the revised Local Matching Funds Standard Form
13 Agreement (“Local Matching Funds Agreement”) attached as Attachment B. New
14 agreements funded under this Resolution must be in substantially the same form as
15 Attachment B. The Office of the County Attorney is authorized to make any routine or
16 minor changes or updates to the Local Matching Funds Agreement.

17 Section 3. Execution of Agreements by the County Administrator.

18 The County Administrator is hereby authorized to execute the Local Matching
19 Funds Agreement with each of the service providers listed in Attachment A, to amend
20 these agreements as authorized, and to take all necessary administrative and budgetary
21 actions to implement the agreements. Authorized amendments include those necessary
22 to reallocate monies among the service providers listed on Attachment A when it is in the
23 best interest of Broward County or as may be required to comply with statutory matching
24 requirements, except that the total allocation to all providers must not exceed the amount

Human Services Department, Community Partnerships Division
 Fiscal Year 2019 Adult Community Mental Health
 Local Matching Funds Allocation Recommendations

Applicant Agency Name	State Funding Amount	Local Match Amount REQUIRED	Match from other sources*	County Contribution
Archways, Inc.	\$3,321,699	\$466,108	\$217,435	\$248,673
Broward County Community Development, Inc. d/b/a Broward Housing Solutions	\$524,066	\$92,716	\$0	\$92,716
Broward House, Inc.	\$580,507	\$117,580	\$0	\$117,580
Broward Partnership for the Homeless, Inc.	\$206,829	\$55,238	\$0	\$55,238
Broward Regional Health Planning Council, Inc	\$1,025,336	\$227,971	\$0	\$227,971
Care Resource Community Health Centers, Inc.	\$172,614	\$32,604	\$1,800	\$30,804
Foot Print to Success Clubhouse, Inc.	\$414,649	\$126,550	\$0	\$126,550
NAMI Broward County, Inc.	\$58,092	\$19,364	\$0	\$19,364
Silver Impact, Inc.	\$163,656	\$45,385	\$1,000	\$44,385
Susan B. Anthony Center, Inc.	\$2,124,426	\$106,200	\$10,000	\$96,200
The House of Hope, Inc.	\$1,557,981	\$259,664	\$13,500	\$246,164
Totals:	\$10,149,855	\$1,549,380		\$1,305,645

*Match from other sources is funding received by the provider that meets state requirements for consideration as local match. This includes Broward County behavioral health funding that meets statutory requirements.

Total County Match Obligation: \$1,305,645

LOCAL MATCHING FUNDS AGREEMENT BETWEEN BROWARD COUNTY AND
ENTER FULL LEGAL NAME OF PROVIDER
FOR COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
Agreement #xx-CP-HCS-xxxx-LM

This is a Local Matching Funds Agreement (“Agreement”) between Broward County, a political subdivision of the State of Florida (“County”), and Enter Full Legal Name, an active Florida nonprofit corporation (“Provider”). County and Provider are collectively referred to as the “Parties.”

RECITALS

A. County participates as a source of local matching funds for providers of community substance abuse and mental health services funded by the State of Florida (“State”) as required under the Community Substance Abuse and Mental Health Services Act (Chapter 394, Part IV, Florida Statutes) (the “Act”).

B. Broward Behavioral Health Coalition, Inc. (“BBHC”), is designated by the Florida Department of Children and Families as the lead agency for community substance abuse and mental health services in Broward County.

C. Provider receives State funding for providing community substance abuse and mental health services through an agreement with BBHC (“BBHC Agreement”).

D. The Board of County Commissioners of Broward County, Florida (“Board”), has determined that it is in the best interest of the community to enter into this Agreement, which serves a public purpose.

The Parties hereby acknowledge receipt and sufficiency of good and valuable consideration, and agree as follows:

1. **Term.** The term of this Agreement begins on the date it is fully executed by the Parties and continues through Enter Date (“Term”).
2. **Contract Administrator.** County’s Director of the Community Partnerships Division is the Contract Administrator to whom Provider must send all notices required by this Agreement. Contract Administrator has the authority to act on behalf of County only to the extent stated in this Agreement.
3. **Scope of Services.** Provider will provide community substance abuse and mental health services in accordance with the BBHC Agreement. Before it executes this Agreement, Provider must provide to the Contract Administrator a fully executed copy of the BBHC Agreement. If the BBHC Agreement is amended during the Term of this Agreement, Provider must provide a copy of the fully executed amendment to the Contract Administrator within ten (10) calendar days of the execution of the amendment.
4. **Local Matching Funds Requirement.** The Act requires local participation on a 75-to-25 State-to-local ratio. The 25 portion of the ratio is defined as “Total Local Matching Funds.” The 75 portion of the ratio is defined as “State Funding Amount.” State Funding Amount

is awarded to Provider under its BBHC Agreement. County's contribution towards the Total Local Matching Funds ("County Participation") equals the difference between the Total Local Matching Funds and the other available local matching funding sources, as identified in subsections 4(a) – 4(e) below ("Additional Local Matching Funds"). Additional Local Matching Funds comprise of all monetary and in-kind contributions (i) used to directly support mental health or substance abuse services and (ii) received from:

- a. Governing bodies of local governments (other than County) such as city commissions, county commissions (other than the Board), district school boards, special tax districts (excluding state or federal entities);
- b. Third parties other than local governments, state, or federal entities;
- c. Clients who self-pay for mental health or substance abuse services;
- d. Community drives; or
- e. Any other non-County sources.

5. **Additional Local Matching Funds Amount.** Provider represents and warrants that the amounts listed in the below table accurately reflect the Additional Local Matching Funds that has been or will be received to be utilized during the Term.

Description	Amount
Total Local Matching Funds	\$
Additional Local Matching Funds	\$
County Participation (including Financial and In-Kind Contributions)	\$

6. **Change in Funding.** Within five (5) business days after Provider receives notice of any change in the amount of funding under the BBHC Agreement or in Additional Local Matching Funds, Provider must report to County in writing the change, along with documentation sufficient to validate the change (if requested by County). The changes in funding will be addressed as follows:

- A. Increase in Additional Local Matching Funds or Decrease in State Funding: If the amount of Additional Local Matching Funds increases by more than Ten Thousand Dollars (\$10,000) or State funding under the BBHC Agreement decreases by more than Ten Thousand Dollars (\$10,000), County may, in its sole discretion, decrease the County Participation by providing written notice to Provider (without the requirement of any formal amendment to this Agreement), so that the State-to-local ratio required by the Act remains at 75-to-25. No reduction in County Participation under this section may result in Total Local Matching Funds being less than the 75-to-25 State-to-local ratio required by the Act.
- B. Decrease in Additional Local Matching Funds or Increase in State Funding: If the amount of Additional Local Matching Funds decreases or State funding under the

BBHC Agreement increases causing the Total Local Matching Funds to be less than the 75-to-25 State-to-local ratio, and Provider has, using good faith and diligence, exhausted all attempts to secure other Additional Local Matching Funds, County may increase the County Participation to meet the 75-to-25 State-to-local ratio. Any increase in County Participation must be stated in a written Amendment to this Agreement and is subject to Board approval.

7. Funding Terms.

- A. In-Kind Contributions: County Participation includes the following in-kind contributions: Enter in-kind contribution or, if none, enter not applicable, which the Parties agree and stipulate are calculated at a value of Enter Value of in-kind contribution or, if none, enter not applicable.
- B. Financial Contributions: County will pay Provider the County Participation (as described in Section 5) in amount not to exceed _____ (\$_____), which includes the value of any In-Kind Contributions.

8. Invoice Procedures.

- A. County payments during the Term will be made for services provided by Provider during the State of Florida's fiscal year, which starts July 1, 20xx, and ends June 30, 20xx.
- B. Provider must identify on Exhibit A the individuals who have been authorized to sign invoices and must provide the Contract Administrator a copy of the authorizing resolution of the Board of Directors or Board of Trustees naming these individuals ("Authorizing Resolution"). If Provider seeks to modify the authorized signatories for invoices to County, Provider must submit to the Contract Administrator a new Exhibit A and Authorizing Resolution identifying the replacement signatories.
- C. County Participation will be payable to Provider in monthly installments. Provider must submit a monthly invoice to County for the portion of County Participation on the form attached Exhibit C. When County Participation has been reached for the Term, no further amounts from County will be owed or paid to Provider. Each invoice to County must be accompanied by written proof satisfactory to County showing the amount BBHC paid for the same month. Provider must provide signature authorizations to County as shown in Exhibit A, "Authorized Invoice Signatories," and Exhibit B, "Certification of Empowerment," both of which are attached and incorporated into this Agreement. If Provider replaces its signatories, Provider must submit a notarized copy of the authorizing resolution as passed by Provider's Board of Directors or Trustees, along with the replaced Exhibit A and Exhibit B, as applicable, to County's Contract Administrator on or before the fifteenth (15th) day of the month following replacement of the signatories.

The invoices for the months of July through December of the Term must be submitted to the Contract Administrator simultaneously no later than the following February 15th. Although the invoices are due at the same time, a separate invoice must be submitted for each month. Invoices for the remaining six (6) months of the Term must each be submitted to the Contract Administrator no later than the fifteenth (15th) day of the second month following the month of service.

- D. County will make all payments solely in the name of Provider as the official payee. The name, address, and telephone number to whom payment must be made for Provider are provided in Exhibit D. Provider may change the payee information by providing written notice of such change to County using the “Notices” procedures in this Agreement.
9. **Termination.** This Agreement may be terminated for convenience by either party upon thirty (30) calendar days’ prior written notice to the other party. Each Party acknowledges that it has received good, valuable, and sufficient consideration from the other, the receipt and adequacy of which are acknowledged by Provider, for the right to terminate this Agreement for convenience. This Agreement may also be terminated for cause by action of the Board or by Provider if the party in breach has not corrected the breach within ten (10) calendar days after its receipt of written notice from the aggrieved party identifying the breach.
10. **Amendments.** The Parties may amend this Agreement to conform to changes in federal, State, or local laws, regulations, directives, and objectives. No modification, amendment, or alteration in the terms contained in this Agreement will be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by County and Provider through those with authority to or otherwise authorized to execute the written document on their behalf. Modifications to County Participation as provided in Section 6(A) of this Agreement do not require a formal amendment to this Agreement and may be done by delivery of written notice to Provider by the Contract Administrator.
11. **Communications.**
- A. Notices: Whenever either party desires to give notice to the other, the notice must be in writing; addressed to the party for whom it is intended at the place specified in Exhibit D; and sent by certified United States Mail, postage prepaid, return receipt requested, by commercial express carrier with acknowledgement of delivery, or by hand delivery with a request for a written receipt of acknowledgement of delivery. The name or title and address for giving notice will remain the same as stated in Exhibit D until changed in writing and notice of which is provided to the party for whom it is intended in the manner provided in this section.

- B. Designated Representatives: The individuals identified in Exhibit D as “Representatives” are the designated contacts of County and Provider for day-to-day communications.
12. **Indemnification.** Provider must indemnify, hold harmless, and defend County and all of County’s officers, agents, servants, and employees (collectively, “Indemnified Party”) from and against any and all causes of action, demands, claims, losses, liabilities, and expenditures of any kind, including attorneys’ fees, court costs, and expenses, including through the conclusion of any appellate proceedings, raised or asserted by any person or entity not a party to this Agreement, and caused or alleged to be caused, in whole or in part, by any intentional, reckless, or negligent act or omission of Provider, its officers, employees, agents, or servants, arising from, relating to, or in connection with this Agreement (collectively, a “Claim”). If any Claim is brought against an Indemnified Party, Provider must, upon written notice from County, defend each Indemnified Party against each such Claim by counsel satisfactory to County or, at County’s option, pay for an attorney selected by the County Attorney to defend the Indemnified Party. The obligations of this section will survive the expiration or earlier termination of this Agreement. If considered necessary by the Contract Administrator and the County Attorney, any sums due Provider under this Agreement may be retained by County until all of County’s claims for indemnification under this Agreement have been settled or otherwise resolved. County will not pay interest on any amount it withholds.
13. **Law, Jurisdiction, Venue, and Waiver of Jury Trial.** This Agreement will be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. **BY ENTERING INTO THIS AGREEMENT, PROVIDER AND COUNTY HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY IN ANY CIVIL LITIGATION ARISING OUT OF OR RELATING TO THIS AGREEMENT. IF A PARTY FAILS TO WITHDRAW A REQUEST FOR A JURY TRIAL IN A LAWSUIT ARISING OUT OF THIS AGREEMENT AFTER WRITTEN NOTICE BY THE OTHER PARTY OF VIOLATION OF THIS SECTION, THE PARTY MAKING THE REQUEST FOR JURY TRIAL WILL BE LIABLE FOR THE REASONABLE ATTORNEYS’ FEES AND COSTS OF THE OTHER PARTY IN CONTESTING THE REQUEST FOR JURY TRIAL, AND SUCH AMOUNTS WILL BE AWARDED BY THE COURT IN ADJUDICATING THE MOTION.**
14. **Compliance with Laws.** Provider and the services it provides must comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations including, without limitation, American with Disabilities Act, 42 U.S.C. § 12101, Section 504 of the Rehabilitation Act of 1973, and any related federal, state, or local laws, rules, and regulations.

15. **Assignment.** Neither this Agreement nor any right or interest in it may be assigned, transferred, subcontracted, or encumbered by Consultant without the prior written consent of County. Any assignment, transfer, or encumbrance in violation of this section will be void. If Consultant violates this provision, County has the right to immediately terminate this Agreement.
16. **Audit Rights and Retention of Records.** County has the right to audit the books, records, and accounts of Provider and its subcontractors that are related to this Agreement. Provider and its subcontractors must keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to this Agreement and performance under this Agreement. All these books, records, and accounts must be kept in written form, or in a form capable of conversion into written form within a reasonable time, and upon County's request to do so, Provider or its subcontractor must make them available in written form at no cost to County.

Provider and its subcontractors must preserve and make available, at reasonable times within Broward County, Florida, for examination and audit by County all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for at least six (6) years after expiration or termination of this Agreement or until resolution of any audit findings, whichever is longer. Any audit or inspection in accordance with this section may be performed by any County representative (including any outside representative engaged by County). Provider hereby grants County the right to conduct such audit or review at Provider's place of business, if County deems appropriate, with seventy-two (72) hours' advance notice.

Any incomplete or incorrect entry in such books, records, and accounts will be a basis for County's disallowance and recovery of any payment upon such entry. If an audit or inspection in accordance with this section discloses overcharges to County of any nature by Provider in excess of five percent (5%) of the total contract billings reviewed by County, the reasonable actual cost of County's audit will be reimbursed to County by Provider in addition to making adjustments for the overcharges. Any adjustments or payments due because of such audit or inspection will be made within thirty (30) days after presentation of County's findings to Provider.

Provider must ensure that the requirements of this section are included in all agreements with its subcontractor.

17. **Materiality and Waiver of Breach.** Each requirement, duty, and obligation stated in this Agreement was bargained for at arm's length and is agreed to by the Parties. Each requirement, duty, and obligation stated in this Agreement is substantial and important to the formation of this Agreement, and each is a material term of this Agreement. County's failure to enforce any provision of this Agreement is not a waiver of the provision or modification of this Agreement. A waiver of any breach of a provision of this Agreement will not be deemed a waiver of any subsequent breach and will not be construed to be a modification of the terms of this Agreement. To be effective, any waiver must be in writing signed by an authorized signatory of the Party.

18. **Sovereign Immunity.** Except to the extent sovereign immunity may be deemed to be waived by entering into this Agreement, nothing in this Agreement is intended to serve as a waiver of sovereign immunity by County nor will anything included in this Agreement be construed as consent by County to be sued by third parties in any matter arising out of this Agreement. County is a political subdivision as defined in Section 768.28, Florida Statutes, and will be responsible for the negligent or wrongful acts or omissions of its employees pursuant to Section 768.28, Florida Statutes.
19. **Third-Party Beneficiaries.** Neither Provider nor County intends to directly or substantially benefit a third party by this Agreement. Therefore, the Parties acknowledge that there are no third-party beneficiaries to this Agreement and that no third party will be entitled to assert a right or claim against either of them based upon this Agreement.
20. **Conflicts.** Neither Provider nor its employees will have or hold any continuing or frequently recurring employment or contractual relationship that is substantially antagonistic or incompatible with Provider's loyal and conscientious exercise of judgment and care related to its performance under this Agreement. During the Term of this Agreement, none of Provider's officers or employees will serve as an expert witness against County in any legal or administrative proceeding in which he, she, or Provider is not a party, unless compelled by court process. Further, such persons must not give sworn testimony or issue a report or writing, as an expression of his or her expert opinion that is adverse or prejudicial to the interests of County in connection with any such pending or threatened legal or administrative proceeding unless compelled by court process. The limitations of this section does not preclude Provider or any persons in any way from representing themselves, including giving expert testimony in support of such representation, in any action or in any administrative or legal proceeding. If Provider is permitted under this Agreement to utilize subcontractors to perform any services required by this Agreement, Provider must require these subcontractors, by written contract, to comply with the provisions of this section to the same extent as Provider.
21. **Incorporation by Reference.** The attached exhibits are incorporated into and made a part of this Agreement.
22. **Interpretation.** The titles and headings contained in this Agreement are for reference purposes only and do not in any way affect the meaning or interpretation of this Agreement. All personal pronouns used in this Agreement include the other gender, and the singular includes the plural, and vice versa, unless the context otherwise requires. Terms such as "herein," "hereof," "hereunder," and "hereinafter" refer to this Agreement as a whole and not to any particular sentence, paragraph, or section where they appear, unless the context otherwise requires. Whenever reference is made to a section or article of this Agreement, such reference is to the section or article as a whole, including all of the subsections of such section, unless the reference is made to a particular subsection or subparagraph of such section or article. Any reference to "days" means calendar days, unless otherwise expressly stated.
23. **Priority of Provisions.** If there is a conflict or inconsistency between any terms of any documents or exhibits attached to, referenced by, or incorporated in this Agreement and

any provision of paragraphs 1 through 24 of this Agreement, the provisions contained in paragraphs 1 through 24 prevail and are given effect.

24. **Counterparts and Multiple Originals.** This Agreement may be executed in multiple originals, and may be executed in counterparts, each of which will be deemed an original, but all of which, taken together, constitute one and the same agreement.

(The remainder of this page is intentionally left blank.)

IN WITNESS WHEREOF, the Parties have made and executed this Agreement: BROWARD COUNTY, through its BOARD OF COUNTY COMMISSIONERS, signing by and through the County Administrator, authorized to execute this Agreement by Board action on the ___ day of _____, 20xx, and Provider, signing by and through its Enter Title of Signatory for Provider duly authorized to execute this Agreement.

COUNTY

WITNESSES:

BROWARD COUNTY, through its
County Administrator

Signature

By _____
Bertha Henry
County Administrator

Print/Type Name above

_____ day of _____, 20xx

Signature

Approved as to form by
Andrew J. Meyers
Broward County Attorney
Governmental Center, Suite 423
115 South Andrews Avenue
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600
Telecopier: (954) 357-7641

Print/Type Name above

By: _____
_____ (Date)
Assistant County Attorney

_____:KSG/dp
LocMatch.Shell.2019.a01
#60070
12/19/2018

AGREEMENT BETWEEN BROWARD COUNTY AND ENTER FULL LEGAL NAME OF PROVIDER FOR
COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

PROVIDER

ENTER FULL LEGAL NAME OF PROVIDER

WITNESS #1:

Signature

By _____
(Authorized Signature)

Print/Type Name

(Print Name and
Title of Authorized Signatory)

WITNESS #2:

_____ day of _____, 20xx

Signature

Print/Type Name

(seal)

EXHIBIT A — AUTHORIZED INVOICE SIGNATORIES

Agreement #:

The Board of Directors or Trustees of ENTER FULL LEGAL NAME OF PROVIDER (“Provider”), meeting on _____, 20____, by motion and vote, duly recorded in the minutes of Provider, did authorize

_____ and
(Name and Title Typewritten)

(Name and Title Typewritten)

to sign monthly invoices as required by the Agreement between Broward County and Provider.

Appearing below are samples of the authorized signatures.

(Authorized Signature) (Date)

(Authorized Signature) (Date)

Authorized Name

Authorized Name

Witness Signature:

Witness Signature

Signature _____

Signature _____

Name _____
(Print or Type)

Name _____
(Print or Type)

Date _____

Date _____

EXHIBIT B — CERTIFICATION OF EMPOWERMENT

Agreement #: Enter agreement no.

(Name and Title Typewritten)

is duly authorized to sign this Agreement on behalf of Enter Provider’s full name (“Provider”), and any amendments to this Agreement between County and Provider. The signature of the above-named person in this Agreement on behalf of Provider binds Provider to the terms of this Agreement and its amendments.

This authorization is conferred upon the individual listed above under *(enter the authorizing body, legislation, regulation, code, or equivalent, including the date of such authorization, and provide a copy of supporting documentation, such as Board of Directors’ meeting minutes, the authorizing statute)*:

Appearing below is a sample of the authorized signature.

(Authorized Signature)

(Date)

Witness Signature: _____

Signature _____

Name _____
(Print or Type)

Date _____

Witness Signature

Signature _____

Name _____
(Print or Type)

Date _____

EXHIBIT C — LOCAL MATCHING CONTRACTED SERVICES INVOICE

Provider	Agreement Number: Enter Agreement Number
Enter Billing Address Customer Number: #	Agreement Amount: \$Enter \$\$\$.\$\$
	Date Received:
To be completed by Provider	
Invoice Amount: \$_____.	
<p>CERTIFICATION: The undersigned, as an authorized signatory for Provider under the Agreement between County and Provider, hereby affirms and certifies that the services documented in the BBHC Agreement and the Agreement have been delivered to clients on behalf of County under the Agreement, that all clients served have met the program eligibility requirements, and that sufficient written information is available to document services. The undersigned further affirms that all Additional Local Matching Funds and all in-kind funding has been reported to County.</p> <p>Signature: _____ Date: _____</p> <p>Print or Type Name and Title: _____</p>	
<p>For County Use Only: Fund/Department/Account: 10010-40304020-580210</p> <p>Section Reviewer Signature and Date: _____</p> <p>CPD Admin Reviewer Signature and Date: _____</p>	
Provider or County Comments:	

EXHIBIT D — REPRESENTATIVES**For Provider:**

Designated Representative:	Notices:

For County:

Designated Representative:	Notices:
Director, Community Partnerships Division Governmental Center Annex, Room A360 115 South Andrews Ave Ft. Lauderdale, FL 33301 (954) 357-8647	Director, Community Partnerships Division Governmental Center Annex, Room A360 115 South Andrews Ave Ft. Lauderdale, FL 33301 (954) 357-8647