

<b>Services:</b>	X	Client		Non-Client
<b>Type:</b>	X	Subrecipient		Contractor
<b>Funds:</b>	X	Federal	X	State

**AMENDMENT TO A SUBCONTRACT BETWEEN THE OUNCE OF PREVENTION FUND OF FLORIDA / HEALTHY FAMILIES FLORIDA AND POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA**

**SUBCONTRACT AMENDMENT #002 FY 2026-2027**

**THIS AMENDMENT** is entered into between the Ounce of Prevention Fund of Florida, hereinafter referred to as “OPFF,” and Healthy Families Florida, hereinafter referred to as “HFF”, and Polk County, a political subdivision of the State of Florida (HF Polk), hereinafter referred to as the “Provider”, for the provision of Healthy Families Florida as outlined below:

Amendment #0001, effective 2/1/2026, changes in: reduction to “Other” contributions; contract language as noted; revised deliverables table; revised attachments.

**Amendment #0002**, effective 7/1/2026, Contract number changed from 25-30-31 to 25-31-31 due to contract term change; revised contributions; staffing patterns; contract language as noted; revised deliverables table; revised attachments.

Subcontract **Section 1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT**, is hereby deleted and the following is inserted in lieu thereof:

**1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT**

**1.1. Purpose and Contract Amount**

The **OPFF/HFF** is engaging the Provider to offering a prevention program that uses intensive home visiting services to meet the needs of a family. The program is designed to improve the development and life outcomes of children and to preserve and strengthen families with a primary emphasis on the prevention of child maltreatment, in accordance with the terms and conditions specified in this Subcontract including all attachments and exhibits, which constitute the Subcontract document as further described in Section 2. Payable as provided in Section 3 hereof, with an annual amount not to exceed **\$1,580,498.00**, as allocated below:

- Ounce of Prevention Base Grant amount **\$1,446,553.00**,
- Ounce of Prevention One-time non-recurring amount of **\$133,945.00**,

All funding is subject to the availability of funds. This grant amount will cover Fiscal Year **2026-2027** as further described in Section 3 hereof, payable as provided in Section 3.1. Fiscal Year grant amount will be contingent upon the Florida Legislature approved budgets. Any costs or services paid for under any other Subcontract or from any other source are not eligible for payment under this

**1.1.1 Cash and In-Kind Contributions**

**1.1.1.1.** The Provider shall provide and maintain a minimum of **\$361,639**, which represents a twenty-five percent (25%) contribution towards the OPFF/ HFF grant funds for the HFF program. The 25% required contribution will apply to Fiscal Year **2026-2027**. The Provider’s cash and in-kind contribution for the Fiscal Year **2026-2027** subcontract period is **\$361,639.00** which represents **25%** percent (%) of the OPFF/HFF grant funds. The Provider’s Other contributions for the Fiscal Year **2026-2027** subcontract period are **\$1,730,899.00** which represents **119.7%** (%) of the OPFF/HFF grant funds but is not included in the 25% match requirement.

**1.1.1.2.** If the Provider is unable to meet the minimum requirement of the cash and/or in-kind contribution, the Provider must submit a letter with this Subcontract justifying why the site is unable to meet the minimum requirement. Organizations providing cash or in-kind contributions must submit a letter on their organization’s letterhead signed by an authorized official of the organization with the contract or amendment.

Subcontract **Section 1.2– EFFECTIVE AND END DATE**, is hereby deleted and the following is inserted in lieu thereof:

**1.2. Effective and End Date**

- 1.2.1. This Contract shall be effective **July 1, 2025**, or the last party signature date, whichever is later (Effective Date). The service performance period under this Contract shall commence on **July 1, 2025**, or the Effective Date of this Contract, whichever is later, and shall end at midnight, Eastern time, on **June 30, 2031** (End Date), subject to the survival of terms provisions of 7.4. Any earlier termination of this Contract amends the End Date.
- 1.2.2. This Subcontract will be amended annually based on availability of State Funds and satisfactory outcomes and performance. If this Subcontract is renewed, the HFF grant funding will be based on the budget approved by the Florida Legislature.
- 1.2.3. This Subcontract may be renewed in accordance with §§287.057(14) or 287.058(1)(g), Florida Statutes (F.S.).

Subcontract **Section 1.3.3. - OFFICIAL PAYEE AND PARTY REPRESENTATIVES TABLE**, is hereby deleted and the following is inserted in lieu thereof:

**1.3. Official Payee and Party Representatives**

- 1.3.1. Per section 402.7305(1)(a), Florida Statutes (F.S.), the Contract Specialist is the primary point of contact through which all contracting information flows between the OPFF and the Provider.
- 1.3.2. Upon change of representatives (names, addresses, telephone numbers or e-mail addresses) by either party, notice shall be provided in writing to the other party prior to the change.
- 1.3.3. Changes to contact information for persons identified in 1.3 can be by Notice.

a. Lead Agency Organization Name	Polk County, a political subdivision of the State of Florida
b. The lead agency representative name, title, mailing address and contact information of the official representative (the <b>lead agency person</b> who is to be <b>contacted regarding the contract</b> ):	Lead Agency Representative’s Name: Marcia Andresen
	Address: HS06, P. O. Box 9005
	City/State/Zip Code: Bartow, FL 33813
	Phone Number & Ext: 863-534-5303
	Cell Number: 863-581-0395
	Fax Number: 863-519-3709
	E-mail: <a href="mailto:MarciaAndresen@polkfl.gov">MarciaAndresen@polkfl.gov</a>
c. The lead agency representative name, title, mailing address and contact information of the official representative (the person who is <b>approved to sign</b> Subcontracts and amendments):	Lead Agency Signee Name: Rick Wilson, Chairman
	Address: BC01, P. O. Box 9005
	City/State/Zip Code: Bartow, FL 33813
	Phone Number & Ext: 863-534-6434
	Cell Number:
	Fax Number:
	E-mail: <a href="mailto:RickWilson@polkfl.gov">RickWilson@polkfl.gov</a>
d. The name of contact person, address, telephone, and email address where the Provider’s <b>financial</b> and administrative records are maintained:	Fiscal Contact’s Name: Michelle Phelps
	Address: HS06, P. O. Box 9005
	City/State/Zip Code: Bartow, FL 33830
	Phone Number & Ext: 863-534-5569
	Cell Number:
	Fax Number:
	E-mail: <a href="mailto:michellephelps@polkfl.gov">michellephelps@polkfl.gov</a>
e. The name of the Payee Organization (who we <b>write the check</b> to):	Payee Organization Name: Polk County a political subdivision of the State of Florida
	Address: HS06, P. O. Box 9005
	City/State/Zip Code: Bartow, FL 33813
	Phone Number & Ext: 863-534-5569
	Fax Number:
	E-mail: <a href="mailto:CashierBoCC@polkclerkfl.gov">CashierBoCC@polkclerkfl.gov</a>
	Program Manager’s Name: Shaneal Allen
	Address: HS10, P. O. Box 9005

f. The name, address, telephone number, fax number and e-mail of the representative responsible for administration of the HFF <b>Polk</b> program (this should be the <b>Program Manager</b> ), under this Subcontract:	City/State/Zip Code: Bartow, FL 33813
	Phone Number & Ext: 863-534-5315
	Cell Number: 863 559-8962
	Fax Number: 863-534-7042
	E-mail: <a href="mailto:shanealallen@polkfl.gov">shanealallen@polkfl.gov</a>
g. The name, address, telephone number, fax number and e-mail of the <b>Polk backup</b> representative ( <b>add position title</b> ) responsible for administration of the HF program under this Subcontract:	Back-Up Contact's Name: Minelia Berrios-Gonzalez
	Address: HS10, P. O. Box 9005
	City/State/Zip Code: Bartow, FL 33813
	Phone Number & Ext: 863-534-5258
	Cell Number: 863 289-1037
	Fax Number: 863-534-7042
	E-mail: <a href="mailto:mineliaBerrios-Gonzalez@polkfl.gov">mineliaBerrios-Gonzalez@polkfl.gov</a>
h. The contact information of the <b>Training Contact is the same as the Program Manager</b>	
i. The name, address, telephone number, fax number and e-mail address of the Contract Specialist for this Subcontract are:	Suzie Godfrey, HFF Subcontract Specialist
	Healthy Families Florida
	325 John Knox Road, Building L, Suite 200
	Tallahassee, Florida 32303
	Phone: 850-488-1752 x 104
	Cell: 850-755-7848
	Fax:850-488-5562
	Deliverables: <a href="mailto:Hffd Deliverables@ounce.org">Hffd Deliverables@ounce.org</a>
E-mail: <a href="mailto:sgodfrey@ounce.org">sgodfrey@ounce.org</a>	

Subcontract **Section 4.1.1.3.6– FOUNDATIONS OF DISABILITY RIGHTS ONLINE TRAINING AND ATTESTATION**, is hereby deleted and the following is inserted in lieu thereof:

**4.1.1.3.6 Foundations of Disability Rights Online Training and Attestation** - The Department requires each Contract/Subcontract Provider agency's direct service employees to complete **Foundations of Disability Rights Online training** and sign **Attachment 16 – Foundations of Disability Rights Attestation**. The training and the attestation must be completed upon hire and **annually by April 25th**. Direct service employees performing under this Subcontract will also print their certificate of completion, attach it to their Attestation of Understanding (<http://www.dcf.state.fl.us/admin/training/docs/DCF%20Attestation%20Form.pdf>), and maintain them in their personnel file. The training is located in the MyFLLearn system. <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/my-fl-learn>.

Subcontract **Section 4.1.1.3.7– FOUNDATIONS OF DISABILITY RIGHTS ONLINE TRAINING**, is hereby deleted and the following is inserted in lieu thereof:

**4.1.1.3.7. Foundations of Disability Rights On-Line Training** - The Provider must submit an original notarized **Attachment 21- Letter of Affidavit for DCF Required On-line Training** to [Hffd Deliverables@ounce.org](mailto:Hffd Deliverables@ounce.org) **annually by April 30th** attesting that **all** employees, including HFF Grant, Subcontracted and Contribution funded staff, have completed the Foundations of Disability Rights, online training. The affidavit also attests that the completed certificates and signed attestations forms have been printed and are maintained in each employee's personnel file. The contract specialist will send the templated **Attachment 21- Letter of Affidavit for DCF Required On-line Training** out upon DCF notification of updated training.

Subcontract **Section 4.16.1– EMPLOYMENT SCREENING**, is hereby deleted and the following is inserted in lieu thereof:

**4.16.1.** As described in CFOP 60-25, Chapter 2 (implementing §110.1127, F.S.), as a condition of

initial and continued employment, the Provider shall ensure all staff, whether employees or independent contractors, are screened by the Department in accordance with chapter 435, F.S., are of good moral character and meet the Level 2 Employment Screening standards in §§435.04, 110.1127, and 39.001(2), F.S., including:

- 4.16.1.1. Employment history checks
- 4.16.1.2. Fingerprinting for all criminal record checks;
- 4.16.1.3. Statewide criminal and juvenile delinquency records checks through the Florida Department of Law Enforcement (FDLE);
- 4.16.1.4. Federal criminal records checks from the Federal Bureau of Investigation via the Florida Department of Law Enforcement;
- 4.16.1.5. Security background investigation, which may include criminal record checks by local law enforcement agencies; and
- 4.16.1.6. Attestation by each employee, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435, F.S., and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.
- 4.16.1.7. A security background investigation under this section also includes a search of the sexual predator and sexual offender registries of any state in which the current or prospective employee resided during the immediate preceding 5 years.

Subcontract **Section 5.3.3.3 – HIPAA AFFIDAVIT**, is hereby deleted and the following is inserted in lieu thereof:

**5.3.3.3. HIPAA Affidavit** - The Provider must submit an original notarized **Attachment 21- Letter of Affidavit for DCF Required On-line Training** to [Hffdeliverables@ounce.org](mailto:Hffdeliverables@ounce.org) annually by April 30th attesting that all employees, both HFF Grant and Contribution funded staff, have completed the Health Insurance Portability Accountability Act (HIPAA) online training. The affidavit also attests that the completed certificates have been printed and will be maintained in each employee’s personnel file. The contract specialist will send the Letter of Affidavit on HIPAA Online Training template out upon notification of updated training.

Subcontract **Section 5.4.3 – DCF SECURITY AWARENESS AFFIDAVIT**, is hereby deleted and the following is inserted in lieu thereof:

**5.4.3 DCF Security Awareness Affidavit** - The Provider must submit an original notarized **Attachment 21- Letter of Affidavit for DCF Required On-line Training** to [Hffdeliverables@ounce.org](mailto:Hffdeliverables@ounce.org) attesting that all employees, volunteers and interns, both HFF Grant and Contribution funded staff, have completed the Department of Children and Families Security Awareness Online Training. This training must be completed **annually by April 30th**. The affidavit also attests that the completed certificates are maintained in each employee’s personnel file. The contract specialist will send the Letter of Affidavit on Department Security Awareness template out upon notification of updated training.

Subcontract **Exhibit C-2.1.1 - STAFF COMPOSITION TABLE**, is hereby deleted and the following is inserted in lieu thereof:

**C-2.1.1 Staff Composition Table**

The staff composition funded by HFF dollars and contributions is identified in the following table and based on a 40-hour work week.

Non-HFF Core Positions	Total # of FTEs	# of FTEs Funded by HFF Dollars	# of FTEs Funded by Cash Contributions	# of FTEs Funded by Other Funding
Secretary I	3	0	3	0
Administrative Coordinator	1	0	0	1
Clinician	1	0	0	1

Clinical Manager	1	0	0	1
<b>SUBTOTAL FTE</b>	<b>6</b>	<b>0</b>	<b>3</b>	<b>3</b>
<b>HFF Core Positions</b>	<b>Total # of FTEs</b>	<b># of FTEs Funded by HFF Dollars</b>	<b># of FTEs Funded by Cash Contributions</b>	<b># of FTEs Funded by Other Funding</b>
Program Manager	1	1	0	0
Asst. Program Manager	2	0	2	0
Supervisors	5	5	0	0
FES	4	2	2	0
FSES I	16	8	0	8
FSES II	7	7	0	0
FSES III	3	3	0	0
<b>SUBTOTAL FTE</b>	<b>38</b>	<b>26</b>	<b>4</b>	<b>8</b>
<b>TOTAL FTE</b>	<b>44</b>	<b>26</b>	<b>7</b>	<b>11</b>

Subcontract **Section C-2.4.a – Cash Contributions** is hereby deleted and the following is inserted in lieu thereof:

**C-2.4.a Cash Contributions:** \$361,639

The name of each contributor	Is the organization considered “Private” or “Public”	The dollar value of the contribution	Detailed description of Service or Contribution	The county served with donation
Polk County Board of County Commissioners	Public	\$361,639	Monies will be used to fund personnel services and operating costs associated with Healthy Families Polk.	Polk County

Subcontract **Section C-2.4.c – Other Funding** is hereby deleted and the following is inserted in lieu thereof:

**C-2.4.b Other Funding:** \$1,730,899.00

The name of each contributor	Is the organization considered “Private” or “Public”	The dollar value of the contribution	Detailed description of Service or Contribution	The county served with donation
Polk County Board of County Commissioners	Public	\$1,730,899.00	Funding is for personnel services and operating costs associated with Healthy Families Polk	Polk

Subcontract **Exhibit D - Deliverables**, is hereby deleted and the following is inserted in lieu thereof:

**D-1 Deliverables Table** – The OPFF/HFF may approve extensions on any deliverable on a case-by-case basis. The Provider shall submit an extension request no later than five (5) business days **prior** to the report due date, containing a proposed submission date and a justification for the request. The approval of the extension must be provided in writing by the Contract Manager.

Title	Due Date	Send To	Reference
Other Reports and Information	Upon request	Program Specialist	Per request
Attachment 1 - Financial and Compliance Audit	Due 180 days after end of Provider’s fiscal year	Hard copy & Electronic copy <a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Attachment 1
Attachment 2 - Health Insurance Portability Accountability Act (HIPAA)	Upon execution of the 5-yr Subcontract and/or language changes	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Attachment 2

Attachment 3a – Initial Budget and Revenue Summary	Upon execution of the Subcontract and each Fiscal Year Amendment	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Attachment 3a
Attachment 6 - Civil Rights Compliance Checklist	Upon execution of the Subcontract/Amendment	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 4.1.1.3 Attachment 6
Attachment 5 - Certification Regarding Lobbying		<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 4.2.4 Attachment 5
Attachment 36 – Letter of Affidavit for E-Verify		<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 7.8.1 Attachment 36
Attachment 38- Foreign Countries of Concern Attestation		<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 4.2.2 Attachment 38
Attachment 39- Common Carrier Attestation		<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 4.2.1 Attachment 39
Attachment 7 - Single-Point-of-Contact Information Updates	Upon execution of the Subcontract/Amendment and any changes since last submission	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 4.1.1.3 Attachment 7
Attachment 8 - Organizational Chart	Upon execution of the Subcontract/Amendment and prior to staffing pattern changes	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit C-2.1.2
Attachment 21 - Letter of Affidavit for DCF Required On-line Training	Upon notification from HFF Central Office	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Sections 4.1.1.3.7, 5.3.3.3, and 5.4.3
HHS Monthly Summary Report Verification	Verification due by 12 noon (Eastern) on the 3rd calendar day of the following month, unless that falls on a holiday or weekend, then it will be due the business day before the 3 <sup>rd</sup> .	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit C-2.6.4
Attachment 3b - Monthly Invoice	Within 15 calendar days of the end of each month	<a href="mailto:Imarlowe@ounce.org">Imarlowe@ounce.org</a>	Per Exhibit A-3.3 and A-3.10.1 Attachment 3b
Attachment 37 – Monthly Numbers Served Report		<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit C-2.6.6
Attachment 14 - Quarterly Narrative Report	July 15, 2026 October 15, 2026 January 15, 2027 April 15, 2027	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit C-2.6.5
	July 15, 2027 October 15, 2027 January 18, 2028 April 17, 2028		
	July 17, 2028 October 16, 2028 January 16, 2029 April 16, 2029		
	July 16, 2029		

	<p>October 15, 2029 January 15, 2030 April 15, 2030</p> <p>July 16, 2030 October 15, 2030 January 15, 2031 April 15, 2031</p>		
Auxiliary Aids and Services Plan	<p>July 30, 2026 July 30, 2027 July 31, 2028 July 30, 2029 July 30, 2030</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 4.1.1.3.9
Proof of Insurance Coverage	<p>September 30, 2026 September 30, 2027 September 29, 2028 September 28, 2029 September 28, 2030</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section 4.8
Annual Service Review (October 15, 2025 -Not Required Due to HFA Accreditation in process)	<p>October 15, 2026 October 15, 2027 October 16, 2028 October 15, 2029 October 28, 2030</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit C-2.6.3
Attachment 20 - Notarized Affidavit of Level 2 Background Screening	<p>November 30, 2026 November 30, 2027 November 30, 2028 November 30, 2029 November 30, 2030</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Sections 4.16, C-2.5.5 and C-2.5.6
HFF Site Policies and Procedures (Nov 29, 2025 - Not Required Due to HFA Accreditation in process)	<p>November 30, 2026 November 30, 2027 November 30, 2028 November 30, 2029 November 30, 2030</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Section D-3
Emergency Preparedness Plan	<p>March 31, 2026 March 31, 2027 March 31, 2028 March 30, 2029 March 29, 2030 March 29, 2031</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit D-2
Thriving Together Action Plan	<p>May 15, 2026 May 17, 2027 May 15, 2028 May 15, 2029 May 15, 2030 May 15, 2031</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit C-2.6.2
Attachment 28 - Property Inventory and Disposal Form	<p><b>DRAFT</b> - May 20, 2026 <b>FINAL</b> - June 22, 2026 <b>DRAFT</b> - May 20, 2027 <b>FINAL</b> - June 21, 2027 <b>DRAFT</b> - May 22, 2028 <b>FINAL</b> - June 20, 2028 <b>DRAFT</b> - May 21, 2029</p>	<a href="mailto:Hffdeliverables@ounce.org">Hffdeliverables@ounce.org</a>	Per Exhibit B-7.5, B-7.7 and B-7.8

	<b>FINAL</b> - June 20, 2029 <b>DRAFT</b> - May 20, 2030 <b>FINAL</b> - June 20, 2030 <b>DRAFT</b> - May 20, 2031 <b>FINAL</b> - June 20, 2031		
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**D-2 Emergency Preparedness Plan.**

- D.2.1** By March 31<sup>st</sup>, the site must submit the emergency preparedness plan that shall include provisions for pre-disaster records, computers and office equipment protection and recovery plan that will allow the Provider to continue functioning in compliance with the executed Subcontract in the event of an actual emergency. The plan shall also include how staff will communicate during/following an emergency, how staff will work with families on preparing for emergencies and how staff will help families recover from an emergency. This update must be submitted to [Hffdeliverables@ounce.org](mailto:Hffdeliverables@ounce.org).
- D.2.2** The OPFF agrees to respond in writing within 30 days of receipt of the plan accepting, rejecting, or requesting modifications. In the event of an emergency, the OPFF may exercise oversight authority over such Provider in order to assure implementation of agreed emergency relief provisions.

**D-3 Policies and Procedures**

Submit the updated Policies and Procedures, using the updated HFF Policies and Procedures. Review, revise and submit all Policies and Procedures, by **November 30<sup>th</sup>**. The updated Policies and Procedures must be submitted to [Hffdeliverables@ounce.org](mailto:Hffdeliverables@ounce.org).

**Attachment 1 - Financial Compliance CF 1120 FY 25-26** is hereby deleted in its entirety and replaced with **Attachment 1 - Financial Compliance CF 1120** for FY 2026-2027 with revised language.

**Attachment 3a- Initial Budget and Revenue Summary FY 25-26** is hereby deleted in its entirety and replaced with **Attachment 3a - Budget and Revenue Summary** for FY 2026-2027.

**Attachment 6- Civil Rights Compliance Checklist FY 25-26** is hereby deleted in its entirety and replaced with **Attachment 6- Civil Rights Compliance Checklist** for FY 2026-2027.

**Attachment 7 - Single-Point-of-Contact Information FY 25-26** is hereby deleted in its entirety and replaced with **Attachment 7 - Single-Point-of-Contact Information** for FY 2026-2027.

**Attachment 8 -Organizational Chart FY 25-26** is hereby deleted in its entirety and replaced with **Attachment 8 -Organizational Chart** for FY 2026-2027.

**Attachment 12 - Executive Compensation Annual Report FY 25-26** is hereby deleted in its entirety and replaced with **Attachment 12 - Executive Compensation Annual Report** for FY 2026-2027.

**Attachment 22 - Information Resource Request Form FY 25-26** is hereby deleted in its entirety and replaced with a revised **Attachment 22 - Information Resource Request Form FY 26-27** for FY 2026-2027.

**Attachment 23 - Protocol for Purchase of Property FY 25-26** is hereby deleted in its entirety and replaced with a revised **Attachment 3- Protocol for Purchase of Property FY26-27** for FY 2026-2027.

**Attachment 32 - Affidavit of Good Moral Character CF 1649** is hereby deleted in its entirety and replaced with a revised **Attachment 31 - Affidavit of Good Moral Character CF 1649 2.2025** (attachment number corrections) for FY 2026-2027.

**Contribution letters of Support** for FY 2026-2027.

By signing this Subcontract, the parties agree that they have read and agree to the entire Subcontract, as described in Section 1.4 hereof.

In witness thereof, the parties hereto have caused this **31** page Subcontract to be executed by their undersigned officials as duly authorized.

**Polk County, a political subdivision of the State of Florida.:**

Signed by: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Fiscal Year Ending Date: June 30, 2027

FEIN #: 59-6000809

**Healthy Families Florida**

Signed by: \_\_\_\_\_

Name: Rebekkah Sheetz

Title: Executive Director

Date: \_\_\_\_\_

**Ounce of Prevention Fund of Florida**

Signed by: \_\_\_\_\_

Name: Jennifer Ohlsen

Title: President/CEO

Date: \_\_\_\_\_

**ATTACHMENT 1**  
**FINANCIAL COMPLIANCE**

The administration of resources awarded by the Department to the Provider may be subject to audits as described in this Attachment.

**1. MONITORING**

**1.1.** In addition to reviews of audits conducted in accordance with 2 CFR §§200.500- 200.521 and §215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management, and programmatic requirements. Monitoring or oversight reviews include on-site visits by Department staff, agreed-upon-procedures engagements as described in 2 CFR §200.425, or other procedures. By entering into this agreement, the Provider shall comply and cooperate with any monitoring or oversight reviews deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the Provider is appropriate, the Provider shall comply with any additional instructions provided by the Department regarding such audit. The Provider shall comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Department's Inspector General, the state's Chief Financial Officer or the Auditor General.

**2. AUDITS**

**2.1. Part I: Federal Requirements**

- 2.1.1.** This part is applicable if the Provider is a state or local government, or a nonprofit organization as defined in 2 CFR §§200.500-200.521.
- 2.1.2.** In the event the Provider expends \$750,000 (\$1,000,000 for fiscal years beginning on or after October 1, 2024) or more in federal awards during its fiscal year, the Provider must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR §§200.500-200.521. The Provider shall provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the Provider expends less than \$750,000 (\$1,000,000 for fiscal years beginning on or after October 1, 2024) in federal awards during its fiscal year, the Provider shall provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. If the Provider elects to have an audit that is not required by these provisions, the cost of the audit must be paid from non-federal resources. In determining the federal awards expended during its fiscal year, the Provider shall consider all sources of federal awards, including federal resources received from the Department of Children & Families, federal government (direct), other state agencies, and other non-state entities. The determination of amounts of federal awards expended shall be in accordance with guidelines established by 2 CFR §§200.500-200.521. An audit of the Provider conducted by the Auditor General in accordance with the provisions of 2 CFR Part 200 §§200.500-200.521 will meet the requirements of this part. In connection with the above audit requirements, the Provider shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR §200.508.
- 2.1.3.** The audit's schedule of expenditures shall disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The audit's financial statements shall disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

**2.2. Part II: State Requirements**

- 2.2.1.** This part is applicable if the Provider is a non-state entity as defined by §215.97(2), F.S.
- 2.2.2.** In the event the Provider expends \$750,000 or more in state financial assistance during its fiscal year, the Provider must have a state single or project-specific audit conducted in accordance with §215.97, F.S.; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The Provider shall provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the Provider expends less than \$750,000 in state financial assistance during its fiscal year, the Provider shall provide certification to the Department's Single Audit Unit and its contract

manager that a single audit was not required. If the Provider elects to have an audit that is not required by these provisions, the cost of the audit must be paid from non-state resources. In determining the state financial assistance expended during its fiscal year, the Provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other non-state entities. State financial assistance does not include federal direct or pass-through awards and resources received by a non-state entity for federal program matching requirements.

- 2.2.3. In connection with the audit requirements addressed in the preceding paragraph, the Provider shall ensure that the audit complies with the requirements of §215.97(8), F.S. This includes submission of a financial reporting package as defined by §215.97(2), F.S., and Chapters 10.550 or 10.650, Rules of the Auditor General.
- 2.2.4. The audit's schedule of expenditures shall disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The audit's financial statements shall disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

### 2.3. Part III: Report Submission

2.3.1. Audit reporting packages (including management letters, if issued) required pursuant to this agreement shall be submitted to the Department within 30 (federal) or 45 (state) days of the Provider's receipt of the audit report or within nine months after the end of the Provider's audit period, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

2.3.1.1. The Contract Manager for this contract (1 electronic copy, 1 hard copy and management letter, if issued):  
OPFF/Healthy Families Florida  
Attn: Suzie Godfrey  
111 North Gadsden Street  
Tallahassee, FL 32301  
Email address: [sgodfrey@ounce.org](mailto:sgodfrey@ounce.org)

2.3.1.2. Department of Children & Families, Office of the Inspector General, Single Audit Unit [HQW.IG.Single.Audit@myflfamilies.com](mailto:HQW.IG.Single.Audit@myflfamilies.com).

2.3.1.3. Reporting packages required by **Part I** of this attachment shall be submitted, when required by 2 CFR §200.512 (d), by or on behalf of the Provider directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System, located at: <https://www.fac.gov/>, and other federal agencies and pass-through entities in accordance with 2 CFR §200.512.

2.3.1.4. Reporting packages required by **Part II** of this agreement shall be submitted by or on behalf of the Provider directly to the state Auditor General (one paper copy and one electronic copy) at:

Auditor General  
Local Government Audits/251  
Claude Pepper Building, Room 401  
111 West Madison Street Tallahassee, Florida 32399-1450  
Email address: [flaudgen\\_localgovt@aud.state.fl.us](mailto:flaudgen_localgovt@aud.state.fl.us).

The Auditor General's website (<https://flauditor.gov>) provides instructions for filing an electronic copy of a financial reporting package.

2.3.2. When submitting reporting packages to the Department for audits done in accordance with 2 CFR §§200.500-200.521, or Chapters 10.550 (local governmental entities), or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, the Provider shall include correspondence from the auditor indicating the date the audit report package was delivered to the Provider. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the Provider must be indicated in correspondence submitted to the Department in

accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

- 2.3.3. Certifications that audits were not required shall be submitted within 90 days of the end of the Provider's audit period.
- 2.3.4. Any other reports and information required to be submitted to the Department pursuant to this attachment shall be done so timely.

#### **2.4. Record Retention**

The Provider shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the Department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The Provider shall ensure that audit working papers are made available to the Department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Department.

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Funding Period: 7/1/2026 - 6/30/2027		FY 2026-2027		of the State of Florida		
Lead Entity: Polk County, a political subdivision of the State of Florida						
Project Name: HF Polk						
Contract#: 25-31-05						
Categories and Line Items	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	OTHER Contrib.	Budget Narrative
<b>Direct Expenses</b>						
<b>A. Salaries and Wages</b>						
1. Program Manager (1FTE)	\$115,141.00	\$115,141.00	\$0.00	\$0.00	\$0.00	1 FTE @ 115,141
2. Supervisor (5 FTEs)	\$277,583.00	\$277,583.00	\$0.00	\$0.00	\$0.00	HFF: 2 FTE @ \$52,412 = \$104,824 + 1 FTE @ \$58,065 + 2 FTE @ \$57,347/each = \$114,694
4. FES's (4 FTE)	\$172,172.00	\$88,510.00	\$83,662.00	\$0.00	\$0.00	HFF = 2 FTE @ \$44,255/each = \$88,510 CASH= 2 FTE @ \$41,831/each = \$83,662
5. FSES's (16FTEs)	\$643,977.00	\$323,079.00	\$0.00	\$0.00	\$320,898.00	HFF: 8 FTE @ \$323,079 total OTHER: 8 FTE @ \$320,898 total
6. FSES's II (7 FTEs)	\$289,262.00	\$289,262.00	\$0.00	\$0.00	\$0.00	HFF: 2 FTE @ \$37,936/each = \$75,872 + 3 FTE @ \$39,407/each = \$118,222 + 1 FTE @ \$42,109 + 1 FTE @ \$53,059
7. FSES's III (3 FTE's)	\$144,725.00	\$144,725.00	\$0.00	\$0.00	\$0.00	HFF: 1 FTE @ \$44,680 + 1 FTE @ \$48,582 + 1 FTE @ \$51,463
8. Secretary I (3 FTE's)	\$117,326.00	\$0.00	\$117,326.00	\$0.00	\$0.00	CASH: 1 FTE @ \$36,501 + 1 FTE @ \$39,148 + 1 FTE @ \$41,677
9. Adm. Coordinator (1 FTE)	\$48,583.00	\$0.00	\$0.00	\$0.00	\$48,583.00	OTHER: 1 FTE @ \$48,583
10. Clinical Manager/Supervisor (1 FTE)	\$76,797.00	\$0.00	\$0.00	\$0.00	\$76,797.00	OTHER: 1 FTE @ \$76,797
11. Clinician (1 FTE)	\$68,366.00	\$0.00	\$0.00	\$0.00	\$68,366.00	OTHER: 1 FTE @ \$68,366
12. APM (Program Supervisor (2 FTE)	\$120,400.00	\$0.00	\$120,400.00	\$0.00	\$0.00	CASH: 1 FTE @ \$60,018 + 1 FTE @ \$60,382
<b>Subtotal Salaries and Wages</b>	<b>\$2,074,332.00</b>	<b>\$1,238,300.00</b>	<b>\$321,388.00</b>	<b>\$0.00</b>	<b>\$514,644.00</b>	
<b>B. Payroll Taxes and Benefits ( %)</b>	<b>\$1,116,478.00</b>	\$0.00	\$0.00	\$0.00	\$1,116,478.00	44 FTE total - FICA: \$158,686 + Retirement: \$291,723 + Health: \$663,957 + Life: \$968 + LTD: 1144
<b>C. Program Consultants and Contractual</b>						
1. Background/Fingerprinting/ Screening	\$696.00	\$696.00	\$0.00	\$0.00	\$0.00	HFF - 6 Background Screens @ \$65=\$390 + 6 Fingerprint @ \$13.68=\$82.08 + 5 Background Screen Renewal @ \$44.66=\$223.30 Total = \$696.38, rounded to \$696
2. Pre-Employment Screening	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$0.00	CASH - Basic Screen=\$77, Motor Vehicles=\$8, County Criminal Check=\$20, Admin Fees = \$20, total of \$125/person x 12 people = \$1500
3. Information Technology related charges	\$176,440.00	\$96,240.00	\$24,060.00	\$0.00	\$56,140.00	IT Maintenance and Services (Internet, Outlook, helpdesk, etc.) HFF: 24 employees x \$4010 = \$96,240 CASH: 6 employees x \$4010 = \$24,060 OTHER: 14 employees x \$4010 = \$56,140
<b>Subtotal Program Consultants &amp; Contractual</b>	<b>\$177,636.00</b>	<b>\$96,936.00</b>	<b>\$25,560.00</b>	<b>\$0.00</b>	<b>\$56,140.00</b>	
<b>D. Other Consultants and Contractual</b>						
1. Legal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. Audit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3. Accounting	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Deaf and Hard of Hearing Services / Interpreting Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal Other Consultants and Contractual</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>E. Participant Educational Materials</b>						
1. Safety Items	\$3,812.00	\$2,612.00	\$1,200.00	\$0.00	\$0.00	HFF - 10 (16-pk) Childproof Doorlocks @ \$23.31 each=\$233.10; 40(2-pk) Wall Socket Covers @ \$6.90 each=\$276.00; 10 (2-pk) Toilet Seat Locks @ \$13.99 each=\$139.90; Stove Covers, 20 @ \$7.99 each=\$159.80; Door Knob Covers, 33 (3-pk) @ \$3.99 each=\$131.67; Baby Gates, 19 @ \$47.89 each=\$909.91; Cabinet Latches, 15 (14-pk) @ \$13.99 each=\$209.85; Smoke Detectors, 60 @ \$9.20 each=\$552.00. Total=\$2,612.00 CASH- 10 (16-pk) Childproof Doorlocks @ \$23.31 each=\$233.10; 40(2-pk) Wall Socket Covers @ \$6.90 ea=\$276.00; 10 (2-pk) Toilet Seat Locks @ \$13.99 each=\$139.90; Stove Covers, 20 @ \$7.99 each=\$159.80; Door Knob Covers 35 3-pk @ \$3.99 each=\$139.65; Cabinet Latches, 18 14-pk @ \$13.99 each=\$251.82. Total = \$1,200.00 Rounded
2. Parent Education Materials	\$2,144.00	\$2,144.00	\$0.00	\$0.00	\$0.00	Active Parenting Workshops: 60 @ \$24.15=\$1,448.70, rounded to \$1,449 1- Active Parenting Training Manual for staff=\$70, Pamphlets in reference to Parenting, Child Abuse and Child Sexual Abuse Prevention, Mental Health, Stress Management and Family Violence Prevention 500 @ \$1.25=\$625 Total = \$695
3. Children's Books	\$1,750.00	\$1,750.00	\$0.00	\$0.00	\$0.00	HFF - Children's Books: 175, 3-packs @ \$10=\$1,750
4. Developmental Toys	\$2,097.00	\$2,097.00	\$0.00	\$0.00	\$0.00	HFF - Wooden-Peg Baby Puzzles 100 @ \$6.99=\$699 + Developmental Toys: 200 @ \$6.99 = \$1,398 = 2097
5. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal Participant Educational Materials</b>	<b>\$9,803.00</b>	<b>\$8,603.00</b>	<b>\$1,200.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>F. Consumable Program Supplies</b>						
	\$3,757.00	\$3,757.00	\$0.00	\$0.00	\$0.00	Paper plates 20 4-packs @ \$26.85=\$537; 20 12oz foam cups (100 ct) @ \$25=\$500, 10 25-pk plastic cutlery @ 40=\$400 Total = \$1,437; 10 boxes 12-ct (4oz) glue @ \$12=\$120; 40 pack 200 sheets heavy duty construction paper @ \$20=\$800; 20 24-pk crayons @ \$30=\$600; 20 24-pk color pencils=\$800 Total = \$2,320
<b>G. Other-Assistance to Participants</b>						
1. Education/Tesing/Job Training Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. Transportation	\$3,750.00	\$3,750.00	\$0.00	\$0.00	\$0.00	75 uber cards @ \$50/each = \$3750



Ounce of Prevention Fund of Florida  
Healthy Families Florida  
Budget and Revenue Summary

1. HFA Affiliation Fee	\$9,500.00	\$9,500.00	\$0.00	\$0.00	\$0.00	\$0.00	HFF - July 26-June 27 Rate = \$9,500 for 29 direct service FTEs
2. Membership Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3. Subscriptions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal Membership Fees and Subscriptions</b>	<b>\$9,500.00</b>	<b>\$9,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>P. Advertising</b>	<b>\$880.00</b>	<b>\$180.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$700.00</b>	HFF: Brochures-3@\$60 per 100-\$180; Other Funding \$700 for staff shirts and other outreach items = \$880
<b>Q. Outside Printing and Artwork</b>	<b>\$175.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$175.00</b>	HFF: Business Cards-10 boxes @ \$17.50 per box = \$175
<b>R. Other Allowable Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
1. Vehicle Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal Other Allowable Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>DIRECT EXPENSES TOTAL</b>	<b>\$3,597,716.00</b>	<b>\$1,505,178.00</b>	<b>\$361,639.00</b>	<b>\$0.00</b>	<b>\$1,730,899.00</b>	<b>\$0.00</b>	
<b>Administrative Expenses</b>	<b>\$75,320.00</b>	<b>\$75,320.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	HFF: Fiscal Specialist II, .75 FTE, \$56,490 + Fiscal Manager, .2 FTE, \$18,830 = \$75,320
Allocated Management and General Overhead, not to exceed 10% of HFF grant amount							
<b>GRAND TOTAL (Direct and Administrative Expenses)</b>	<b>\$3,673,036.00</b>	<b>\$1,580,498.00</b>	<b>\$361,639.00</b>	<b>\$0.00</b>	<b>\$1,730,899.00</b>	<b>\$0.00</b>	
<b>REVENUE SUMMARY</b>							
(List Revenue Sources)							
1. Healthy Families Florida	\$1,580,498.00	\$1,580,498.00	\$0.00	\$0.00	\$0.00	\$0.00	HFF Grant: \$1,446,553; non-recurring: \$133,945
2. Polk County BoCC General Fund	\$2,092,538.00	\$0.00	\$361,639.00	\$0.00	\$1,730,899.00	\$0.00	
<b>Total Anticipated Revenue (Must equal Grand Totals above)</b>	<b>\$3,673,036.00</b>	<b>\$1,580,498.00</b>	<b>\$361,639.00</b>	<b>\$0.00</b>	<b>\$1,730,899.00</b>	<b>\$0.00</b>	

119.7%



# DCF OFFICE OF CIVIL RIGHTS COMPLIANCE CHECKLIST

[To see "INSTRUCTIONS," click paragraph symbol ¶ on standard toolbar at top of your computer screen.]

Provider Name <b>Healthy Families Polk County BoCC</b>		County <b>Polk</b>	Region/Circuit <b>30</b>
Corporate Mailing Address <b>2135 Marshall Edwards Dr.</b>			
City, State, Zip Code <b>Bartow, FL 33830</b>		Main Telephone Number <b>863-519-2022</b>	
DCF Contract(s) Number(s) <b>LJ303</b>	Total Contract(s) amount \$ <b>\$167,091,446.50</b>	Total amount of federal funding \$ <b>FY 25/26 = \$6,176,435.53</b>	Total amount of state funding \$ <b>FY 25/26 = \$9,013,695.97</b>
Are any of the contract numbers listed above a multi-year contract? If yes, state which one(s) and contract period. <b>LJ303 January 1, 2026 – June 30, 2031</b>			
Completed By (name and title) <b>Richard L. Bradford, Equal Opportunity Administrator</b>		Telephone Number <b>863-534-6075</b>	Date Completed

## PART I.

1. Describe the geographic area served and the type of service(s) provided: **Polk County is located in Central Florida. It is an urban/rural mix covering 2012 square miles with 17 municipalities. The poverty level is 17% and approximately 20% of the population is without health coverage. This program will serve individuals who have mental illness/substance abuse disorders and a history of criminal justice involvement who are at risk of reoffending.**

2. Population of Area Served. List source of data: **2020 Census**

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male
<b>725,046</b>	<b>78.80</b>	<b>16.20</b>	<b>24.60</b>	<b>5</b>	<b>51</b>	<b>49</b>

3. Staff Currently Employed. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
<b>2,425</b>	<b>63.42</b>	<b>13.98</b>	<b>17.81</b>	<b>4.79</b>	<b>33</b>	<b>67</b>	<b>unk</b>

4. Number of Clients Participating or Served. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled

5. Advisory or Governing Board, if applicable.

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled

## PART II. (Use a separate sheet of paper for any explanations requiring more space.)

6. Compare staff composition (#3) to population of area served (#2). Is staff representative of the population served? If No or NA, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. Compare client composition (#4) to population of area served (#2). Are race/sex composition representative of populations served? If NO or NA, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8. Do you inform employees, applicants, and clients of their protection against discrimination in employment practices and in the delivery of services? If YES, how (verbal, written, poster)? If NO or NA, please explain. <b>verbal, written, posters</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9. Do recruitment and notification materials advise applicants, employees and clients of your non-discrimination policy? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
10. Do you have a grievance/complaint policy or procedure receive, investigate and resolve complaints regarding employment decisions and provision of services to clients? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

11. Does your grievance/complaint policy or procedure notify your employees and clients of their right to file a complaint with the appropriate external agency and provide contact information for these agencies (DOJ, HHS, EEOC, DCF)? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12. If applicable, does your grievance/complaint policy incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging a violation of Section 504 of the Rehabilitation Act of 1973 (disability in employment practices and the delivery of services)? <i>[Applicable to providers with 50 or more employees and \$25,000 or more in DOJ funding.]</i> If NO, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

**PART III.** (Use a separate sheet of paper for any explanations requiring more space.)

13. Provide the number and status of any service delivery and employment discrimination complaints filed against your organization within the last 12 months. <b>0</b>	
14. Have you submitted any findings of discrimination issued by a court or administrative agency to <b>both</b> the DCF Office of Civil Rights and appropriate external agency (DOJ, USDA). If NO, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
15. Are program eligibility requirements applied to applicants and clients without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
16. Are benefits, services, and facilities available to applicants and participants in an equally effective manner regardless of race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
17. Are room assignments for in-patient services made without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain. <b>We are a home visitation program and we do not provide housing or residential services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
18. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, please explain. <b>We do not have these items on site but we do have policy and procedures in place to be able to access auxiliary aids through community resources when needed.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
19. Are the programs/facilities/services accessible to mobility, deaf or hard of hearing, and sight impaired individuals? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
20. Are Limited-English Proficient (LEP) applicants and recipients provided equal access to benefits and services, including free interpreter services? If NO or NA, please explain. List below what steps are taken to ensure meaningful access to persons with LEP (written policy, outreach, etc.). <b>We have bilingual staff available to assist as needed.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
21. Have you conducted a self-evaluation to identify barriers to serving individuals with disabilities or LEP? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
22. Provide the name and contact information for the individual designated as your organization's Section 504, ADA, and/or Title VI Coordinator for compliance activities.	Polk County BoCC - Richard L Bradford, Equal Opportunity Administrator, 863-534- 6075; HF Polk
23. Are you providing Civil Rights training (employment and service delivery) for staff? If YES, how often? If NO or NA, please explain. List all the civil rights training provided to staff within the last 12 months. <b>Staff complete the online HIPPA and ADA Foundations of Disability Rights upon hire and annually.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

<p>24. If you conduct religious activities as part of your program or services, do you:</p> <p>a. Provide services to everyone regardless of religion or religious belief?</p> <p>b. Keep religious activity such as prayer and religious instruction separate from federally funded activities?</p> <p>c. Are religious activities voluntary?</p> <p>If NO or NA to any of the questions above, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>
<p>25. If you are a sub-recipient of DOJ funding and operate an educational program or activity, have you taken the following actions:</p> <p>a. Adopted grievance procedures that provide for prompt and equitable resolution of complaints that allege sex discrimination in violation of Title IX of the Education Amendments of 1972?</p> <p>b. Designated a person to coordinate compliance with Title IX?</p> <p>c. Notified applicants, employees, students, parents, and clients that you do not discriminate on the basis of sex in your educational programs or activities?</p> <p>If applicable and you answered NO to any of the questions above, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>
<p>26. If applicable, do you have an Equal Employment Opportunity Plan (EEOP)? If you are a sub-recipient of DOJ funding, have you filed the appropriate EEOP certification with Office of Civil Rights, Office of Justice Programs? <b>If YES, provide a copy of the EEOP and/or certification.</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>

**PART IV.**

DEPARTMENT OF CHILDREN AND FAMILIES USE ONLY			
Date Received by DCF Contract Manager		Date Reviewed by Contract Manager	
Contract Manager Name/Signature		Telephone Number	
Is the contract information (contract number, amount of contract, etc.) correct?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did contracted services provider answer/complete all three sections? If YES, submit to Civil Rights Officer (CRO). If NO, return to provider for completion.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Submitted to Civil Rights Officer (CRO)	Date Received by CRO	Date Reviewed by CRO	In Compliance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments			
Type of Compliance Review: <input type="checkbox"/> On-Site Limited Review <input type="checkbox"/> On-Site Full Review <input type="checkbox"/> Desk Limited Review			
Date of Compliance/No-Compliance Notice		Response Due Date	Response Received Date
Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO		Civil Rights Officer Name/Signature	

**SINGLE-POINT-OF-CONTACT INFORMATION**

**Attachment 7**

*Instructions: Please provide the Single-Point-of-Contact information for the lead entity, project and, if applicable, one for each subcontractor.*

Contract #: HF-25-31-05

Project Name: HF Polk

Date Completed: 2/16/26

Name	Date SPOC training completed	Position/Title	Agency	Street Address	Mailing Address	Telephone Number	E-Mail Address
Jeraldine Bang	2/16/26	Administrative Coordinator	Healthy Families Polk	2135 Marshall Edwards Drive	2135 Marshall Edwards Drive, Bartow, FL, 33830	863-519-2022	JeraldineBang@polkfl.gov
Richard L Bradford		Equal Opportunity Administrator,	BoCC			863-534-6075	

I attest that the above named staff has completed the SPOC training and the completion certificates are in their personnel file.

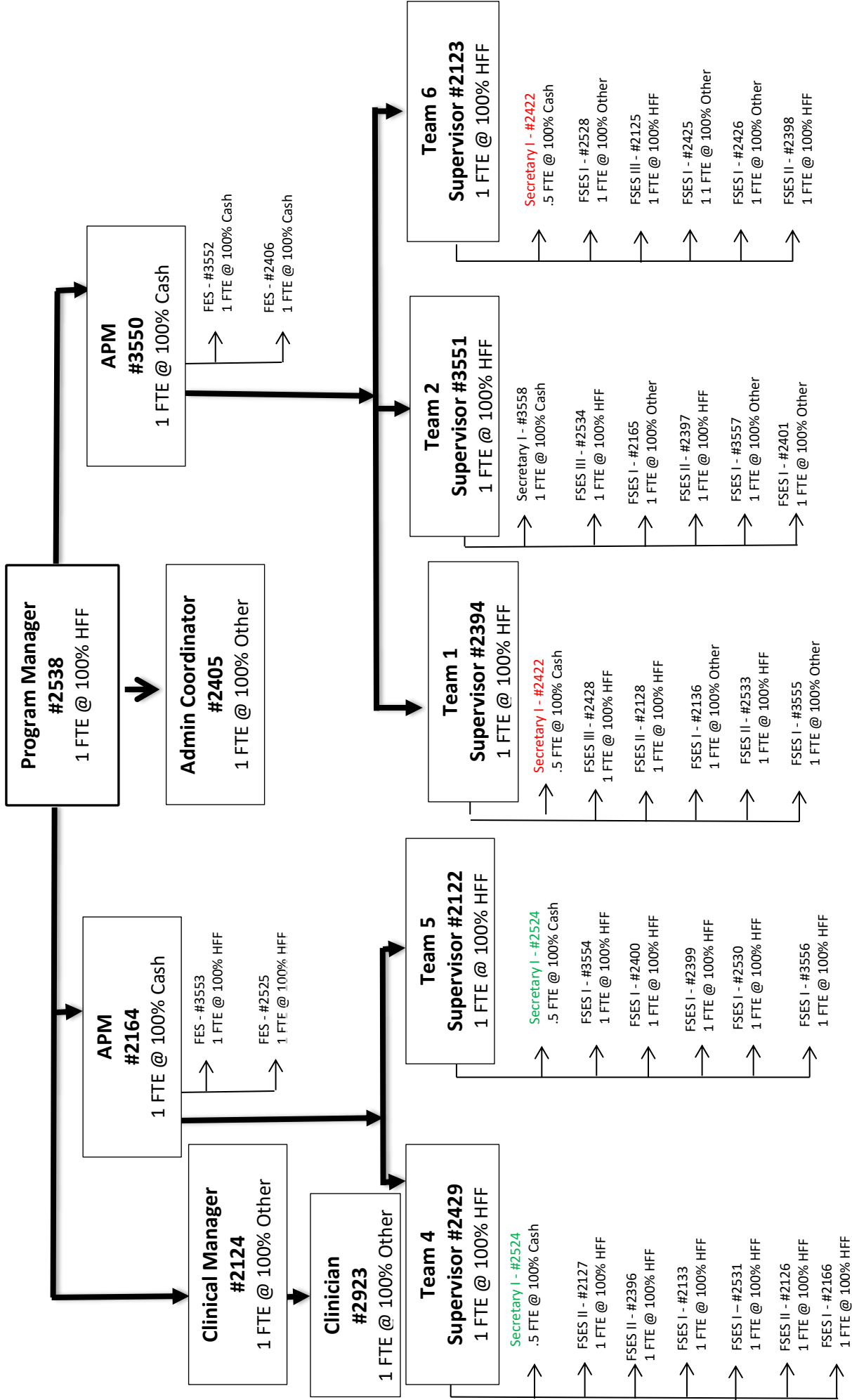
Program Manager/Associate Director: Shaneal Allen

Date: 4/16/26

HF Polk Grant

Attachment 8

Fiscal Year 26-27



	FY16/17	FY17/18	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23	FY24/25	FY25/26
Health & Human Services – Healthy Families FTE:	45.00	45.00	45.00	45.00	45.00	44.00	44.00	43.00	44.00

# Executive Compensation Annual Report

**Instructions:** Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

## Section 1: Attestation

I swear (or affirm) to my authority to make binding representations on behalf of the entity listed below, the information contained in this document is accurate and complete to the best of the below-listed entity's knowledge, and both I and the below-listed entity intend the Department rely upon the information contained in this document.

Polk County Board of County Commissioners

Entity Name

LJ959 HF Polk #25-30-05

Department Contract Numbers

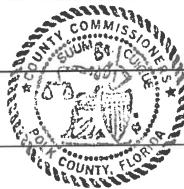
JBN5EHFNGUG9

UEID Number

William D. Beasley

Printed Name of Authorized Person

Signature of Authorized Person



5/13/2026

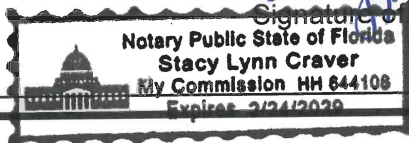
Date

STATE OF FLORIDA

COUNTY OF Polk

Sworn to (or affirmed) before me by means of  physical presence or  online notarization, this 13<sup>th</sup> day of May, 2026, by William D. Beasley

Personally Known OR Produced Identification  
Type of Identification Produced: \_\_\_\_\_



Signature of Notary Public- State of Florida

## Section 2: Qualifying Questions

- 1) Did one or more of the contract(s) result from the Entity being named in federal law or Florida Statutes (substantive or appropriation) as the required recipient of a single source, public-private agreement?
 

Yes  No
  - 2) During the preceding fiscal year, did the Entity receive 50% or more of its budget from either the State of Florida or from a combination of State and Federal funds?
 

Yes  No
  - 3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in total federal funding, (b) the federal funds so received accounted for more than 80% of the Provider's annual gross revenue, and (c) was the compensation of top five executives for the preceding fiscal year not available publicly?
 

Yes  No
- If the answer to **any** question in this section is Yes, you must proceed to and complete **Section 3**. Otherwise, submit this form to your relevant Department Contract Manager.





**OFFICE OF CHILD AND FAMILY WELL-BEING  
INFORMATION RESOURCE REQUEST (IRR)**

<b>To:</b> Florida Department of Children and Families Office of Child and Family Well-Being 2415 N Monroe St., Suite 400 Tallahassee, FL 32303	<b>Provider Name</b>	The Ounce of Prevention Fund of Florida HFF - HF Site Name #25-31-
	<b>Address</b>	325 John Knox Road Building L, Suite 200 Tallahassee, FL 32303

- **Attach Vendor Quotes**
  - **3 Year warranty on all computers**
  - **All computers require Endpoint encryption software**
  - **Quotes must be for the number of items requested**
  - **Ensure no taxes are included**
1. What the issue is, ie; what we are trying to accomplish:
  2. How we propose to fix the issue, i.e., the product and why we selected it. If possible, how it will work with existing systems.
  3. Where will the items be installed/used?
  4. If replacing hardware, what will happen to what is replaced? Surplus? Re-deployed?
  5. What will the impact to the Department be if the items aren't approved?

<b>Site Representative Requesting Approval</b>		<b>Date</b>	
<b>OPFF Representative Requesting Approval</b>		<b>Date</b>	
<b>IRR Approval #:</b>		<b>Valid Until</b>	

PRODUCT COSTS (LIST EACH ITEM SEPARATELY)						
Qty	Make	Model	Description	Vendor	Unit Price	Total Price
<b>TOTAL PRODUCTS COST</b>						<b>\$</b>



**OFFICE OF CHILD AND FAMILY WELL-BEING  
INFORMATION RESOURCE REQUEST (IRR)**

<b>SUPPORT COSTS (N/A IF NON-APPLICABLE)</b>	
Installation	\$
Training	\$
Maintenance	\$
Shipping / Handling	\$
<b>TOTAL SUPPORT COST</b>	<b>\$</b>
<b>ALL TOTAL</b>	<b>\$</b>

<b>FOR DEPARTMENT USE ONLY</b>			
Contract Manager		Approved (Y or N)	Date



## Protocol for the Purchase of Property Purchased with HFF Grant Funding

### Protocol for the Purchase of Property

All technology, furniture and phones purchased with HFF Grant funds must be pre-approved by the Department of Children and Families (Department). If a technology/furniture/phone purchase is made without Department approval the cost will not be reimbursed. Once an approved IRR is sent to the site the purchase must be made within 30 days or the IRR is invalid. DCF now requires that the order confirmation for the approved IRR items be sent to [sgodfrey@ounce.org](mailto:sgodfrey@ounce.org) within 28 days of the IRR approval date. All approved purchases made between April and June must be made, delivered, installed, paid for and invoiced no later than the June invoice. If the payment is made after June 30<sup>th</sup>, the cost will not be reimbursed by the Department or OPFF.

A formal contract/amendment is required prior to the purchase of any property item not specifically listed in the approved budget. The amendment must be approved by the Department prior to execution by the parties. Once the Department receives the executed amendment, then the IRR may be sent to the Department. The IRR and quotes must be submitted to the contract specialist at [sgodfrey@ounce.org](mailto:sgodfrey@ounce.org).

The contract specialist will review the request and then send it to management for review. If the documentation is in order, it is sent back to the contract specialist and the contract specialist will submit the IRR and quotes to the Department contract manager for approval. If modifications are necessary, the contract specialist will contact the staff person who submitted the request. Upon Department approval, the contract specialist will notify the site. The site must not make any purchase until the contract specialist has emailed final Department approval to the staff person who submitted the request.

Ensure that all technology/furniture/phones purchased with HFF Grant funds are sufficiently covered by your insurance policy for replacement value. If technology/furniture/phones purchased with HFF Grant funds is destroyed, stolen or lost, there must be sufficient insurance coverage to replace the item at no additional cost to HFF.

### Obtaining Approval to Purchase Technology Equipment Using Ounce of Prevention/HFF Grant Funds

All sites must submit an Information Resource Request (IRR) form and quotes (using the least expensive options available) for each type of technology/equipment/furniture/phone being requested to the contract specialist [sgodfrey@ounce.org](mailto:sgodfrey@ounce.org).

All quotes must:

1. Show all detailed equipment specifications for each piece of technology listed on the quote
2. Number of each type of item requested (if you want 5 desktops and 3 laptops the quotes must reflect those numbers)
3. Required 3-year warranty (what the coverage includes) on all computers
4. Required 3-year license for Endpoint encryption software on all laptop computers
5. Legible vendor contact information, link to the item and the date quote was pulled

- 6. Quotes should be locked in for at least 30 days to allow time for the approval process,
- 7. Ensure that the quotes are legible and clear when submitted
- 8. Saved in the following format “name of site, name of vendor and type of equipment”

An IRR is not needed to purchase a mouse, flash drive or keyboard (unless the items are specialized or cost is higher than a basic model). The purchase request must be for the lowest priced item. The site’s budget must include sufficient funds for the full purchase price prior to submitting a request. The last date to request an IRR for the fiscal year will be noted during the lapse planning time frame, unless a different time frame is specified by DCF.

An IRR is needed for purchasing:

- 1. Any type of technology regardless of cost. Examples include but are not limited to:
  - a. Computers (Desk or Laptop)
  - b. Monitors
  - c. Tablets
  - d. Docking Stations
  - e. DVD players
  - f. Televisions
  - g. Projectors
  - h. Cameras
  - i. Phones
  - j. Digital storage devices
  - k. Specialized keyboards
  - l. Headsets
  - m. Web cameras
- 2. Any software other than Microsoft Office Suite or basic Adobe
- 3. Licenses (Computer / Digital / Virtual Meeting)
- 4. Furniture - Examples include but are not limited to:
  - a. Desk (Regular / Module / Stand -up)
  - b. Chairs (Desk, Office, conference)
  - c. Cabinets (file / storage / other)
  - d. Tables (End tables/conference/other)
  - e. Module walls
  - f. Bookshelf
  - g. Specialized furniture
- 5. Items with a purchase price, or value of \$1,000 or more
- 6. Items that have a life of 12 months or longer

**Installation/Assembly Fees** – If using HFF Grant funds, this type of expense must also be included on the IRR along with quotes in section B located on page 2.

All items purchased using HFF Grant funds must have a property inventory tag and be listed on the Cumulative Property Inventory.

For equipment or items not listed above, contact Suzie Godfrey at 850-782-4038 or email [sgodfrey@ounce.org](mailto:sgodfrey@ounce.org) for verification that the items are allowable prior to purchasing any of these items. If you purchase before receiving an approved IRR DCF will **not** reimburse that expense and the lead agency must cover the expense.

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For additional information or support please contact:  
Suzie Godfrey - [sgodfrey@ounce.org](mailto:sgodfrey@ounce.org) - 850-782-4038

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# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant for certification with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section: 39.205 failure to report child abuse, abandonment, or neglect
- Section: 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section: 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section: 414.39 fraud, if the offense was a felony
- Section: 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section: 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section: 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section: 782.04 murder
- Section: 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section: 782.071 vehicular homicide
- Section: 782.09 killing an unborn child by injury to the mother
- Chapter: 784 assault, battery, and culpable negligence, if the offense was a felony
- Section: 784.011 assault, if the victim of the offense was a minor
- Section: 784.021 aggravated assault
- Section: 784.03 battery, if the victim of the offense was a minor
- Section: 784.045 aggravated battery
- Section: 784.075 battery on staff or a detention or commitment facility or on a juvenile probation officer
- Section: 787.01 kidnapping
- Section: 787.02 false imprisonment
- Section: 787.025 luring or enticing a child
- Section: 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section: 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section: 787.06 human trafficking
- Section: 787.07 human smuggling
- Section: 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section: 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section: 794.011 sexual battery
- Former Section: 794.041 prohibited acts of persons in familial or custodial authority
- Section: 794.05 unlawful sexual activity with certain minors
- Section: 794.08 relating to female genital mutilation
- Chapter: 796 prostitution
- Section: 798.02 lewd and lascivious behavior
- Chapter: 800 lewdness and indecent exposure
- Section: 806.01 arson

**CONTINUED ON NEXT PAGE**

Section: 810.02	burglary
Section: 810.14	voyeurism, if the offense is a felony
Section: 810.145	video voyeurism, if the offense is a felony
Chapter 812	relating to theft, robbery, and related crimes, if the offense was a felony
Section: 817.563	fraudulent sale of controlled substances, only if the offense was a felony
Section: 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section: 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section: 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section: 826.04	incest
Section: 827.03	child abuse, aggravated child abuse, or neglect of a child
Section: 827.04	contributing to the delinquency or dependency of a child
Former Section: 827.05	negligent treatment of children
Section: 827.071	sexual performance by a child
Section: 831.311	unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances
Section: 836.10	written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism
Section: 843.01	resisting arrest with violence
Section: 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section: 843.12	aiding in an escape
Section: 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter: 847	obscene literature
Section: 859.01	poisoning food or water
Section: 873.01	prohibition on the purchase or sale of human organs and tissues
Section: 874.05	encouraging or recruiting another to join a criminal gang
Chapter: 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section: 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section: 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section: 944.40	escape
Section: 944.46	harboring, concealing, or aiding an escaped prisoner
Section: 944.47	introduction of contraband into a correctional facility
Section: 985.701	sexual misconduct in juvenile justice programs
Section: 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR POSITIONS REQUIRED TO BE SCREENED UNDER SECTION 408.809, FLORIDA STATUTES:**

In addition to the Chapter 435, F.S. listed offenses the following offenses are also applicable for any licensure or employment required in the applicable statutes.

	<u>Relating to:</u>
Chapter: 408	felony offenses contained in Chapter 408
Section: 409.920	Medicaid provider fraud
Section: 409.9201	Medicaid fraud
Section: 741.28	domestic violence
Section: 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section: 784.03	battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429
Section: 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section: 817.234	false and fraudulent insurance claims
Section: 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section: 817.50	fraudulently obtaining goods or services from a health care provider
Section: 817.505	patient brokering
Section: 817.568	criminal use of personal identification information
Section: 817.60	obtaining a credit card through fraudulent means
Section: 817.61	fraudulent use of credit cards, if the offense was a felony
Section: 831.01	forgery
Section: 831.02	uttering forged instruments
Section: 831.07	forging bank bills, checks, drafts or promissory notes
Section: 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section: 831.30	fraud in obtaining medicinal drugs
Section: 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section: 895.03	racketeering and collection of unlawful debts
Section: 896.101	the Florida Money Laundering Act

**CONTINUED ON NEXT PAGE**

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

SIGNATURE OF AFFIANT: \_\_\_\_\_

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged.

SIGNATURE OF AFFIANT: \_\_\_\_\_

I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

SIGNATURE OF AFFIANT: \_\_\_\_\_

**CONTINUED ON NEXT PAGE**

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_

1290 Golfview Ave.  
PO Box 9005 • Drawer HS01  
Bartow, FL 33831-9005



PHONE: 863-534-5202  
FAX: 863-519-3709  
[www.polkfl.gov](http://www.polkfl.gov)

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**HEALTH AND HUMAN SERVICES DIVISION**

April 14, 2026

The Ounce of Prevention Fund of Florida  
Healthy Families Florida  
111 North Gadsden Street, Suite 200  
Tallahassee, FL 32301-1507

To Whom It May Concern:

The State Fiscal Year 2025/2026 contract between the Ounce of Prevention Fund of Florida/Healthy Families Florida and the Polk County Board of County Commissioners will be presented to the Board after July 15, 2026.

The contract provides as follows:

\$361,639.00 Polk County cash match

\$1,730,899.00 Polk County other funding

The matching and other funding will be used to support salaries, wages, payroll taxes, benefits and other expenses not paid through Healthy Families Florida.

This approval is pending final approval and execution of the contract by the Polk County Board of County Commissioners.

Sincerely,

Marcia Andresen

Director