

**POLK COUNTY  
FIRST AMENDMENT TO CONTRACT FOR SERVICES  
CONTRACT # 24-570-CHC**

This First Amendment to Contract for Services ("First Amendment") by and between **Peace River Center for Personal Development, Inc.** ("PRC"), and Polk County, a political subdivision of the State of Florida ("COUNTY") is made effective as of **April 1, 2025** ("First Amendment Effective Date"). (PRC and COUNTY shall be jointly referred to herein as the "Parties").

**WITNESS TO:**

WHEREAS, the Parties entered into that certain Contract which is effective from October 1, 2024 through September 30, 2027 for navigation and forensic case management and competency restoration services; and

WHEREAS, the Parties now desire to enter into this First Amendment for the purposes of revising the Fee Schedule to include additional reimbursable services; and

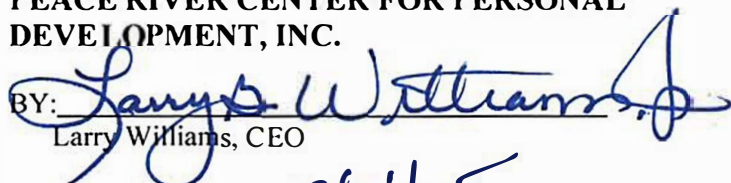
WHEREAS, capitalized terms used but not otherwise defined herein shall have the meaning ascribed to them in the Contract.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, and other good and valuable consideration, the Parties hereby agree as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.
2. Exhibit F Fee Schedule is amended and replaced with the attached Exhibit F Fee Schedule of this First Amendment.
3. Exhibit G Invoice Sample is amended and replaced with the attached Exhibit G Invoice Sample of this First Amendment.
4. Exhibit H Navigator Supervisor Timesheet is incorporated in the Contract with the attached Exhibit H of this First Amendment.
3. Except as specifically set forth in this First Amendment, all the terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto duly execute this First Amendment effective the First Amendment Effective Date.

**PEACE RIVER CENTER FOR PERSONAL  
DEVELOPMENT, INC.**

BY:   
Larry Williams, CEO

DATE: 03/31/25

  
WITNESS

  
WITNESS

24-570-CHC

**POLK COUNTY**, a political subdivision of the  
State of Florida

BY: \_\_\_\_\_  
T. R. Wilson, Chairman

DATE: \_\_\_\_\_

ATTEST: Stacy M. Butterfield, Clerk

BY: \_\_\_\_\_  
Deputy Clerk

Approved as to form and legal sufficiency:

BY: \_\_\_\_\_  
County Attorney's Office

PRC Navigators & Forensic Specialists

**FEE SCHEDULE**

**Navigators Services**

<b>Service Type</b>	<b>Unit Rate</b>	<b>Markup</b>	<b>Total Billing Rate</b>	<b>Billing Requirement</b>
Client Direct Assistance	\$15.00 / 15 minutes	\$0.00	\$15.00 / 15 minutes	Navigator Reporting Elements per Exhibit G
Community Outreach Event / Activity	\$48.80 / hour	\$0.00	\$48.80 / hour	Navigator Reporting Elements per Exhibit G & Event Flyer and Participation Sign-In Sheet (if available)
Navigator Supervisor	\$48.80 / hour	\$4.00 / hour	\$52.80 / hour	Time Sheet Log that includes: name of employee, title, date, hours worked, and signature of employee and signature of manager – Exhibit H

Client Direct Assistance – A unit of service is defined as a one 15-minute session for screening and/or applicable assistance for each Polk County resident served. Any individual session may consist of multiple services excluding community events or activities.

Community Outreach Event/Activity – A unit of service is defined as one-hour session. Services may be billed in partial units of 0.25 (15 minute) increments.

- group session with no less than five (5) Polk County residents in attendance;
- marketing event and/or special event with no less than five (5) Polk County residents in attendance. The participation of PRC must be documented by a flyer and participant sign-in sheet (*unit rate is based on only one event regardless of number of PRC staff in attendance*)

Navigator Supervisor – A unit of service is defined as one-hour of work committed to program outcomes. Time may be billed in partial units of 0.25 (15 minute) increments.

**Forensic Specialists**

<b>Services Type</b>	<b>Rate</b>	<b>Billing Requirement</b>
Forensic Case Management & Competency Restoration Services	\$16.91 / 15 mins	Signed CPQR as identified in Section 4.1
Travel Mileage Reimbursement	\$0.625/mile or updated per IRS Standard Mileage Rate for Business	Travel Mileage Log Form – Must be related to program/client services. Client name(s) and/or Community Outreach Event/Activity must be identified.

Forensic Case Management & Competency Restoration Services – A unit of service is defined as a one 15-minute session for each Polk County resident served. Any individual session may consist of multiple services.

INVOICE SAMPLE

Navigators Services



Logo  
Name

[Your Company Name]  
[Street Address]  
[City, ST Zip Code]

Date:  
Invoice #:  
Service Period:  
Contract Number:

To: Polk Co., a political subdivision of the State of Florida  
Community Health Care  
2135 Marshall Edwards Drive  
Bartow, FL 33830

Service	Units	Rate	Invoice Amount
Client Direct Assistance		\$ 15.00	\$ -
Community Outreach Event / Activity		\$ 48.80	\$ -
Navigator Supervisor		\$ 52.80	\$ -
Grand Total:			\$ -

I certify the above to be accurate and in agreement with this agency's record and with the terms of this agreement. Additionally, I certify that any reports accompanying this invoice are true and correct reflection of this period's activities, as stipulated by this agreement.

\_\_\_\_\_  
Authorized Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

INVOICE SAMPLE

Forensic Specialists



Logo  
Name

[Your Company Name]  
[Street Address]  
[City, ST Zip Code]

Date:  
Invoice #:  
Service Period:  
Contract Number:

To: Polk Co., a political subdivision of the State of Florida  
Community Health Care  
2135 Marshall Edwards Drive  
Bartow, FL 33830

Service	Units	Rate	Invoice Amount
Forensic Case Management & Competency Restoration Services		\$ 16.91	\$ -
Travel Mileage		\$ 0.625	\$ -
<b>Grand Total:</b>	<b>0</b>		<b>\$ -</b>

I certify the above to be accurate and in agreement with this agency's record and with the terms of this agreement. Additionally, I certify that any reports accompanying this invoice are true and correct reflection of this period's activities, as stipulated by this agreement.

\_\_\_\_\_  
Authorized Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## NAVIGATOR SUPERVISOR TIMESHEET

**Peace River Center  
Navigators  
Navigator Supervisor Timesheet**

Navigator Supervisor: \_\_\_\_\_ Week \_\_\_\_\_ to \_\_\_\_\_

	Date	Date	Date	Date	Date	Date	Date
Service	Hours	Hours	Hours	Hours	Hours	Hours	Hours
Oversee Navigators							
Monitor referral portals and assign residents seeking services to specific Navigators for support							
Facilitate connection with community outreach partners to create opportunities for outreach events							
Utilize a needs assessment to identify and provide linkage to needed behavioral health services and supports and to community benefits and resources as appropriate for residents including, but not limited to food, housing, and transportation assistance							
Channel referrals to and provide registration for community behavioral health services							
Participate in and/or facilitate community outreach events promoting access to Behavioral Health services and other initiatives							
Other duties as may be directed from time to time							

Employee Signature: \_\_\_\_\_

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

Manager Signature: \_\_\_\_\_

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