

Services:	X	Client		Non-Client
Type:	X	Subrecipient		Contractor
Funds:	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 #001 FY 2025-2026

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.

Subcontract **Section 1.1.1– CASH AND IN KIND CONTRIBUTIONS**, is hereby deleted and the following is inserted in lieu thereof:

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 **2025-2026**. The Provider’s cash and in-kind contribution for the Fiscal Year **2025-2026** subcontract period is **\$1,684,812.00** which represents **116.5%** percent (%) of the OPFF/HFF grant funds.

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 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 7.12 Executive Compensation Reporting**, is hereby deleted and the following is inserted in lieu thereof:

7.12. Executive Compensation Reporting

- 7.12.1. Prior to contract/amendment execution the Provider shall complete and return **Attachment 12 - Certification of Executive Compensation Reporting Requirements** (Form PCMT-08), located at: www.myflfamilies.com/general-information/contracted-client-services/library.
- 7.12.2. In accordance with §216.1366, F.S., if the Provider is a nonprofit as defined in §215.97(2)(m), F.S., the Provider must provide documentation to the OPFF/Department that indicates the amount of state funds:
 - 7.12.2.1. Allocated to be used during the full term of the subcontract for remuneration to any member of the board of directors or an officer of the contractor.
 - 7.12.2.2. Allocated under each payment by the public agency to be used for remuneration of any member of the board of directors or an officer of the contractor. The documentation must indicate the amounts and recipients of the remuneration.
- 7.12.3. If the Provider maintains a website, information provided pursuant to 7.13.2 must be posted on the Provider's website.

Subcontract **Section 9.2 Emergency Preparedness Plan**, is hereby deleted and the following is inserted in lieu thereof:

9.2. Emergency Preparedness Plan

If the tasks performed pursuant to this Subcontract include the physical care or supervision of clients, the Provider shall, submit to the Contract Manager an emergency preparedness plan.

- 9.2.1 By March 31st, the site must submit the emergency preparedness plan that shall include provisions for pre-disaster records, computers, supplies 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 plan must be submitted to Hffdeliverables@ounce.org regardless of lack of revisions.
- 9.2.2 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.

Subcontract **Exhibit A-3.4 Final Invoice**, is hereby deleted and the following is inserted in lieu thereof:

A-3.4 Final Invoice

The final invoice for payment shall be submitted to the OPFF July 15th, but no later than July 30th, (with Approved Extension request) after the Subcontract ends or is terminated. If the Provider fails to do so, all rights to payment are forfeited and the OPFF will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this Subcontract may be withheld until all reports due from the provider and necessary adjustments thereto, have been approved by the OPFF.

Subcontract **Exhibit B-7 Equipment/Property**, is hereby deleted and the following is inserted in lieu thereof:

B-7 Equipment/Property.

- B-7.1 Property Responsibility** - While such business arrangements may provide for Subcontractor participation in the use and maintenance of the property under their control, the OPFF/HFF shall hold the Provider solely responsible for the use and condition of said property.
- B-7.2 Property Title** - Title (ownership) to and possession of all property purchased by the Provider pursuant to this Subcontract shall be vested in the Department upon completion or termination of this Subcontract. During the term of this Subcontract, the Provider is responsible for insuring all property purchased by or transferred to the Provider is in good working order. The Provider hereby agrees to pay the cost of transferring title to and possession of any property for which ownership is evidenced by a certificate of title. The Provider shall be responsible for repaying to the Department the replacement cost of any property inventoried and not transferred to the department upon completion or termination of this Subcontract. When property transfers from the provider to DCF, the Provider shall be responsible for paying for the title transfer.
- B-7.3 Property Provisions** - Any Subcontract entered into by the Provider shall include provisions imposing obligations equivalent to the above on the Subcontractor with regard to any property purchased by the Subcontractors with funds provided by this Subcontract. Such Subcontract shall specifically state that Title (ownership) to and possession of all property purchased by the Subcontractor pursuant to this Subcontract shall be vested in the Department upon completion or termination of this Subcontract or the Subcontract, whichever first occurs.
- B-7.4 Information Technology Resource Purchase (IRR)** - The Provider must receive written approval from the OPFF/DCF prior to purchasing any Information Technology Resource or furniture with these Subcontract funds. The Provider will not be reimbursed for any Information Technology Resource or furniture purchases made prior to obtaining OPFF's approval. When purchasing technology equipment or furniture, the Provider must follow the **Attachment 23 – Protocol for Purchase of Property**, which includes instructions for submitting an **Attachment 22 - Information Resource Request (IRR)** form. If the IRR has property listed for disposal, then **Attachment 28 - Property Inventory and Disposal Form** will also need to be submitted with the IRR. All of these documents will be located in the HF Resource Library located at http://www.healthyfamiliesfla.org/resource_login.asp.
- B-7.5 IRR Funding** - A formal Subcontract budget amendment is required prior to the purchase of any property item not specifically listed in the approved budget under the Operating Capital Outlay category.
- B-7.6 Information Technology Resource Disposal** - If the Provider replaces or disposes of property purchased by the Provider pursuant to this Subcontract (with HFF Grant Funding), the Provider is required to provide accurate and complete information pertaining to replacement or disposition of the property as required on the Provider's property inventory. When disposing of technological equipment or furniture, the provider must follow **Attachment 24 - Protocol for the Disposal of Property** which includes instructions for **Attachment 28 - Property Inventory and Disposal Form**.
- B-7.7 Property Inventory** - If any property is purchased by the Provider with funds provided by this **Subcontract**, the Provider shall inventory all nonexpendable property, with a value or cost of \$1,000 or more and/or has a normal expected life of greater than one (1) year, including all computers and furniture. Regardless of the acquisition cost or value, all technology (including but not limited to computers, including desktop, laptop computers, tablets) and specialty software other than Windows and Microsoft Office Suite must also be included in the inventory. By May 20th the provider shall submit a **“DRAFT” Attachment 28 - Property Inventory and Disposal Form** of all such property to Hffdeliverables@ounce.org. By June 21st the Provider shall submit a **“FINAL” Attachment 28 - Property Inventory and Disposal Form** of all such property to Hffdeliverables@ounce.org. This applies whether new purchases have been made or not. This list should contain all items purchased with OPFF/ HFF funds since the inception of the Sub-contractual relationship with the OPFF/ HFF. This document will be located in the HF Resource Library located at http://www.healthyfamiliesfla.org/resource_login.asp.
- B-7.8 Property Inventory Requirements** – Per **Attachment 29- Protocol for the Cumulative Property Inventory List**, the inventory shall include, at minimum, the identification number; year and/or model; a description of the property, its use and condition; current location; the name of the property custodian; class code (use state standard codes for capital assets); if a group, record the number and description of the components making up the group; name, make, manufacturer; serial number(s), if any, and if an automobile, the VIN and certificate number; acquisition date; original acquisition cost;

funding source; and, information needed to calculate the federal and/or state share of its cost. The HFF contract specialist shall provide disposition instructions to the Provider prior to the end of the Subcontract period. The Provider cannot dispose of any property that reverts to the OPFF/Department without the HFF assistant director's approval. The Provider shall furnish a Final inventory by June 25 of each state fiscal year of the Subcontract, before the completion or termination of this Subcontract. The Final inventory shall include all nonexpendable property including all computers purchased by the Provider. The Final inventory shall contain, at minimum, the same information required by the annual inventory.

- B-7.9** The Provider hereby agrees that all inventories required by this Subcontract shall be current, accurate and reflect the date of the inventory. If the original acquisition cost of a property item is not available at the time of inventory, an estimated value shall be agreed upon by both the Provider and the OPFF/HFF and shall be used in place of the original acquisition cost.

Subcontract **Exhibit C-2.2 Professional Qualifications**, is hereby deleted and the following is inserted in lieu thereof:

C-2.2 Professional Qualifications

C.2.2.1. Direct Service Staff

- C-2.2.1.1. Assessment** - Assessment services are provided by a trained and certified FES or FSES using the HFFAT and the assessment protocol described in HFF Policies and Procedures.

Family Engagement Specialist (FES) - Must have, at a minimum, a H.S. diploma or GED and one (1) year of experience working with families and children. FESs must have the following skills, experience and abilities: experience working with or providing services to children and families, experience and humility to work with culturally diverse families, the ability to establish trusting relationships and accept individual differences, knowledge of infant and child development, and willing to engage in building reflective capacity. Infant mental health endorsement preferred

- C-2.2.1.2. Home Visiting - If a family is determined to be eligible for HFF services** and volunteers to participate, an FSS is assigned to provide home visiting services based on HFA Best Practice Standards (BPS) and HFF Policies and Procedures.

Family Support Specialist (FSS) - Must have, at a minimum, a H.S. diploma or GED and one (1) year of experience working with families and children. FSSs must have the following skills, experiences and abilities: experience working with or providing services to children and families, experience and humility to work with culturally diverse families, the ability to establish trusting relationships and accept individual differences, knowledge of infant and child development, and willing to engage in building reflective capacity. Infant mental health endorsement preferred

- C-2.2.1.3. Assessment/Home Visiting** – Combined position **that provides** assessment and ongoing home visiting services for the families they assess. Position staff are trained and certified using the HFFAT and the assessment protocol described in HFF Policies and Procedures. If a family is determined to be eligible for HFF services and volunteers to participate, this position staff then provide ongoing home visiting services based on HFA BPS and HFF Policies and Procedures.

Family Support & Engagement Specialist (FSES) - Must have, at a minimum, a H.S. diploma or GED and one (1) year of experience working with families and children. FSSs must have the following skills, experiences and abilities: experience working with or providing services to children and families, experience and humility to work with culturally diverse families, the ability to establish trusting relationships and accept individual differences, knowledge of infant and child development, and willing to engage in building reflective capacity. Infant mental health endorsement preferred.

C.2.2.2. Program Management

C-2.2.2.1. Program Manager (PM) - Will be responsible for the day-to-day operations, establishing collaborative partnerships, coordinating training and providing overall supervision of staff. Additional duties of the program manager include but are not limited to: site compliance with Subcontract, if applicable, developing an internal quality assurance system, tracking program spending, reviewing data for accuracy, assuring timely entry of data into the HFF Tracking System and the HFF Staff Management System, preparing the quarterly and annual reports as required and acts as a liaison to HFF.

The program manager must have, at a minimum, a master’s degree or a bachelor’s degree with three (3) years’ experience and a solid understanding and experience in managing diverse staff with humility and administrative experience in human service or related program(s), including experience in quality assurance and continuous quality improvement, experience with family services that embrace the concepts of family-centered and strength-based service provision, knowledge of parent-infant health and dynamics of child abuse and neglect, willingness to engage in building reflective practice, experience supporting culturally diverse communities/families/participants, knowledge of community building and engagement. Infant mental health endorsement is preferred. If the program manager is supervising an FSS/FES, then the program manager also must meet the requirements for the Supervisor.

C-2.2.2.2. Supervisors - Must have, at a minimum, a master’s degree or a bachelor’s degree with three (3) years of experience working with diverse families and children or less than a bachelor’s degree with four (4) years of commensurate HFA experience. The Supervisor must have the following skills, experiences and abilities: a solid understanding and experience in supervising diverse staff with humility, as well as providing support in stressful work environments, knowledge of infant and child development and parent-child attachment, experience with family services that embrace the concepts of family-centered and strength-based service provision, knowledge of parent infant health and dynamics of child abuse and neglect, experience supporting culturally diverse communities/families, experience in home visitation with a strong background in early childhood prevention services, willingness to engage in building reflective practice, experience with reflective practice. Infant mental health endorsement preferred.

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: \$1,290,001.00

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	\$1,290,001.00	Funding is for personnel services and operating costs associated with Healthy Families Polk	Polk

Subcontract **Section C-2.6 - Reports** is hereby deleted and the following is inserted in lieu thereof:

C-2.6 Reports (programmatic and to support payment)

The OPFF/HFF may approve extensions on any reports 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.

C-2.6.1 Data Submission - The Provider will input all screening, assessment and participant data into the HFF Tracking System as detailed in Section C-3.2.

C-2.6.2 Thriving Together Action Plan - Submit an annual **Thriving Together Action Plan** to Hffdeliverables@ounce.org by May 15th.

- C-2.6.3 Annual Service Review** - Submit a **Annual Service Review**, including all descriptions, analyses and plans according to instructions provided by the HFF central office, on the previous fiscal year to Hffdeliverables@ounce.org by October 15th.
- C-2.6.4 HHS Monthly Summary Report Verification** - Verification email from the Office of Civil Rights will be due close of business by the 3rd calendar day of the following month as detailed in Exhibit A1-7 and A1-9.
- C-2.6.5 Attachment 14 - Quarterly Narrative Report (QNR)** – By the 15th of the month following each quarter, the Program Manager shall deliver a quarterly report containing a success story(ies) via e-mail to hffdeliverables@ounce.org for the previous quarter using the revised **Quarterly Narrative Report**. Sites delivering Mental Health Counselor, Navigator or Circle of Parents services must also complete the applicable sections of the QNR.
- C-2.6.6 Attachment 37 - Monthly Number Served Report** – By the 15th of the month following each month, the Program Manager shall deliver a monthly report containing numbers served for each month via e-mail to hffdeliverables@ounce.org for the previous month using the **Monthly Numbers Served Report** located in the Performance Management System.

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 Hffdeliverables@ounce.org	Attachment 1
Attachment 2 - Health Insurance Portability Accountability Act (HIPAA)	Upon execution of the Subcontract/Amendment	Hffdeliverables@ounce.org	Attachment 2
Attachment 3a – Initial Budget and Revenue Summary	Upon execution of the Subcontract/Amendment	Hffdeliverables@ounce.org	Attachment 3a
Attachment 5 - Certification Regarding Lobbying	Upon execution of the Subcontract/Amendment	Hffdeliverables@ounce.org	Per Section 4.2.4 Attachment 5
Attachment 6 - Civil Rights Compliance Checklist		Hffdeliverables@ounce.org	Per Section 4.1.1.3 Attachment 6
Attachment 36 – Letter of Affidavit for E-Verify		Hffdeliverables@ounce.org	Per Section 7.8.1 Attachment 36
Attachment 38- Foreign Countries of Concern Attestation		Hffdeliverables@ounce.org	Per Section 4.2.2 Attachment 38
Attachment 39- Common Carrier Attestation		Hffdeliverables@ounce.org	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	Hffdeliverables@ounce.org

Attachment 8 - Organizational Chart	Upon execution of the Subcontract/Amendment and prior to staffing pattern changes	Hffdeliverables@ounce.org	Per Exhibit C-2.1.2
Attachment 21 - Letter of Affidavit for DCF Required On-line Training	Upon notification from HFF Central Office	Hffdeliverables@ounce.org	Per Sections 4.1.1.3.7, 5.3.3.3, and 5.4.3
HHS Monthly Summary Report Verification	Verification will be due by 12 noon (Eastern) the 3rd calendar day of the following month, unless the 3 rd falls on a holiday or weekend, then it will be due the Friday before the 3rd	Hffdeliverables@ounce.org	Per Exhibit C-2.6.4
Attachment 3b - Monthly Invoice	Within 15 calendar days of the end of each month	imarlowe@ounce.org	Per Exhibit A-3.3 and A-3.10.1 Attachment 3b
Attachment 37 – Monthly Numbers Served Report		Hffdeliverables@ounce.org	Per Exhibit C-2.6.6
Attachment 14 - Quarterly Narrative Report	April 15, 2026	Hffdeliverables@ounce.org	Per Exhibit C-2.6.5
	July 15, 2026 October 15, 2026 January 15, 2027 April 15, 2027		
	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 October 15, 2029 January 15, 2030 April 15, 2030		
Auxiliary Aids and Services Plan	July 30, 2026 July 30, 2027 July 31, 2028 July 30, 2029	Hffdeliverables@ounce.org	Per Section 4.1.1.3.9
Proof of Insurance Coverage	September 30, 2026 September 30, 2027 September 29, 2028 September 28, 2029	Hffdeliverables@ounce.org	Per Section 4.8

Annual Service Review	October 15, 2026 October 15, 2027 October 16, 2028 October 15, 2029	Hffdeliverables@ounce.org	Per Exhibit C-2.6.3
Attachment 20 - Notarized Affidavit of Level 2 Background Screening	November 30, 2026 November 30, 2027 November 30, 2028 November 30, 2029	Hffdeliverables@ounce.org	Per Sections 4.16, C-2.5.5 and C-2.5.6
HFF Site Policies and Procedures	November 30, 2026 November 30, 2027 November 30, 2028 November 30, 2029	Hffdeliverables@ounce.org	Per Section D-3
Emergency Preparedness Plan	March 31, 2026 March 31, 2027 March 31, 2028 March 30, 2029 March 29, 2030	Hffdeliverables@ounce.org	Per Exhibit D-2
Thriving Together Action Plan	May 15, 2026 May 17, 2027 May 15, 2028 May 15, 2029 May 15, 2030	Hffdeliverables@ounce.org	Per Exhibit C-2.6.2
Attachment 28 - Property Inventory and Disposal Form	DRAFT - May 20, 2026 FINAL - June 22, 2026 DRAFT - May 20, 2027 FINAL - June 21, 2027 DRAFT - May 22, 2028 FINAL - June 20, 2028 DRAFT - May 21, 2029 FINAL - June 20, 2029 DRAFT - May 20, 2030 FINAL - June 20, 2030	Hffdeliverables@ounce.org	Per Exhibit B-7.5, B-7.7 and B-7.8

D-2 Emergency Preparedness Plan.

D.2.1 By March 31st, 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.

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 30th**. The updated Policies and Procedures must be submitted to Hffdeliverables@ounce.org.

Attachment 3a – Initial Budget and Revenue Summary is hereby deleted in its entirety and replaced with a revised **Attachment 3c – Request to Revise Budget with Amendment** for FY 2025-2026.

Attachment 7 – Single Point of Contact is hereby deleted in its entirety and replaced with a revised **Attachment 7 – Single Point of Contact** for FY 2025-2026.

Attachment 31 - Affidavit of Good Moral Character CF 1649 11.2024 is hereby deleted in its entirety and replaced with a revised **Attachment 32 - Affidavit of Good Moral Character CF 1649 2.2025** to correct title for FY 2025-2026.

Attachment 33 – Advance Payment Request is hereby deleted in its entirety and replaced with the correct **Attachment 33 – Advance Payment Request** for FY 2025-2026.

Attachment 40- Request for Reference CF0774 is hereby deleted in its entirety and replaced with a revised **Attachment 40- Request for Reference CF0774** for FY 2025-2026.

Other Funding Contribution Letter is hereby deleted in its entirety and replaced with a revised **Other Funding Contribution Letter** with reduction of funds for FY 2025-2026.

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 **20** 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, 2026
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: _____

Ounce of Prevention Fund of Florida
 Healthy Families Florida
 Request to Revise Budget

Funding Period: 7/1/2025 - 6/30/2026 Date: 3/10/2026
 Lead Entity: Polk County, a political subdivision of the State of Florida
 Project Name: HF Polk
 Contract#: 25-30-05

FOR HFF/HFF USE ONLY:
 APPROVAL

Categories and Line Items	CURRENT BUDGET				BUDGET CHANGES (+) INCREASES / (-) DECREASES				REVISED BUDGET						
	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Other	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Other	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Other
Direct Expenses															
A. Salaries and Wages															
1. Program Manager (1FTE)	\$109,448.00	\$82,086.00	\$27,362.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109,448.00	\$82,086.00	\$27,362.00	\$0.00	\$0.00
2. Supervisor (4 FTEs)	\$208,742.00	\$158,903.00	\$49,839.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$208,742.00	\$158,903.00	\$49,839.00	\$0.00	\$0.00
3. Supervisor (1 FTE)	\$55,341.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55,341.00	\$0.00	\$0.00	\$0.00	\$55,341.00
4. FES's (3 FTE)	\$121,924.00	\$20,321.00	\$0.00	\$0.00	\$0.00	(\$5,085.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$116,839.00	\$15,236.00	\$0.00	\$0.00	\$101,603.00
5. FSES's I (16FTEs)	\$625,900.00	\$356,609.00	\$153,977.00	\$0.00	\$0.00	(\$18,580.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$607,320.00	\$338,029.00	\$153,977.00	\$0.00	\$115,314.00
6. FSES's II (7 FTEs)	\$286,764.00	\$153,837.00	\$51,278.00	\$0.00	\$0.00	(\$36,640.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$250,124.00	\$117,197.00	\$51,278.00	\$0.00	\$81,649.00
7. FSES's III (3 FTE's)	\$137,881.00	\$71,527.00	\$66,354.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137,881.00	\$71,527.00	\$66,354.00	\$0.00	\$0.00
8. Secretary I (3 FTEs)	\$112,019.00	\$57,683.00	\$35,108.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112,019.00	\$57,683.00	\$35,108.00	\$0.00	\$19,228.00
9. Secretary II (1 FTE)	\$43,572.00	\$32,679.00	\$10,893.00	\$0.00	\$0.00	(\$16,340.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$27,232.00	\$16,339.00	\$10,893.00	\$0.00	\$0.00
10. Clinical Manager/Supervisor (.1 FTE)	\$73,112.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,112.00	\$0.00	\$0.00	\$0.00	\$73,112.00
11. Clinician (1 FTE)	\$66,531.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$66,531.00	\$0.00	\$0.00	\$0.00	\$66,531.00
12. APM (Program Supervisor (2 FTE)	\$112,046.00	\$71,191.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112,046.00	\$71,191.00	\$0.00	\$0.00	\$40,855.00
Subtotal Salaries and Wages	\$1,953,290.00	\$1,004,836.00	\$394,811.00	\$0.00	\$553,633.00	(\$76,645.00)	(\$76,645.00)	\$0.00	\$0.00	\$0.00	\$1,876,635.00	\$928,191.00	\$394,811.00	\$0.00	\$553,633.00
B. Payroll Taxes and Benefits	\$916,872.00	\$487,717.00	\$0.00	\$0.00	\$429,155.00	(\$3,754.95)	(\$3,754.95)	\$0.00	\$0.00	\$0.00	\$913,117.05	\$483,962.05	\$0.00	\$0.00	\$429,155.00
C. Program Consultants and Contractual															
1. Background/Fingerprinting/ Screening	\$695.00	\$493.00	\$0.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$695.00	\$493.00	\$0.00	\$0.00	\$202.00
2. Pre-Employment Screening	\$14,749.00	\$0.00	\$0.00	\$0.00	\$14,749.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,749.00	\$0.00	\$0.00	\$0.00	\$14,749.00
3. Information Technology related charges	\$142,271.00	\$0.00	\$0.00	\$0.00	\$142,271.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$142,271.00	\$0.00	\$0.00	\$0.00	\$142,271.00
Subtotal Program Consultants & Contractual	\$157,715.00	\$493.00	\$0.00	\$0.00	\$157,222.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$157,715.00	\$493.00	\$0.00	\$0.00	\$157,222.00
D. Other Consultants and Contractual															
1. Legal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Audit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Accounting	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Deaf and Hard of Hearing Services / Interpreting Se	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Other Consultants and Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Participant Educational Materials															
1. Safety Items	\$3,812.00	\$2,612.00	\$0.00	\$0.00	\$1,200.00	\$0.00	\$1,200.00	\$0.00	\$0.00	(\$1,200.00)	\$3,812.00	\$3,812.00	\$0.00	\$0.00	\$0.00
2. Parent Education Materials	\$2,144.00	\$1,449.00	\$0.00	\$0.00	\$695.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,144.00	\$1,449.00	\$0.00	\$0.00	\$695.00
3. Children's Books	\$1,750.00	\$1,750.00	\$0.00	\$0.00	\$0.00	\$1,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00
4. Developmental Toys	\$2,097.00	\$699.00	\$0.00	\$0.00	\$1,398.00	\$1,601.00	\$2,300.00	\$0.00	\$0.00	(\$699.00)	\$3,698.00	\$2,999.00	\$0.00	\$0.00	\$699.00
5. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Participant Educational Materials	\$9,803.00	\$6,510.00	\$0.00	\$0.00	\$3,293.00	\$2,851.00	\$4,750.00	\$0.00	\$0.00	(\$1,899.00)	\$12,654.00	\$11,260.00	\$0.00	\$0.00	\$1,394.00
F. Consumable Program Supplies	\$3,757.00	\$1,437.00	\$0.00	\$0.00	\$2,320.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,757.00	\$1,437.00	\$0.00	\$0.00	\$2,320.00
G. Assistance to Participants															
1. Education/Testing/Job Training Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,750.00	\$3,750.00	\$0.00	\$0.00	\$0.00	\$3,750.00	\$3,750.00	\$0.00	\$0.00	\$0.00
3. Participant Inventions	\$1,200.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$2,550.00	\$2,550.00	\$0.00	\$0.00	\$0.00	\$3,750.00	\$3,750.00	\$0.00	\$0.00	\$0.00
4. Emergency Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$6,000.00	\$0.00	\$0.00	\$0.00
5. Car Seats, Pak-N-Play, Diapers and Wipes	\$9,550.00	\$9,550.00	\$0.00	\$0.00	\$0.00	\$2,400.00	\$2,400.00	\$0.00	\$0.00	\$0.00	\$11,950.00	\$11,950.00	\$0.00	\$0.00	\$0.00
6. Other	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$3,000.00	\$0.00	\$0.00	\$5,000.00
Subtotal Assistance to Participants	\$15,750.00	\$10,750.00	\$0.00	\$0.00	\$5,000.00	\$17,700.00	\$17,700.00	\$0.00	\$0.00	\$0.00	\$33,450.00	\$28,450.00	\$0.00	\$0.00	\$5,000.00

Ounce of Prevention Fund of Florida
 Healthy Families Florida
 Request to Revise Budget

Categories and Line Items	CURRENT BUDGET				BUDGET CHANGES (+) INCREASES / (-) DECREASES				REVISED BUDGET				
	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Other
H. Office Expenses													
1. Telephone	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00
2. Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Postage and Shipping	\$2,100.00	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,100.00	\$900.00	\$0.00	\$0.00	\$1,200.00
4. Supplies	\$8,973.00	\$1,952.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,973.00	\$1,952.00	\$0.00	\$0.00	\$7,021.00
5. Copying	\$1,923.00	\$823.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,923.00	\$823.00	\$0.00	\$0.00	\$1,100.00
Subtotal Office Expenses	\$42,996.00	\$3,675.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,996.00	\$3,675.00	\$0.00	\$0.00	\$39,321.00
I. Operating Capital Outlay													
1. Machinery & Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Computers & Software	\$1,386.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,386.00	\$0.00	\$0.00	\$0.00	\$1,386.00
3. Furniture	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Operating Capital Outlay	\$1,386.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,386.00	\$0.00	\$0.00	\$0.00	\$1,386.00
J. Lease/Rent													
1. Equipment	\$13,865.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,865.00	\$0.00	\$0.00	\$0.00	\$13,865.00
2. Transportation	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
3. Building	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$1,200.00
Subtotal Lease/Rent	\$17,065.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,065.00	\$0.00	\$0.00	\$0.00	\$17,065.00
K. Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L. Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
M. Staff Travel													
1. Home Visiting Travel Costs	\$83,433.00	\$48,060.00	\$0.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$83,433.00	\$68,060.00	\$0.00	\$0.00	\$15,373.00
2. Training Travel Costs	\$8,379.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,379.00	\$71.00	\$0.00	\$0.00	\$8,308.00
3. Conference (Other) Travel Costs	\$7,752.00	\$0.00	\$0.00	\$0.00	\$5,874.95	\$5,874.95	\$0.00	\$0.00	\$13,626.95	\$5,874.95	\$0.00	\$0.00	\$7,752.00
Subtotal Staff Travel	\$99,564.00	\$48,131.00	\$0.00	\$0.00	\$5,874.95	\$25,874.95	\$0.00	\$0.00	\$105,438.95	\$74,005.95	\$0.00	\$0.00	\$31,433.00
N. Conference Registration Fees and Staff Training Registration Fees													
1. Conference Registration Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00
2. Staff Training Registration Fees	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00
Subtotal Registration Fees	\$25.00	\$25.00	\$0.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$10,025.00	\$10,025.00	\$0.00	\$0.00	\$0.00
O. Membership Fees and Subscriptions													
1. HFA Affiliation Fee	\$7,979.00	\$7,979.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,979.00	\$7,979.00	\$0.00	\$0.00	\$0.00
2. Membership Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Subscription Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Membership Fees and Subscriptions	\$7,979.00	\$7,979.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,979.00	\$7,979.00	\$0.00	\$0.00	\$0.00
P. Advertising	\$1,475.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,475.00	\$0.00	\$0.00	\$0.00	\$1,475.00
Q. Outside Printing and Artwork	\$170.00	\$0.00	\$0.00	\$0.00	\$215.00	\$385.00	\$0.00	\$0.00	\$385.00	\$385.00	\$0.00	\$0.00	\$0.00
R. Other Allowable Costs													
1. Vehicle Maintenance	\$2,851.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00	\$0.00	\$0.00	\$0.00	\$2,851.00
Subtotal Other Allowable Cost	\$2,851.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00	\$0.00	\$0.00	\$0.00	\$2,851.00
DIRECT EXPENSES TOTAL	\$3,230,688.00	\$1,571,553.00	\$394,811.00	\$0.00	(\$43,759.00)	(\$21,690.00)	\$0.00	\$0.00	\$3,186,929.00	\$1,549,863.00	\$394,811.00	\$0.00	\$1,242,255.00
Administrative Expenses													

Ounce of Prevention Fund of Florida
 Healthy Families Florida
 Request to Revise Budget

Categories and Line Items	CURRENT BUDGET					BUDGET CHANGES (+) INCREASES / (-) DECREASES					REVISED BUDGET				
	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Other	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Other	Total Cost of Program	HFF Grant	Cash Contrib.	In-kind Contrib.	Other
Allocated Management and General Overhead, not to exceed 10% of HFF grant amount	\$69,436.00	\$0.00	\$0.00	\$0.00	\$69,436.00	\$0.00	\$21,690.00	\$0.00	\$0.00	(\$21,690.00)	\$69,436.00	\$21,690.00	\$0.00	\$0.00	\$47,746.00
GRAND TOTAL (Direct and Administrative Expenses)	\$3,300,124.00	\$1,571,553.00	\$394,811.00	\$0.00	\$1,333,760.00	(\$43,759.00)	\$0.00	\$0.00	\$0.00	(\$43,759.00)	\$3,256,365.00	\$1,571,553.00	\$394,811.00	\$0.00	\$1,290,001.00

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-25-30-05 Project Name: Healthy Families Polk Date Completed: September 17, 2025

Name	Date SPOC training completed	Position/Title	Agency	Street Address	Mailing Address	Telephone Number	E-Mail Address
Jessica Readon	04/25/2025	Secretary I.	Polk County Board of County Commissioners /Healthy Families Polk	2135 Marshall Edwards Drive Bartow, Fl. 33830	2135 Marshall Edwards Drive Bartow, Fl. 33830	863 534-5257	Jessicareadon@polk-county.net

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/Program Manager*

Date: September 17, 2025



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

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

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

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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: _____

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: _____



**THE OUNCE OF PREVENTION FUND OF FLORIDA
 HEALTHY FAMILIES FLORIDA
 ADVANCE PAYMENT REQUEST**

Project Name: _____ Contract Number _____

An advance payment of one twelfth (1/12) of the subcontract amount may be requested.

 (Amount)

 Grant Year

REQUESTED BY:

PAYEE NAME: _____

PAYEE ADDRESS: _____

Name:
 (Print or Type)

Signature: _____

Title: _____

Date: _____

REVIEWED BY: HEALTHY FAMILIES FLORIDA

Review by: _____

Name: Rebekkah Sheetz

Title: Executive Director

Date: _____

APPROVED BY: THE OUNCE OF PREVENTION FUND OF FLORIDA

Approved by: _____

Name: Jennifer Ohlsen

Title: President & CEO

Date: _____



Office of Inspector General
REQUEST FOR IG REFERENCE CHECK

As part of the screening of an applicant being considered for appointment to a position with the Department of Children and Families (Department) or employed with a Contract or Subcontract Provider, a reference check with the Office of Inspector General (OIG) is required to determine if the individual is or has been the subject of an investigation with the OIG with supported findings. **The request will only be made on the individual that is being recommended to be hired for the position.** if that individual has previously worked for the Department or a Contract or Subcontract Provider, or if that individual is being promoted, transferred, or demoted within the Department or Contract or Subcontract Provider. **DO NOT** submit a request for each applicant being interviewed.

Please note, the OIG has two business days to provide a response to all IG Reference Checks.

All requests must be submitted as a Word document to Request.for.IG.Reference.Check@myflfamilies.com.

A search of the OIG database is needed on the following individual:

Name: (First)	(Middle)	(Last)	Date of Birth:	Driver's License Number:	DL Issued Date:
Alias / Nick Name(s) / Maiden Name:					
Current Physical Address:					
Mailing Address if Different:					
Indicate if the individual is being considered for: <input type="checkbox"/> Rehire <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> New Hire <input type="checkbox"/> Other					
Position(s) and/or Title(s) being considered for:					
Position(s) and/or Title(s) previously held within the Department or Contract or Subcontract Provider:					
Name of previous Department / Contract / Subcontract Provider Employer(s):					
IG Reference Check being requested by:			Reply to:		
Circuit:					
Program Office:					
Institution:					
Provider:					
RESULTS OF IG REFERENCE CHECK:			DATE COMPLETED: _____		

A search of the OIG database has been conducted and the above-named individual **IS NOT NOR HAS BEEN** the subject of an OIG investigation with supported findings.

Pursuant to § 119.071(7)(k), F.S., "A complaint of misconduct filed with an agency against an agency employee and all information obtained pursuant to an investigation by the agency of the complaint of misconduct is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution until the investigation ceases to be active, or until the agency provides written notice to the employee who is the subject of the complaint, either personally or by mail..."

A search of the OIG database has been conducted and the following information is provided:

Within 30 days, return the following response to the OIG (to be completed only if information was provided in response to the IG Reference Check).

- Individual screened was hired for the position.
- Individual screened was not hired for the position.

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



PHONE: 863-534-5202
FAX: 863-519-3709
www.polkfl.gov

HEALTH AND HUMAN SERVICES DIVISION

March 11, 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:

With the approval of the FY25-26 Lapse Plan, there is a reduction of \$43,759.00 to Polk County's Other Contribution as originally outlined in the FY25-26 contract HFF Polk #25-30-05, creating a new Other Contribution total of \$1,290,001.00, down from \$1,333,760.00.

This decrease is due to unfilled positions and turnover in the following roles: one Secretary II, one FES, two FSES II, and one FSES I. This allows us to move the budget for allowable expenses from Other Contribution funding into allowable expenses under the HFF Grant funding. These re-allocations include safety items, developmental toys, home visiting travel costs, business cards, and administrative expenses.

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

Sincerely,

Marcia Andresen

Director, Health and Human Services