

**COMMUNITY HEALTH OFFERING INNOVATIVE CARE & EDUCATIONAL  
SERVICES (CHOICES)  
AGREEMENT BETWEEN ALACHUA COUNTY AND  
STATE OF FLORIDA, DEPARTMENT OF HEALTH, ALACHUA COUNTY HEALTH  
DEPARTMENT**

THIS AGREEMENT made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_ by and between Alachua County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the "County," and the State of Florida, Department of Health, Alachua County Health Department, a State Agency, hereinafter called "Agency." Collectively hereinafter the County and the Agency are referred to as the "Parties".

**WITNESSETH:**

**WHEREAS**, the Alachua County Board of County Commissioners (BOCC) operates the CHOICES health services grant program, administered by the Department of Community Support Services to help uninsured residents by working in partnership with health care providers in Alachua County to ensure the stable provision of quality health care services; and,

**WHEREAS**, the County issued Request for Application (RFA) #20-201 seeking applications, for CHOICES funds, from qualified governmental and non-governmental, non-profit agencies with current 501(c)(3) tax exempt status who provide programs designed to reduce health disparities or improve access to health care for eligible, Alachua County residents; and,

**WHEREAS**, after reviewing application in response to RFA 20-201 the County has deemed the Applicants Program, **We Care Network Medical Services**, and their services as meeting the requirements of the CHOICES program and as beneficial to Alachua County residents,

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the Parties hereby agree as follows:

**Section 1.     Term:**

A.     This agreement is effective upon execution, and continuing through September 30, 2022, unless earlier terminated, as provided herein.

B.     The County's performance and obligation to pay under this Agreement is contingent upon a specific annual appropriation by the Alachua County Board of County Commissioners ("Board"). The Parties hereto understand that this Agreement is not a commitment of future

appropriations. Therefore, the continuation of this Agreement beyond the end of any fiscal year shall be subject to both the appropriation and the availability of funds in accordance with Chapter 129, Florida Statutes, and that the failure of the Board to do so shall not constitute a breach or default of this Agreement.

**Section 2. Scope of Services:**

A. The County agrees to provide funding to the Agency for the program outlined in **Exhibit 1** attached hereto and incorporated herein by reference.

B. The Agency agrees to provide, operate, and fully perform the program described in **Exhibit 1**.

**Section 3. Billing and Compensation:**

A. For the performance of the services detailed in Section 2 of this agreement, the County shall pay the Agency an amount not to exceed **\$65,376.00** as specified below.

B. As a condition precedent for any payment, the Agency shall submit quarterly, unless otherwise agreed in writing by the County, a CHOICES Invoice (**Exhibit 2**) to the County requesting payment for services properly rendered and expenses due. No payment shall exceed one-third (1/3) of the total amount awarded. The Agency invoice shall be accompanied by such documentation or data in support of expenses for which payment is sought as the County may require.

C. Submission of Agency's invoice for final payment shall further constitute Agency's representation to the County that, upon receipt by the Agency of the amount invoiced, all obligations of the Agency to others, including its consultants, incurred in connection with the Program, will be paid in full, that the services or expenses have not been reimbursed by another agency, and that the services provided served a public purpose. The Agency shall submit invoices to the County at the following address.

CHOICES Program Manager  
Alachua County Department of Community Support Services  
218 SE 24<sup>th</sup> Street  
Gainesville, Florida 32641

D. In the event that the County becomes credibly informed that any representations of relating to payment are wholly or partially inaccurate, the County may withhold payment of sums then or in the future otherwise due to the Agency until the inaccuracy, and the cause thereof, is corrected to the County's reasonable satisfaction.

E. Payments for all sums properly invoiced shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes (Local Government Prompt Payment Act).

F. The Agency shall submit its final CHOICES invoice for each CHOICES grant period by November 15<sup>th</sup> of each year. The County has no obligation to provide reimbursement to the Agency for invoices which include expenses incurred in any previous CHOICES grant period if submitted after November 15<sup>th</sup>.

**State of Florida, Department of Health, Alachua County Health Department**  
224 SE 24<sup>th</sup> St  
Gainesville, Florida, 32641

**Section 4. Audit, Records, and Reporting:**

A. The Agency agrees to:

- 1) Maintain financial records and reports relating to utilization of the funds.
- 2) Maintain books, records, document, invoices, and other evidence and accounting procedures and practices such as will permit the Agency to sufficiently and properly reflect all direct costs of any nature associated with the program.
- 3) Permit all such records described in 1) and 2) above to be subject to inspection, review, and audit by the Alachua County Finance and Accounting Department.

B. Reports shall be submitted on the forms and in the formats made available to the Agency. The County reserves the right to change the forms or formats of the reports without prior written notice to the Agency. The reports listed on attached Exhibits 3A, 3B, and 3C are mandatory. the Agency shall submit these reports to the County at the following address:

CHOICES Program Manager  
Alachua County Department of Community Support Services  
218 SE 24<sup>th</sup> Street  
Gainesville, Florida 32641

C. The County may defer payment to the Agency for noncompliance with contract deliverables or program requirements.

**Section 5. Default and Termination:**

A. The failure of the Agency to comply with any provision of this agreement will place the Agency in default. Prior to terminating the agreement, the County will notify the Agency in writing. This notification will make specific reference to the provision which gave rise to the default. The County will give the Agency seven (7) days to submit a plan for curing the default. The CHOICES Program Manager is authorized to provide written notice of default on behalf of the County, and if the default situation is not corrected within the allotted time, the Director of Community Support Services is authorized to provide final termination notice on behalf of the County to the Agency.

B. The County may also terminate the Agreement without cause by providing written notice to the Agency (hereinafter, "Termination for Convenience"). The County Manager is authorized to provide written notice of Termination for Convenience on behalf of the County. Upon such notice, Agency will immediately discontinue all Work affected (unless the notice directs otherwise) and deliver to the County all data, drawings, specifications, reports, estimate, summaries, and such other information and materials as may have been accumulated by the Agency in performing this Agreement, whether completed or in process. In the event of such Termination for Convenience, Agency's recovery against County shall be limited to that portion of the Annual Contract Price earned through the date of termination, but Agency shall not be entitled to any other or further recovery against County, including, but not limited to, damages, consequential or special damages, or any anticipated fees or profit on portions of the Work not performed.

C. If funds to finance this Agreement become unavailable, the County may terminate the Agreement with no less than twenty-four (24) hours' notice in writing to the Agency. The County will be the final authority as to the availability of funds. The County will pay the Agency for all Work completed prior to delivery of notice of termination. In the event of such Termination, Agency's recovery against County shall be limited to that portion of the Annual Contract Price earned through the date of termination, but Agency shall not be entitled to any other or further recovery against County, including, but not limited to, damages, consequential or special damages, or any anticipated fees or profit on portions of the Work not performed.

**Section 6. Monitoring:** To the extent law, statute or ordinance does not limit a grant of access solely by the authority of the Agency, the Agency, by accepting public funds, agrees to permit persons duly authorized by the County to inspect all records, papers, documents, facilities, goods, and services of the Agency and interview any employees and clients of the Agency to be assured of satisfactory performance of the terms and conditions of this Agreement. When applicable, the County will identify any deficiencies to the Agency in writing and the Agency will prepare a corrective action plan to rectify all deficiencies noted. the Agency failure to correct the deficiencies within the agreed upon time period may result in the County withholding payments or the Agency being deemed in breach or default resulting in termination of this Agreement.

**Section 7. Modifications:**

A. This agreement may be modified and amended by mutual agreement of the parties; however, any modification shall only become effective upon incorporation of a written amendment to this agreement, duly executed by both parties. The parties further agree to renegotiate this agreement if federal and/or state revision of any applicable laws or regulations makes changes in this agreement necessary.

B. County staff may accept and approve revisions to scope of services and Budget and Unit of Service Cost Worksheet provided the revisions are consistent with the original submitted proposal and that such requests are made and agreed to in writing. Requested revisions may not include additional fiscal impact or changes to BoCC approved annual funding allocation.

**Section 8. Notices:** Except as otherwise provided in this Agreement any notice of default or termination from either party to the other party must be in writing and sent by certified mail, return receipt requested, or by personal delivery with receipt. All notices shall be deemed delivered two (2) business days after mailing, unless delivered by personal delivery in which case delivery shall be deemed to occur upon actual receipt by the other party. For purposes of all notices, Agency's and County representative are:

Alachua County: Director  
Dept. of Community Support Services  
218 SE 24<sup>th</sup> Street  
Gainesville, Florida 32641

Agency: Paul Myers  
Florida Dept of Health-Alachua  
224 SE 24<sup>th</sup> St  
Gainesville, Florida 32641

A copy of any notice shall also be sent to:

Alachua County: J.K. "Jess" Irby, Esq.  
Clerk of the Circuit Court  
12 SE 1<sup>st</sup> Street  
Gainesville, Florida 32602  
Attn: Finance and Accounting

And to  
Procurement Division

12 SE 1<sup>st</sup> Street  
Gainesville, Florida 32601  
Attn: Contracts

**Section 9. Assignment of Interest:** Neither party will assign or transfer any interest in this agreement without prior written consent of the other party.

**Section 10. Independent Contractor:**

A. In the performance of this agreement, the Agency will be acting in the capacity of an independent contractor and not as an agent, employee, partner, joint venture, or associate of the County. The Agency is solely responsible for the means, method, techniques, sequence, and procedure utilized by the Agency in the full performance of this agreement. Neither the Agency nor any of its employees, officers, agents or any other individual directed to act on behalf of the Agency for any act related to this Agreement shall represent, act, or purport to act or be deemed to be the agent, representative, employee or servant of the County.

B. For Independent Contractors outside the construction industry with fewer than four employees choosing not to secure workers' compensation coverage under the Florida Workers' Compensation Act, the Independent Contractor outside the construction industry verifies that it has posted clear written notice in a conspicuous location accessible to all employees, telling employees and others of their lack of entitlement to workers' compensation benefits.

C. Policies and decisions of the Agency, which may be represented by the Agency in performance of this Agreement, shall not be construed to be the policies or decision of the County.

**Section 11. Indemnification:**

A. Agency, as a state agency, agrees to be fully responsible for acts of negligence by its officers, employees or agents, when acting within the scope of their employment or agency, and agrees to be liable for any damages resulting from said negligence, as provided in Section 768.28, Florida Statutes. Nothing herein is intended to serve as a waiver of sovereign immunity by any party to whom sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency or subdivision of the State of Florida to be sued by third parties.

B. Nothing contained herein shall constitute a waiver by the County of sovereign immunity or the provisions or limits of liability of §768.28, Florida Statutes.

**Section 12. Laws & Regulations:** The Agency will comply with all laws, ordinances, regulations, and building code requirements applicable to the work required by this agreement.

The Agency is presumed to be familiar with all state and local laws, ordinances, code rules and regulations that may in any way affect the work outlined in this agreement. If the Agency is not familiar with state and local laws, ordinances, code rules and regulations, the Agency remains liable for any violation and all subsequent damages or fines.

**Section 13. Non-Waiver:** The failure of either party to exercise any right shall not be considered a waiver of such right in the event of any further default or non-compliance.

**Section 14. Severability:** If any provisions of this agreement shall be declared illegal, void or unenforceable, the other provisions shall not be affected but shall remain in full force and effect.

**Section 15. Entire Agreement:** This agreement contains all the terms and conditions agreed upon by the parties.

**Section 16. Collusion:** By signing this agreement, the Agency declares that this agreement is made without any previous understanding, agreement, or connections with any persons, contractors or corporations and that this agreement is fair, and made in good faith without any outside control, collusion, or fraud.

**Section 17. Conflict of Interest:** The Agency warrants that neither it nor any of its employees have any financial or personal interest that conflicts with the execution of this agreement. The Agency shall notify the County of any conflict of interest due to any other clients, contracts, or property interests.

**Section 18. Third Party Beneficiaries:** This agreement does not create any relationship with, or any rights in favor of, any third party.

**Section 19. Governing Law and Venue:** This agreement is governed in accordance with the laws of the State of Florida. Venue is in Alachua County.

**Section 20. Construction:** This agreement shall not be construed more strictly against one party than against the other merely by virtue of the fact that it may have been prepared by one of the parties. It is recognized that both parties have substantially contributed to the preparation of this agreement.

**Section 21. Project Records:**

**A. General Provisions:**

1) Any document submitted to the County may be a public record and is open for inspection or copying by any person or entity. "Public records" are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency per Section 119.011(11), Florida Statutes. Any document is subject to inspection and copying unless exempted under Chapter 119, Florida Statutes, or as otherwise provided by law.

2) In accordance with Section 119.0701, Florida Statutes, the Agency (referred hereinafter in all of the "Project Records" section collectively as "Agency"), *when acting on behalf of the County*, as provided under 119.012(2), F.S., shall keep and maintain public records as required by law and retain them as provided by the General Record Schedule established by the Department of State. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time unless exempted under Chapter 119, Florida Statutes, or as otherwise provided by law. Additionally, the Agency shall provide the public records at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

3) The Agency shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement and following completion of this Agreement if the Agency does not transfer the records to the County.

## **B. Confidential Information**

1) During the term of this Agreement or license, the Agency may claim that some or all of Agency's information, including, but not limited to, software documentation, manuals, written methodologies and processes, pricing, discounts, or other considerations (hereafter collectively referred to as "Confidential Information"), is, or has been treated as confidential and proprietary by Agency in accordance with Section 812.081, Florida Statutes, or other law, and is exempt from disclosure under the Public Record Act. Agency shall clearly identify and mark Confidential Information as "Confidential Information" or "CI" and the County shall use reasonable efforts to maintain the confidentiality of the information properly identified by the Agency as "Confidential Information" or "CI."

2) The County shall promptly notify the Agency in writing of any request received by the County for disclosure of Agency's Confidential Information and the Agency may assert any exemption from disclosure available under applicable law or seek a protective order against disclosure from a court of competent jurisdiction.



C. **Project Completion:** Upon completion of, or in the event this Agreement is terminated, the Agency, *when acting on behalf of the County* as provided under 119.011(2), F.S., shall transfer, at no cost, to the County all public records in possession of the Agency or keep and maintain public records required by the County to perform the service. If the Agency transfers all public records to the County upon completion or termination of the agreement, it must destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Agency keeps and maintains public records upon the completion or termination of the agreement all applicable requirements for retaining public records shall be met. All records stored electronically shall be provided to the County, upon request from the Counties custodian of public records, in a format that is compatible with the information technology systems of the County.

**D. Compliance**

1) An Applicant who fails to provide the public records to the County within a reasonable time may be subject to penalties under s. 119.10

**IF THE AGENCY HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE AGENCY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE COUNTY REPRESENTATIVE AT [E-MAILpublicrecordsrequest@alachuacounty.us](mailto:publicrecordsrequest@alachuacounty.us) PHONE (352) 384-3132 Address 12 SE 1<sup>st</sup> Street, Gainesville, FL 32601**

**Section 22. Communications:** The Agency shall maintain a working e-mail address and shall respond to e-mail communications from the CHOICES Program Manager or other CHOICES representative within 24 (twenty-four) business hours from the time the e-mail was received electronically. The Agency agrees to notify the CHOICES Program Manager of any changes in e-mail, staff, Board of Directors, postal mailing address, etc. within 24 (twenty-four) hours of the change. The Agency agrees to add the e-mail and postal mailing addresses of the CHOICES Program Manager to any mailing lists utilized for the purpose of announcements, status reports, and the like.

**Section 23. No Religious or Sectarian Requirement:** In accordance with Article 1, Section 3, Florida Constitution, and other applicable law, the funding provided under this Agreement may not be used in aid of any church, sect, or religious denomination or in aid of any sectarian institution. The program shall not promote the religion of the provider, be significantly sectarian in nature, involve religious indoctrination, require participation in religious ritual, or encourage the preference of one religion over another.

**Section 24. Award Acknowledgement of Support:**

A. The Agency agrees to acknowledge the Alachua County Board of County Commission's support in all materials and announcements regarding this award, according to directives issued by the County. The phrase, "Supported by the Alachua County Board of County Commission's Community Health Offering Innovative Care & Educational Services (CHOICES)", is to be added to all published material, announcements and websites related to this funding. Any use by Agency of any County Logo or other identifying design must be approved in advance by the County's Communications Office.

**Section 25. Counterparts:** This agreement may be executed in any number of and by the different parties hereto on separate counterparts, each of which when so executed shall be deemed to be an original, and such counterparts shall together constitute but one and the same instrument. Receipt via fax or email with pdf attachment by a party or its designated legal counsel of an executed counterpart of this Amendment shall constitute valid and sufficient delivery in order to complete execution and delivery of this Amendment and bind the parties to the terms hereof.

**Section 26. Attachments:** All attachments to this agreement are incorporated into and made part of this agreement by reference.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed for the uses and purposes therein expressed on the day and year first above-written.

ALACHUA COUNTY, FLORIDA

By: \_\_\_\_\_,  
Chair, Board of County Commissioners

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

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
J.K "Jess" Irby, Esq., Clerk

\_\_\_\_\_  
Alachua County Attorney's Office

(SEAL)

ATTEST (By Corporate Officer)

By: *Tony Campo*  
Print: Tony Campo  
Title: Pub. Adm.

AGENCY

By: *R. A. Dolz*  
Print: ROGER A. DOLZ  
Title: SENIOR PUBLIC HEALTH SERVICES MANAGER  
Date: 9/12/19

INCORPORATED OR ARE OTHERWISE NOT A NATURAL PERSON, PLEASE PROVIDE A CERTIFICATE OF INCUMBANCY AND AUTHORITY, OR A CORPORATE RESOLUTION, LISTING THOSE AUTHORIZED TO EXECUTE CONTRACTS. IF A NATURAL PERSON, THEN YOUR SIGNATURE SHOULD BE NOTARIZED. SAMPLE FORMATS FOR NOTARY ARE AVAILABLE ON THE INTRANET UNDER THE PURCHASING/PROCUREMENT SECTION.

8 ATTACHMENTS:

1. Exhibit 1 Scope of (Program) Services
2. Exhibit 1A Budget and Unit Cost Worksheet
3. Exhibit 2: Invoice Form
4. Exhibit 3: Required Reports
5. Exhibit 3A – Performance Outcome Report
6. Exhibit 3B – Program Statistics
7. Exhibit 3C Success Story
8. Exhibit 4 Change Notification Form

## **Exhibit 1 Scope of (Program) Services**

*Alachua County Community Health Offering Innovative Care & Educational Services (CHOICES)*

**Agency: Florida Department of Health in Alachua County**

**Program: We Care Network Medical Services**

**Awarded Amount: \$65,376.00**

**A. Program Description: The We Care Network provides necessary medical and dental services to eligible residents of Alachua County through a comprehensive network of volunteer physicians, dentists, hospitals, and ancillary care providers. The network follows accepted medical guidelines such as continuity of care and clients are referred to physicians within their community of care as determined by previous access. Clients are thoroughly oriented to the program, receive instruction on proper navigation of healthcare services, and receive ongoing case management services during the certification period.**

## Exhibit 1A Budget and Unit of Service Cost Worksheet

<b>CHOICES Budget and Unit Cost Worksheet</b>						
Agency name:				Program Name:		
	FDOH-Alachua				We Care Medical	
Person completing:		Phone:			E-Mail Address:	
	Melissa Laliberte		(352) 334-7925			melissa.laliberte@flhealth.gov
		<b>Cost of Providing</b>				
		<b>Program Services</b>				
		Program Service 1	Program Service 2	Program Service 3	Program Service 4	Program Service 5
<b>Program Expense Category</b> (position titles, supplies, materials, etc.)	Medical Referrals					<b>Total Expenses</b>
1 Referral Intake Front Desk	\$1,158					\$1,158
2 Referral Intake Staff Assistant	\$1,671					\$1,671
3 Eligibility Comp. Staff Assistant	\$3,341					\$3,341
4 Eligibility Comp. Front Desk	\$1,448					\$1,448
5 Eligibility Comp. Medical Coord.	\$13,255					\$13,255
6 Case Mgmt Medical Coord.	\$33,140					\$33,140
7 Exit Processing Staff Assistant	\$1,671					\$1,671
8 Exit Processing File Clerk	\$444					\$444
9 Post-Referral Act. Front Desk	\$6,372					\$6,372
10 General Office Supply Budget	\$2,723					\$2,723
<b>TOTAL EXPENSES:</b>	<b>\$65,223</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$65,223</b>
Your Unit of Service Measure:	Completed Referrals					
Planned Units of Service*:	330					
Cost per Unit of Service**:	\$197.65	\$0.00	\$0.00	\$0.00	\$0.00	
<i>*Show your calculations re: any revised, Planned Units of Service, above:</i>						
<i>**The software automatically calculates this figure.</i>						

**EXHIBIT 2: CAPP/CHOICES PROGRAM UNIT COST INVOICE**  
**(check appropriate invoice payment source, below)**

Community Agency Partnership Program (CAPP) Invoice \_\_\_\_\_

Community Health Offering Innovative Care & Educational Services (CHOICES) Invoice \_\_\_\_\_

<b>Today's date:</b>	
<b>Invoice time period:</b>	<b>From</b> ___ / ___ / ___ <b>to</b> ___ / ___ / ___
<b>Amount of reimbursement requested*:</b>	<b>\$</b> _____
<b>Agency name:</b>	State of Florida, Department of Health, Alachua County Health Department
<b>Program name:</b>	We Care Medical Services
<b>Amount of BoCC-approved grant award:</b>	\$65,376.00
<b>Cumulative total % of award \$s requested to date (including this request):</b>	_____ %
<b>Name &amp; title of invoice preparer:</b>	_____
<b>E-mail &amp; phone # of invoice preparer:</b>	_____

\*No invoice request may exceed one-third of your approved grant award amount.

**(a) Unit cost factor description (from your BoCC-approved *CHOICES Budget and Unit of Cost Worksheet*):** \_\_\_\_\_

**(a) # of units of service this invoicing period:** \_\_\_\_\_

**(b) Approved \$ rate per unit of services (from your BoCC-approved *CHOICES Budget and Unit of Cost Worksheet*):** \_\_\_\_\_

**(c) Total request for reimbursement this invoicing period (i.e., (b) # of units x (c) \$ rate per unit):** \_\_\_\_\_

**Address where payment should be sent:**

**(complete this section even if you have an existing EFT account)**

**Alternate payment option:**

Do you want payment issued via Electronic Funds Transfer (EFT)?  Yes  No

If “yes”, do you have a completed EFT form on file with Alachua County?  Yes  No (If “no”, please contact the CAPP / CHOICES Manager to request this form.)

If your agency has a completed EFT form on file, has any of your agency’s banking information changed since filing this form?  Yes  No (If “yes”, please contact the CAPP / CHOICES Manager to request a new form.) Per my agency’s CAPP/CHOICES Agreement with Alachua County, I hereby declare that the goods/services for which this invoice has been prepared have been properly and timely performed and at the level of service reflected herein, are allowable based on the agency’s BoCC-approved CAPP Budget and Unit of Cost Worksheet, have served a public purpose, that such expenses have been reasonably incurred in accordance with the CAPP/CHOICES Agreement, that the services or expenses have not been reimbursed by another agency, that all obligations of the agency covered by prior invoices have been paid in full, and that the amount requested is currently due and owing, there being no reason known to me that payment of any portion thereof should be withheld.

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**Signature and title of authorized agency representative      Date**



## Exhibit 3: Required Reports

Reporting Period	Report Name	Due Date
October 1 – March 31	1. Agency Service Delivery Output / Outcome Activity Report (Exhibit 3A)  2. Report of Client Demographics and Economically Disadvantaged Status (Exhibit 3B)	April 15 <sup>th</sup>
April 1 – September 30	1. Agency Service Delivery Output / Outcome Activity Report (Exhibit 3A)  2. Report of Client Demographics and Economically Disadvantaged Status (Exhibit 3B)  3. Success Story (Exhibit 3C)	October 15 <sup>th</sup>

Please submit these reports **via e-mail or hard copy** to Alachua County to the attention of the following:

CAPP / CHOICES Program Manager  
 Alachua County Department of Community Support Services  
 218 SE 24<sup>th</sup> Street  
 Gainesville, FL 32641

## EXHIBIT 3A: CHOICES Agency Service Delivery Output / Outcome Activity Report

Agency name:

Fiscal year:

Program name:

Report period: \_\_\_ 6-mos. \_\_\_ 12 mos.

Person completing report:

Phone / E-mail:

AGENCY OUTPUT (individualized for the agency)	Contract goal (for the year)	Reporting period goal	Reporting period actual to goal	Reporting period % of goal attained
Output measure: # of clients served, unduplicated	125			
AGENCY OUTCOME(S) (individualized for the agency)				
Outcome measure #1: Number of Completed Referrals	330			
Outcome measure #2:				

Additional comment(s) (if desired):

## EXHIBIT 3B: CHOICES Report of Client Demographics and Economically Disadvantaged Status

Agency name:

Fiscal year:

Program name:

Report period: \_\_\_ 6 mos. \_\_\_ 12 mos.

Person completing report:

Phone / E-mail:

1. Does your agency only serve **individual clients** with your CHOICES funding? Yes \_\_\_ No \_\_\_ If "yes", please complete the following table for **Alachua County** residents, only. If "no", proceed to item 2, below.

**# of unduplicated clients served (i.e. counted only 1 time per grant year)**

<b>Gender (individual clients)</b>	Male	
	Female	
	Other/Unknown	
	<b>Total</b>	
<b>Age (individual clients)</b>	Under 19 yrs. of age	
	19-54 yrs.	
	55+ yrs.	
	Unknown	
	<b>Total</b>	
<b>Race / Ethnicity (individual clients)</b>	White	
	Black	
	Hispanic/Latino	
	Asian	
	American Indian	
	Other/multi-racial	
	Unknown	
	<b>Total</b>	
<b>Income status (individual clients)</b>	Recipient household at ≤ 150% of Federal Poverty Level (\$ income)	
	Recipient household with at least 1 member receiving a government issued low income benefit award	
	Recipient household with at least 1 member accorded a government issued disability status	
	Recipient household with at least 1 member accorded a documented domestic violence status	
	Other (define):	
	<b>Total</b>	

## EXHIBIT 3B: CHOICES Report of Client Demographics and Economically Disadvantaged Status

2. Does your agency serve **family units, only**, as your clients? Yes \_\_\_ No \_\_\_ If “yes”, please complete the table, below, for all **Alachua County family units** served. If “no”, skip to item #3, below.

Income status (if serving family units, only)	# unduplicated families served (i.e., counted only 1 time per grant year):
Recipient family units at ≤ 150% of Federal Poverty Level (\$ income)	
Recipient family units in which at least 1 member is receiving a government issued low income benefit award	
Recipient family units in which at least 1 member is accorded government issued disability status	
Recipient family units in which at least 1 member is a domestic violence victim	
Recipient family units in which “other” low income status applies (please identify here):	
<b>Total:</b>	

3. Does your agency’s CHOICES-funded program serve **both individual clients AND family units**? Yes \_\_\_ No \_\_\_ If “yes”, indicate here and complete the tables in items #1 (individual clients) and #2 (families), above, for all those residing in Alachua County.
4. Does your agency serve only **other agencies**? Yes \_\_\_ No \_\_\_ If “yes”, please identify by name each of those **unduplicated Alachua County-based organizations** that your agency assisted with CHOICES funding for this reporting period and briefly describe the nature of those services provided.

	Name of Alachua County agency being served with CHOICES funds (i.e., counted only 1 time per grant year)	Nature of services provided to this agency
1		
2		
3		
4		
5		
6		
7		

	<b>Name of Alachua County agency being served with CHOICES funds (i.e., counted only 1 time per grant year)</b>	<b>Nature of services provided to this agency</b>
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

5. Additional comment(s) / clarification regarding any of the above reporting items: (use additional sheet(s) as needed)

## EXHIBIT 3C: CHOICES Success Story for 12-Month Reporting Period

**Agency name:**

**Fiscal year:**

**Program name:**

**Report period:** 12 mos.

**Person completing report:**

**Phone / E-mail:**

In the text field below, please provide your own narrative OR a client testimonial OR an excerpt from another source suitable for publication regarding an individual client, client family or client organization served by your agency this grant year (do not identify the individual or family by last name, please).

This text should describe or reflect the positive impact that CHOICES-funded service(s) made on this individual, household or organizational entity. Please limit your narrative to a maximum of 1,000 characters (i.e., no more than 1 paragraph please). Photos may also be submitted, if accompanied by (a) a signed and dated release from the subject(s) in the photo or the parent or legal guardian of any minor subject(s) in the photo giving his / her / their permission to use this material in any Alachua County report or publication and (b) a caption provided by your agency describing the significance of the photo.

## EXHIBIT 4: UPDATE / CHANGE NOTIFICATION FORM

Community Health Offering Innovative Care and Educational Services (**CHOICES**) Program \_\_\_\_\_

**AGENCY:**

**PROGRAM NAME:**

**TYPE OF UPDATE/CHANGE:**

- CAPP / CHOICES Program Staff
- CAPP / CHOICES Program Staff E-mail Address
- Agency E-mail Address
- Agency Postal Mailing Address
- Agency Street Address
- Other

**UPDATED INFORMATION BEING REPORTED:**

**THE DATE CHANGE WILL BECOME EFFECTIVE:**

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**Signature and title of authorized agency representative**

**Date**