

CONTRACT SUMMARY

Division/CHD/Office:	PHSPM
Provider Name:	Florida Association of Free and Charitable Clinics, Inc.
Contract Number:	COREL R3
Original Contract Amount:	\$10,000,000
Total Contract Amount (executed actions):	29,500,000
Original Contract Start Date:	07/16/2016
Contract End Date (executed actions):	06/30/19

DESCRIPTION OF CONTRACTUAL SERVICES:

This contract is a legislative appropriation to support FAFCC member clinics, through a grant program to expand capacity and surrounding support in delivering services and sustain operations as well as expand service to uninsured Floridians. This appropriation will provide for clinic capacity to increase medical, dental and behavioral health to low-income and uninsured Floridians.





CONTRACT ACTION:

AMENDMENT(Y/N):	N	AMENDMENT AMOUNT:	NA
CHANGE TO TERM(Y/N):		START DATE:	END DATE:
RENEWAL:	R3	RENEWAL AMOUNT:	\$9,500,000
START DATE:	07/01/19	END DATE:	06/30/20

DESCRIPTION OF CONTRACT AMENDMENT ACTION:

NA

DOH APPROVALS: The following reviewers have reviewed and approved this action for execution.

	LAST NAME	FIRST INITIAL	APPROVAL ROLE	DOCUSIGN APPROVAL Initials Only	DOCUSIGN APPROVAL DATE
1.	Reich	D	Contract Manager		6/24/2019
2.	Dunn	N	Supervisor		6/24/2019
3.	Johnson	J	Director/ Officer		
4.	Martin	M	Budget Approval		6/25/2019
5.	Itwaru-Womack	R	Contract Admin.		6/21/2019

This contract complies with all of the requirements, below, and each contract action has been reviewed and approved by DOH General Counsel.

- A statement of work, quantifiable and measurable deliverables, performance measures, and financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value

STATE OF FLORIDA
DEPARTMENT OF HEALTH
CONTRACT RENEWAL # COREL R3
ORIGINAL CONTRACT # COREL

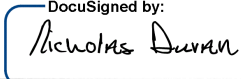
THIS RENEWAL is entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and Florida Association of Free and Charitable Clinics, Inc. hereinafter referred to as the "Provider."

As stated on page 13, Attachment I, Section D.1., Contract Renewal, of Contract # COREL, the Department is exercising its option to renew this contract as mutually agreed to by both parties beginning on July 1, 2019, and ending on June 30, 2020, in an amount not to exceed \$10,000,000 as stated in the original contract.

All terms and conditions of said original Contract and any supplements and amendments thereto will remain in force and effect for this renewal.

IN WITNESS WHEREOF, the parties have executed this Renewal by their undersigned officials as duly authorized.

PROVIDER: FLORIDA ASSOCIATION OF FREE AND CHARITABLE CLINIC, INC.

SIGNATURE: 
DocuSigned by:
2C786D303D59419...

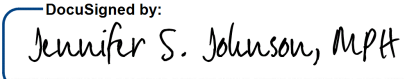
PRINT/TYPE NAME: NICHOLAS DURAN

TITLE: EXECUTIVE DIRECTOR

DATE: 6/21/2019

FEDERAL EID# (OR SSN): 49-3502696

STATE OF FLORIDA, DEPARTMENT OF HEALTH

SIGNATURE: 
DocuSigned by:
D149FC75DE12491...
PRINT/TYPE NAME: JENNIFER S. JOHNSON, MPH.

TITLE: DIRECTOR, DIVISION OF PUBLIC HEALTH STATISTICS AND PERFORMANCE MANAGEMENT, INTERIM ASSISTANT DEPUTY SECRETARY FOR HEALTH

DATE: 6/25/2019

Certificate Of Completion

Envelope Id: 88C9DD805CF743AAA49F9F6E40E098E1

Status: Completed

Subject: Contract COREL-R3: Please DocuSign this renewal from the Florida Department of Health

Source Envelope:

Document Pages: 2

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 5

Rashena Itwaru-Womack

AutoNav: Enabled

Rashena.Itwaru-Womack@flhealth.gov

Envelopeld Stamping: Enabled

IP Address: 167.78.4.18

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original

Holder: Rashena Itwaru-Womack

Location: DocuSign

6/20/2019 2:49:32 PM

Rashena.Itwaru-Womack@flhealth.gov

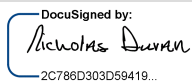
Signer Events

Nicholas Duran

Nick@fafcc.org

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:

2C786D303D59419...

Signature Adoption: Pre-selected Style

Using IP Address: 50.196.76.205

Timestamp

Sent: 6/20/2019 3:04:43 PM

Viewed: 6/21/2019 2:58:34 PM

Signed: 6/21/2019 2:59:24 PM

Electronic Record and Signature Disclosure:

Accepted: 6/28/2017 3:04:31 PM

ID: 3a400517-7401-4df9-ad85-56bf39bcdde

Matthew Martin

Matthew.Martin@flhealth.gov

Security Level: Email, Account Authentication
(None)

DS


Signature Adoption: Pre-selected Style

Using IP Address: 167.78.12.137

Sent: 6/21/2019 2:59:25 PM

Resent: 6/24/2019 4:26:12 PM

Resent: 6/24/2019 4:36:07 PM

Viewed: 6/25/2019 7:16:39 AM

Signed: 6/25/2019 7:16:47 AM

Electronic Record and Signature Disclosure:

Accepted: 6/25/2019 7:16:39 AM

ID: 77d11204-d01e-42d7-bfa0-e39b117eebb7

Rashena Itwaru-Womack

rashena.itwaru-womack@flhealth.gov

OPS GOVERNMENT OPERATIONS

CONSULTANT II

Florida Department of Health

Security Level: Email, Account Authentication
(None)

DS


Signature Adoption: Pre-selected Style

Using IP Address: 167.78.14.117

Sent: 6/21/2019 2:59:25 PM

Viewed: 6/21/2019 3:57:00 PM

Signed: 6/21/2019 3:57:05 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Debbie Reich

Debbie.Reich@flhealth.gov

Security Level: Email, Account Authentication
(None)

DS


Signature Adoption: Pre-selected Style

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
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Signed: 6/24/2019 4:11:07 PM

Electronic Record and Signature Disclosure:

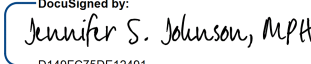
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ID: d84626b1-5768-4868-9489-bce7a948720f

Signer Events	Signature	Timestamp
Nathan Dunn Nathan.Dunn@flhealth.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 167.78.29.42	Sent: 6/21/2019 2:59:25 PM Resent: 6/24/2019 4:26:13 PM Resent: 6/24/2019 4:36:07 PM Viewed: 6/24/2019 4:39:49 PM Signed: 6/24/2019 4:40:27 PM

Electronic Record and Signature Disclosure:
Accepted: 6/24/2019 4:39:49 PM
ID: 8ab3a3a8-dde2-4f48-858e-0e28b119c9fb

Jennifer S. Johnson, MPH
Jennifer.Johnson@flhealth.gov
Security Level: Email, Account Authentication (None)

DocuSigned by:

D149FC75DE12491...

Signature Adoption: Pre-selected Style
Using IP Address: 167.78.29.49

Sent: 6/25/2019 7:16:48 AM
Viewed: 6/25/2019 8:59:54 AM
Signed: 6/25/2019 9:00:09 AM

Electronic Record and Signature Disclosure:
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ID: 8cdb9e8e-031c-46e5-b630-d7c2d4483f81

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Debbie Reich
Debbie.Reich@flhealth.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 6/20/2019 3:04:43 PM
Viewed: 6/20/2019 3:06:27 PM

Electronic Record and Signature Disclosure:
Accepted: 6/24/2019 4:00:11 PM
ID: d84626b1-5768-4868-9489-bce7a948720f

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	6/25/2019 7:16:48 AM
Certified Delivered	Security Checked	6/25/2019 8:59:54 AM
Signing Complete	Security Checked	6/25/2019 9:00:09 AM
Completed	Security Checked	6/25/2019 9:00:09 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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- ii. send us an e-mail to antonio.dawkins@flhealth.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">•Allow per session cookies•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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