

AMENDMENT # 0083

Contract # QD1A9

Effective the latter of May 20, 2021 or the last date of the signatories, this amends the above referenced **Contract as follows:**

1. The attached Executive Compensation Annual Report, PCMT-08-2021, is added and is due on an annual basis by May 1st of each year.
2. In C3-2, last addressed in Amendment #0074, the following is added to the Required Financial Forms and Documents chart:


<b>Executive Compensation Annual Report</b>	Executive Order 20-44	Initial, Annual	Prior to execution, Annual May 1
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3. All provisions in the contract and any attachments thereto in conflict with this amendment are changed to conform with this amendment. All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract. This amendment and all its attachments are made a part of the contract.

**IN WITNESS THEREOF**, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER: Central Florida Behavioral Health Network, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES:

SIGNED BY: 

SIGNED BY: Shevaun Harris

NAME: Julie Patel

NAME: Shevaun L. Harris

TITLE: CFO

TITLE: Secretary

DATE: 05.24.2021

DATE: 6/2/2021 | 11:56 AM EDT

## Executive Compensation Annual Report

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

### Section 1: Attestation

I attest to my authority to make binding representations on behalf of the entity listed below, that the information contained in this document is accurate and complete to the best of the below-listed entity's knowledge, and that both I and the below-listed entity intend the Department rely upon the information contained in this document in performance of its official duties under FFATA, state law, and Executive Order 20-44.

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Department Contract Numbers

\_\_\_\_\_  
DUNS Number

\_\_\_\_\_  
Printed Name of Authorized Person

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

### Section 2: Qualifying Questions

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

**Yes**

**No**

2) Over the past fiscal year, did the Entity receive 50% or more of its budget from either the State of Florida or from a combination of State and Federal funds?

**Yes**

**No**

3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in total federal funding, (b) the federal funds so received accounted for more than 80% of the Provider's annual gross revenue, and (c) was the compensation of top five executives for the preceding fiscal year not available publicly?

**Yes**

**No**

If the answer to **any** question in this section is Yes, you must proceed to and complete **Section 3**. Otherwise, submit this form to your relevant Department Contract Manager.

### Section 3: Annual Executive Compensation Report

Attach the latest copy of the Entity's most recent IRS Form 990 and complete the following. If the IRS 990 form is unavailable for the last fiscal year, please explain why:

List the Entity's current directors, board members, chief executive officer, chief financial officer, chief operating officer, and any other person performing equivalent functions by their title, the person's total annual compensation, and the percentage of compensation from state (FL %) or federal (Fed %) allocations. If any executive compensation changes prior to the next annual report, the Entity must submit an updated version of this report incorporating those changes. Total annual compensation includes salary, bonuses, cashed-in-leave, cash equivalents, paid personal leave, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout [see also 17 CFR 229.402(c)(2)]. Include the percentage of the total compensation directly from the state or federal allocations to the contracted entity. If any of the above-listed persons also receive compensation from organizations that: (a) created or were created by the Entity; (b) that were created by any of the above-listed persons whose compensation therefrom also derives from state or federal allocations; or (c) contract with the Entity, then identify the organization(s), their relationship with the Entity or the above listed person, and that person's annual compensation from each such organization, and the percentage of that compensation from state (FL %) or federal (Fed %) allocations.

Name	Title	Total Annual Compensation	FL %	Fed %	FL and Fed % (Total)