

CONTRACT SUMMARY

Division/CHD/Office:	PHSPM
Provider Name:	Florida Association of Free and Charitable Clinics, Inc.
Contract Number:	COREL R2
Original Contract Amount:	10,000,000
Total Contract Amount (executed actions):	19,000,000
Original Contract Start Date:	07/16/2016
Contract End Date (executed actions):	06/30/18

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:	R2	RENEWAL AMOUNT:	\$9,500,000
START DATE:	07/01/18	END DATE:	06/30/19

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		5/17/2018
2. Holden	D	Chief/CHD Program		5/11/2018
3. Johnson	J	Director/ Officer		5/21/2018
4. Courtney	A	Budget Approval		5/17/2018
5. Davis	D	Contract Admin.		5/11/2018

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 R2

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 “Provider.”

As stated on page 13 Attachment I, Section D, of Contract # COREL and Ch. 18-009, §3 at 451, Laws of Fla., the Department is exercising its option to renew this contract as mutually agreed to by both parties beginning on July 1, 2018, and ending on June 30, 2019, in an amount not to exceed \$9,500,000.00.

All terms and conditions of said original Contract and any 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 CLINICS, INC.

STATE OF FLORIDA, DEPARTMENT OF HEALTH

DocuSigned by:
Nicholas Duran
SIGNATURE: _____
26796D303D50410...

DocuSigned by:
Cindy Dick
SIGNATURE: _____
5E00FA10BC584F4...

PRINT/TYPE NAME: NICHOLAS DURAN

PRINT/TYPE NAME: CINDY DICK, MBA, CPM

TITLE: EXECUTIVE DIRECTOR

TITLE: ASSISTANT DEPUTY SECRETARY FOR HEALTH

DATE: 5/21/2018

DATE: 5/21/2018

FEDERAL EID# (OR SSN): 49-3502696

Certificate Of Completion

Envelope Id: 653F58B8EC0F4BA49D4CE90BF4517FF2	Status: Completed
Subject: Contract COREL-R2: Please DocuSign this renewal from the Florida Department of Health	
Source Envelope:	
Document Pages: 2	Signatures: 2
Certificate Pages: 5	Initials: 5
AutoNav: Enabled	Envelope Originator: Deborah Davis Deborah.Davis@flhealth.gov IP Address: 167.78.4.19
Envelopeld Stamping: Enabled	
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	

Record Tracking

Status: Original 5/9/2018 7:00:26 AM	Holder: Deborah Davis Deborah.Davis@flhealth.gov	Location: DocuSign
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Signer Events

Ann Courtney
Ann.Courtney@flhealth.gov
Security Level: Email, Account Authentication (None)

Signature

Using IP Address: 10.103.101.12

Timestamp

Sent: 5/11/2018 6:27:32 AM
Viewed: 5/17/2018 6:04:00 AM
Signed: 5/17/2018 6:04:11 AM

Electronic Record and Signature Disclosure:

Accepted: 5/17/2018 6:04:00 AM
ID: 81e7d5ba-361d-4277-b509-3d7cf416a1ed

Daphne Holden
Daphne.Holden@flhealth.gov
Security Level: Email, Account Authentication (None)

Using IP Address: 10.103.101.12

Sent: 5/11/2018 6:27:32 AM
Viewed: 5/11/2018 6:31:31 AM
Signed: 5/11/2018 6:31:47 AM

Electronic Record and Signature Disclosure:

Accepted: 5/11/2018 6:31:31 AM
ID: 14a26dd7-ec20-4fb6-ac8a-6afc678bc3dc3

Deborah Davis
deborah.davis@flhealth.gov
Contract Analyst
Florida Department of Health
Security Level: Email, Account Authentication (None)

Using IP Address: 10.103.101.12

Sent: 5/11/2018 6:27:32 AM
Viewed: 5/11/2018 6:27:40 AM
Signed: 5/11/2018 6:27:48 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Debbie Reich
Debbie.Reich@flhealth.gov
Security Level: Email, Account Authentication (None)

Using IP Address: 10.103.101.12


Sent: 5/11/2018 6:27:32 AM
Viewed: 5/17/2018 6:49:10 AM
Signed: 5/17/2018 6:49:29 AM

Electronic Record and Signature Disclosure:

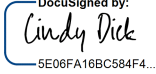
Accepted: 5/17/2018 6:49:10 AM
ID: 1eb1a569-7fc1-4f0d-be0f-b96bdcb9b6c

Signer Events	Signature	Timestamp
Nicholas Duran nick@fafcc.org Security Level: Email, Account Authentication (None)	 Using IP Address: 96.69.33.153	Sent: 5/17/2018 6:49:30 AM Viewed: 5/17/2018 12:34:44 PM Signed: 5/21/2018 10:45:04 AM

Electronic Record and Signature Disclosure:
Accepted: 6/28/2017 12:04:31 PM
ID: 3a400517-7401-4df9-ad85-56bf39bccdfc

Jennifer Johnson Jennifer.Johnson@flhealth.gov Security Level: Email, Account Authentication (None)	 Using IP Address: 10.103.101.12	Sent: 5/21/2018 10:45:05 AM Viewed: 5/21/2018 11:34:19 AM Signed: 5/21/2018 11:34:32 AM
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Electronic Record and Signature Disclosure:
Accepted: 5/21/2018 11:34:19 AM
ID: 3e4e7891-af16-4b2d-9f89-1cde1b976057

Cindy Dick Cindy.Dick@flhealth.gov Security Level: Email, Account Authentication (None)	 Using IP Address: 10.103.101.12	Sent: 5/21/2018 11:34:34 AM Viewed: 5/21/2018 11:50:29 AM Signed: 5/21/2018 11:51:12 AM
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Electronic Record and Signature Disclosure:
Accepted: 5/21/2018 11:50:29 AM
ID: 16e7ca98-0643-4923-83f9-37d7505c3ff3

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Randy Calvert Randy.Calvert@flhealth.gov Security Level: Email, Account Authentication (None)		Sent: 5/11/2018 6:27:31 AM Viewed: 5/14/2018 6:29:50 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/21/2018 11:34:34 AM
Certified Delivered	Security Checked	5/21/2018 11:50:30 AM
Signing Complete	Security Checked	5/21/2018 11:51:12 AM
Completed	Security Checked	5/21/2018 11:51:12 AM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Carahsoft OBO Florida Department of Health (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

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How to contact Carahsoft OBO Florida Department of Health:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: antonio.dawkins@flhealth.gov

To advise Carahsoft OBO Florida Department of Health of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at antonio.dawkins@flhealth.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Carahsoft OBO Florida Department of Health

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to antonio.dawkins@flhealth.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Florida Department of Health

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- 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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- Until or unless I notify Carahsoft OBO Florida Department of Health as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Florida Department of Health during the course of my relationship with you.