

HUMAN SERVICES FUNDING AGREEMENT  
EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT

Legistar ID Number: 25-0046D

THIS AGREEMENT (Agreement) is effective upon the date last entered below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **BOLEY CENTERS INC.**, whose address is 445 31st Street North, St. Petersburg, FL 33713, hereinafter called the "**AGENCY**."

WITNESSETH:

WHEREAS, the **COUNTY** serves as a pass-through entity of the Florida Department of Law Enforcement (FDLE or the Grantor) for the United States Department of Justice Edward Byrne Memorial Justice Assistance Grant (Grant); and

WHEREAS, on July 30, 2024, the Pinellas County Board of County Commissioners (Board) approved the recommendations made by the Pinellas Substance Abuse Advisory Board (SAAB) for the distribution of the Grant's local funding allocation; and

WHEREAS, the **COUNTY** recognizes that the **AGENCY** is providing an essential service within the community; and

WHEREAS, the health and well-being of Pinellas County residents are critical for a prosperous and sustainable community; and

WHEREAS, health is influenced by many factors beyond genetics and medical care, including the social, economic, service, and physical environments, both natural and built, and the conditions in which people live, learn, work, play, and age. These environments and conditions are known as the social determinants of health; and

WHEREAS, policies implemented by the **COUNTY** related to food access, housing, transportation, public safety, education, criminal justice, and economic development significantly affect health inequities and the social determinants of health; and

**NOW, THEREFORE**, the parties hereto do mutually agree as follows:

**1. Recitals**

The above “WHEREAS” clauses are incorporated into and are made a part of this Agreement.

**2. Grant Specific Information**

This project shall be undertaken and accomplished in accordance with the terms and conditions specified herein and the exhibit and appendices named below, which are attached hereto and by reference incorporated herein: Appendix A contains Scope of Services; Appendix B contains standard Contract Provisions for Contracts Under Federal Awards; Appendix C contains the Notice of Award and the Florida Department of Law Enforcement Application with Subaward Standard Conditions.

2 C.F.R. § 200.331(a)(1) (Federal Award Identification) requires that certain specific information about JAG be included in this Agreement. Such information, consistent with the accordant subsections under 2 C.F.R. § 200.331(a)(1), follows:

- a. Subrecipient’s name: **Boley Centers, Inc.**
- b. Subrecipient’s Unique Entity Identifier number: **EPVBLR4HA7R4**
- c. Federal Award Identification Number: **15PBJA-23-GG-02972 MUMU**
- d. Federal Award Date: **8/16/2023**
- e. Subaward Period of Performance Start and End Date: **10/01/2024 – 9/30/2025**
- f. Amount of Federal Funds Obligated by this Action by the Pass Through-Entity to the Subrecipient: **\$23,813.00**
- g. Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation: **\$23,813.00**

- h. Total Amount of the Federal Award committed to the Subrecipient by the Pass-Through Entity: **\$23,813.00**
- i. Federal Award Project Description, as Required to be Responsive to the Federal Funding Accountability and Transparency Act: **The Edward Byrne Memorial Justice Assistance Grant (JAG) Countywide.**
- j. Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information for Awarding Official of the Pass-Through Entity:

Federal Awarding Agency:

**U.S. Department of Justice,**

**Tarasa Napolitano, Program Manager**

**(202) 598-7372**

Through:

**Florida Department of Law Enforcement**

**Kimberly Munt, Office of Criminal Justice Grants**

**(850) 617—1266**

Pass-Through Entity:

**Pinellas County Board of County Commissioners**

Contact Information for Awarding Official of the Pass-Through Entity:

**Karen Yatchum, Pinellas County Human Services**

**440 Court Street, 2<sup>nd</sup> Floor**

**Clearwater, FL 33756**

[grants@pinellas.gov](mailto:grants@pinellas.gov)

k. CFDA Number and Name; the Pass-Through Entity Must Identify the Dollar Amount Made Available Under Each Federal Award and the CFDA Number at the Time of Disbursement:

- i. CFDA Number (at time of disbursement): **16.738**
- ii. CFDA Name: **Edward Byrne Memorial Justice Assistance Grant Program**
- iii. Total Dollar Amount Available Under this Federal Award: **\$270,837.00**

- l. Identification of Whether the Award is R&D: **Not an R&D award**
- m. Indirect Cost Rate for the Federal Award: **No Indirect Cost Rate claimed.**

**3. Scope of Services.**

**AGENCY** shall provide services as described in Appendix A, attached hereto and incorporated by reference herein.

**4. Term of Agreement.**

a. The term of this Agreement commences upon execution of this Agreement by both Parties and shall expire on September 30, 2025. Following the commencement of this Agreement, reimbursement for service and costs rendered by the **AGENCY** on or after October 1, 2024, may be invoiced.

b. Services shall not be rendered by **AGENCY** until Grantor provides Notice to **COUNTY** that Grant program costs can be incurred, and **COUNTY** informs the **AGENCY** as such.

**5. Compensation.**

a. The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **\$23,813.00** per fiscal year for the services described in Section 3 of this Agreement.

b. All requests for reimbursement payments must be submitted quarterly and shall consist of an invoice for the quarterly/monthly amount, signed by an authorized **AGENCY** representative, and accompanied by documentation including the cost of services provided, invoices, receipts, and/or copies of time slips or pay stubs which verify the services for which reimbursement is sought, as applicable and required by the **COUNTY**. Invoices shall be sent electronically to the **COUNTY** designated Grant Manager in the method prescribed by the **COUNTY**, on a quarterly basis within thirty (30) calendar days of the end of the quarter. The **COUNTY** shall not reimburse the **AGENCY** for any expenditures in excess of the amount budgeted without prior approval or notification. To meet fiscal year deadlines, County fiscal year-end (September-Fourth Quarter) invoicing due dates may be shortened as necessary to meet fiscal year deadlines or grant requirements and/or as mutually agreed by the Parties.

c. The **COUNTY** shall reimburse to the **AGENCY** in accordance with the Florida Prompt Payment Act upon receipt of invoice and required documentation. When the required documentation and/or reports are incomplete or untimely, the **COUNTY** may withhold payment until such time as the **COUNTY** accepts the remedied documentation and/or reports.

d. Any funds used in conjunction with travel must be made in accordance with the **AGENCY's** travel policy. If the **AGENCY** does not have a written travel policy, cost of all travel will be reimbursed according to the State of Florida Travel Guidelines Florida Statutes Section 112.061 or the **COUNTY's** travel policies the must be approved by Pinellas County Human Services in advance of travel.

e. Any funds expended in violation of this Agreement or in violation of appropriate federal, state, and county requirements shall be refunded in full to the **COUNTY**. If this Agreement is still in force, future payments may be withheld by the **COUNTY**.

f. The **AGENCY** shall track program income generated from services provided under this Agreement and provide a report on program income to the **COUNTY** with each invoice submission. The **AGENCY** shall reinvest the program income into the program as approved by the **COUNTY** and/or deduct the program income from reimbursement requests. The **AGENCY** shall provide the **COUNTY** with program income policy as applicable.

**6. Data Collection and Performance Measures.**

a. As required by the Grantor and in accordance with the timeline in Appendix 1, Program data shall be submitted to the **COUNTY** no later than twelve (12) days following the end of the quarter. Where no activity has occurred within the preceding period, the **AGENCY** shall provide a written explanation for non-activity during the quarter, and no payments will be due and/or reimbursed.

**7. Confidential Information and HIPAA**

a. **AGENCY** and **COUNTY** must follow all laws regarding confidentiality of information including, but not limited to, HIPAA.

b. The **AGENCY** must take reasonable measures to safeguard protected personally identifiable information (PII), and other information the **COUNTY** designates as sensitive, or the **COUNTY** considers sensitive consistent with other applicable federal, state, and local laws regarding privacy and obligations of confidentiality.

c. The **AGENCY** shall not inappropriately use or disclose any information which specifically identifies a recipient of services provided under this Agreement and shall adopt appropriate procedures for employees' handling of confidential data.

d. This does not include PII that is required by law to be disclosed, including under Florida Public Records as described in Section 22 of this Agreement.

e. **AGENCY** understands and agrees that the **COUNTY**, through its Human Services Department is a Covered Entity as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 CFR 160.103.

f. **AGENCY** agrees to sign a Business Associate Agreement and shall develop Data Sharing Agreements and/or Business Associate Agreements with partnering healthcare providers, as necessary, to facilitate the exchange of health information and coordinate client care.

g. **AGENCY** is a HIPAA Covered Entity in addition to serving as a Business Associate of the **COUNTY**, and agrees to use and disclose Protected Health Information in compliance with the Standards for Privacy, Security and Breach Notification of Individually Identifiable Health Information (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act), and the **AGENCY** shall disclose any policies, rules or regulations enforcing these provisions upon request.

h. As applicable, **AGENCY** shall ensure that clients complete releases of information (ROI) upon client admission and no less than annually to facilitate care coordination. **AGENCY** shall use and promote the use of a standard, community-wide Patient Authorization for Disclosure of Health Information - Multiparty Release of Information Form, upon request. The release covers general medical as well as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), psychiatric, psychological, substance abuse information from medical record(s) in accordance with Florida Statutes 394.459, 381.004, 395.3025, and 90.503; 42 CFR, Part 2; and the Health Insurance Portability and Accountability act of 1996 (HIPAA) 45 CFR parts 160 and 164.

**8. 211 Tampa Bay Cares Database.**

As a condition of receipt of a funding award from the **COUNTY**, the **AGENCY** agrees to:

- a. List program(s) funded under this Agreement in the 211 Tampa Bay Cares, Inc. online database.
- b. Provide 211 Tampa Bay Cares, Inc. with timely updates as required for program eligibility criteria, capacity, and availability within thirty (30) calendars days of changes to program services, eligibility, capacity and/or availability.
- c. Accept referrals from 211 Tampa Bay Cares, Inc. for clients eligible for program services.
- d. The **COUNTY** may request documentation that verifies compliance with this Section.

**9. Personnel**

- a. Qualified Personnel. The **AGENCY** agrees that each person performing Services in connection with this Agreement shall have the required licensure and qualifications and shall fulfill the requirements set forth in this Agreement. The **AGENCY** shall maintain such documentation on file for audit by the **COUNTY** during the term of this agreement and for a period of at least five (5) years after final payment is made.
- b. Prior to commencing Services pursuant to the Agreement, the **AGENCY** shall provide the names and qualifications of the **AGENCY** personnel funded through this Agreement or directly operating or overseeing services or programs funded through this Agreement and direct supervisors of such personnel.
- c. The **AGENCY** shall, at its earliest opportunity and in no event later than three (3) business days following a change, submit written notification by email to their Contract Manager



if any of the following positions are to be changed and identify the individual and qualifications of the successor or plan to recruit a successor:

- i. Chief Executive Officer (CEO)
- ii. Chief Operations Officer (COO)
- iii. Chief Financial Officer (CFO)
- iv. Chief Information Technology Officer (CITO) or
- v. Any other equivalent position within the **AGENCY's** Organizational chart.
- vi. Integral personnel funded through this Agreement or directly operating or overseeing services or programs funded through this Agreement, direct supervisors of such personnel, and those serving as match for this Agreement, as applicable.

d. The **COUNTY**, on a reasonable basis, shall have the right to request the removal and replacement of any of the **AGENCY** Personnel performing Services, at any time during the term of the Agreement. The **COUNTY** will notify the **AGENCY** in writing in the event the **COUNTY** requires such action. The **AGENCY** shall accomplish any such removal promptly after receipt of notice from the **COUNTY**. In situations where individual **AGENCY** Personnel are prohibited by applicable law from providing Services, removal and replacement of such **AGENCY** Personnel shall be immediate.

#### **10. E-VERIFY**

a. The **AGENCY** must register with and use the E-verify system in accordance with Florida Statute 448.095. The **AGENCY** shall submit an affidavit of compliance with this section at the start of this agreement.

b. If the **AGENCY** enters into a contract with a Subcontractor, the Subcontractor must provide the **AGENCY** with an affidavit stating that the Subcontractor does not employ, contract with, or subcontract with unauthorized aliens. The Contractor must maintain a copy of the affidavit for the duration of the contract.

c. If the **COUNTY**, **AGENCY**, or Subcontractor has a good faith belief that a person or entity with which it is contracting has knowingly violated Florida Statute 448.09(1), the party shall immediately terminate the contract with the person or entity.

d. If the **COUNTY** has a good faith belief that a Subcontractor knowingly violated this provision, but the **AGENCY** otherwise complied with this provision, the **COUNTY** will notify the **AGENCY** and order that the **AGENCY** immediately terminate the contract with the Subcontractor.

e. A contract terminated under the provisions of this section is not a breach of contract and may not be considered such. Any contract termination under the provisions of this section may be challenged to Section 448.095(2)(d), Florida Statute. The **AGENCY** acknowledges upon termination of this agreement by the **COUNTY** for violation of this section by the **AGENCY**, the **AGENCY** may not be awarded a public contract for at least one (1) year. The **AGENCY** acknowledges that the **AGENCY** is liable for any additional costs incurred by the **COUNTY** as a result of termination of any contract for a violation of this section.

f. The **AGENCY** shall insert in any subcontracts the clauses set forth in this section, requiring the subcontracts to include these clauses in any lower tier subcontracts. **AGENCY** shall be responsible for compliance by any Subcontractor or Lower Tier Subcontractor with the clause set forth in this section.

**11. Monitoring and Audit.**

a. The **AGENCY** will comply with the **COUNTY** and departmental policies and procedures, including, but not limited to contract monitoring and performance improvement.

b. The **AGENCY** will cooperate in monitoring site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.

c. The **AGENCY** will submit other reports and information in such formats and at such times as may be prescribed by the **COUNTY**.

d. The **AGENCY** shall submit reports on any monitoring of the program funded in whole or in part by the **COUNTY** that are conducted by federal, state or local governmental agencies or other funders within ten (10) days of the **AGENCY's** receipt of the monitoring report.

e. If the **AGENCY** receives licensing and accreditation reviews, each review shall be submitted to the **COUNTY** within ten (10) days of receipt by the **AGENCY**.

f. All monitoring reports will be as detailed as may be reasonably requested by the **COUNTY** and will be deemed incomplete if not satisfactory to the **COUNTY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **COUNTY**. If approved by the **COUNTY**, the **COUNTY** will accept a report from another monitoring agency in lieu of reports customarily required by the **COUNTY**.

g. The **AGENCY** shall retain all records relating to this Agreement for a period of at least five (5) years after final payment is made. All records shall be kept in such a way as will permit their inspection pursuant to Chapter 119, Florida Statutes. In addition, the **COUNTY** reserves the right to examine and/or audit such records.

c. The **AGENCY** shall permit access to all records related to this Agreement to the

**COUNTY** and/or the Grantor. All **AGENCY** records relating to this Agreement shall be subject to audit by the **COUNTY** or Grantor and the **AGENCY** shall provide an independent audit to the **COUNTY**, if so requested by the **COUNTY** or Grantor.

**12. Documentation.**

a. The **AGENCY** shall utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of funds provided by the **COUNTY**.

b. The **AGENCY** shall annually provide a copy of the **AGENCY's** most recent completed financial audit and management letter an independent audit to the **COUNTY** within thirty (30) calendars days of completion, not to exceed nine months from the **AGENCY's** fiscal year-end. A copy of the **AGENCY's** 990 shall be accepted in lieu of the audit in the event a financial audit is not required for the **AGENCY**. if so requested by the **COUNTY**.

c. The **AGENCY** shall maintain and provide the following documents to the **COUNTY** within thirty (30) calendar days of the execution of this Agreement, and within thirty (30) calendar days of revision throughout the term of this Agreement. and upon request by the **COUNTY** within three (3) business days of receiving the request, as applicable:

- i. Membership list of governing board including mailing address, email addressed and phone number for Board Chair,
- ii. All legally required licenses,
- iii. Current job descriptions for program staff positions and **AGENCY** Organizational Chart,
- iv. **AGENCY** licenses,
- v. Accreditations, and,

vi. Match documentation, as applicable

a. The **AGENCY** shall maintain and provide the following documents within thirty (30) calendar days of the execution of this Agreement, and upon request by the **COUNTY** thereafter:

- i. W-9,
- ii. Articles of Incorporation,
- iii. IRS Status Certification/501 (c)(3) status, if applicable,
- iv. **AGENCY** by-aws including legal signing authority,
- v. Certificate(s) of Insurance, consistent with Section 20 and Attachment 1
- vi. Past 12 months of financial statements and receipts
- vii. Membership list of governing board
- viii. All legally required licenses
- ix. Latest **AGENCY** financial audit and management letter
- x. Biographical data on the **AGENCY** chief executive and program director
- xi. Equal Employment Opportunity Program Policies,
- xii. Asset Management Policy and Procedures Inventory system – (equipment records),
- xiii. Internal Control Questionnaire and corresponding documents including but not limited to Financial Policies and Procedures, Conflict of Interest Policies, Records Retention policies, Procurement Policies, Program Fee and or Program Income Policies, Equipment Management Policy, and/or a Federally Approved Indirect Cost Rate Agreement,
- xiv. Recent Financial Audit and Single Audit, as required,

xv. Conflict of Interest Policy

xvi. E-verify Attestation and Registration, consistent with Section 10,

**13. Emergency, Disaster, or Critical Event Response.**

Community partners are critical to effective community response in a disaster. The **AGENCY** must effectively prepare their organization for continuity of services as necessary prior, during, and post disaster.

a. The **AGENCY** shall maintain a Continuity of Operations Plan/Disaster Response Plan (COOP) and submit a copy of within thirty (30) calendar days of execution of this Agreement and upon review and/or revision. Should the **AGENCY** not have a COOP at the time of execution of this Agreement, the **AGENCY** shall develop and submit a COOP to the **COUNTY** within 180 calendar days of the effective date of this Agreement and within thirty (30) calendar days of any subsequent review and/or revisions during the term of this agreement.

b. The **COUNTY** agrees to continue funding this Agreement for a period of at least sixty (60) days following a State of Emergency declaration for Pinellas County by the State of Florida or by the Board of County Commissioners, provided the program agrees to address needs for disaster response and recovery efforts as directed by the **COUNTY**, unless otherwise indicated by a superseding authority such as state or federal government or licensing body. This period may be extended within the current contract period at the discretion of the Human Services Director.

f. If the **AGENCY** is unwilling to perform duties as described in this Section, payments may be withheld at the direction of the Director of Human Services until operations continue.

g. The **AGENCY** will track and maintain detailed operational records when activated.

**14. Special Situations and Critical Incidents.**

The **AGENCY** agrees to inform the **COUNTY** within one (1) business day of any circumstances (Critical Incidents) or events which may reasonably be considered to jeopardize the **AGENCY**'s capability to continue to meet its obligations under the terms of this Agreement. Circumstances or events may include, but are not limited to, those resulting in injury, media coverage, investigation/lawsuit, breach of information, or public reaction that may have an impact on the **AGENCY**'s or the **COUNTY**'s ability to protect and serve its participants, or other significant effect on the **AGENCY** or the **COUNTY**. The **AGENCY** shall report critical incidents electronically to the **COUNTY** at HSContracts@pinellas.gov. The **AGENCY** may use an **AGENCY** Incident Reporting form or the **COUNTY** Critical Incident Report Form, however, all submissions shall include full details and disposition of the incident, excluding personally identifying information of involved parties.

**15. Amendment/Modification.**

In addition to applicable federal, state, and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning the matters covered herein. Unless specifically indicated herein, no addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties. Budget or operational modifications that do not result in an increase of funding, change the underlying public purpose of this Agreement or otherwise amend the terms of this Agreement shall be submitted in the format prescribed and provided by the **COUNTY** which is attached hereto and incorporated herein as Attachment 2.

**16. Termination.**

a. The **COUNTY** reserves the right to cancel this Agreement without cause by giving thirty (30) days prior notice to the **AGENCY** in writing of the intention to cancel. Failure of the **AGENCY** to comply with any of the provisions of this Agreement shall be considered a material breach of the Agreement. Where the **COUNTY** determines that a material breach can be corrected, the **AGENCY** shall be given thirty (30) days to cure said breach. If the **AGENCY** fails to cure, or if the breach is of the nature that the **COUNTY** has determined cannot be corrected, or that the harm caused cannot be undone, the **COUNTY** may immediately terminate this Agreement, with cause, upon notice in writing to the **AGENCY**.

b. In the event sufficient budgeted funds are not available for a new fiscal period or are otherwise encumbered, the **COUNTY** shall notify the **AGENCY** of such occurrence and the Agreement shall terminate on the last day of the then current fiscal period without penalty or expense to the **COUNTY**.

c. In the event the **AGENCY** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **AGENCY** shall repay such amount and, at the option of the **COUNTY**, be deemed to have waived the privilege of receiving additional funds under this Agreement.

**17. Assignment/Subcontracting.**

a. This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of this section shall be null and void.

b. The **AGENCY** is fully responsible for completion of the Services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. The



**AGENCY** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **COUNTY**, without the prior written consent of the **COUNTY**, which shall be determined by the **COUNTY** in its sole discretion.

**18. Non-Exclusive Services.**

During the term of this Agreement, and any extensions thereof, the **COUNTY** reserves the right to contract for another provider for similar services as it determines necessary in its sole discretion.

**19. Indemnification**

The **AGENCY** agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **COUNTY**, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the **COUNTY**, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of the **AGENCY**; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the **COUNTY**.

**20. Insurance.**

The **AGENCY** shall comply with the insurance requirements set out in Attachment 1, attached hereto and incorporated herein by reference.

**21. Public Entities Crimes.**

The **AGENCY** is directed to the Florida Public Entities Crime Act, Section 287.133, Florida Statutes, and represents to the **COUNTY** that the **AGENCY** is qualified to transact business with public entities in Florida and that its performance of the Agreement will comply with all applicable laws including those referenced herein. The **AGENCY** represents and certifies that the **AGENCY** is and will at all times remain eligible for and perform the services subject to the requirements of these, and other applicable, laws. The **AGENCY** agrees that any contract awarded to the **AGENCY** will be subject to termination by the **COUNTY** if the **AGENCY** fails to comply or to maintain such compliance.

**22. Public Records.**

The **AGENCY** acknowledges that information and data it manages as part of the services may be public records in accordance with Chapter 119, Florida Statutes and Pinellas County public records policies. The **AGENCY** agrees that prior to providing services it will implement policies and procedures to maintain, produce, secure, and retain public records in accordance with applicable laws, regulations, and the **AGENCY** policies, including but not limited to the Section 119.0701, Florida Statutes. Specifically, section 119.0701 requires **AGENCY** perform the following:

- a. Keep and maintain public records required by the **COUNTY** to perform the service.
- b. 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 at a cost that does not exceed the cost provided in Chapter 119 or as otherwise provided by law.
- c. Ensure that public records that are deemed exempt and/or confidential are exempted

from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the **AGENCY** does not transfer the records to the **COUNTY**.

d. Should the **AGENCY** receive a public records request for records pertaining to the **COUNTY**, or services funded by the **COUNTY**, the **AGENCY** shall provide notification to the **COUNTY** within two (2) business days of the date of the records request. This notification is for information purposes only and shall not delay the **AGENCY** response to the public records request.

e. Upon completion of the contract, 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 contractor transfers all public records to the **COUNTY** upon completion of the contract, the **AGENCY** shall 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 completion of the contract, the **AGENCY** shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the **COUNTY**, upon request from the **COUNTY's** public agency's custodian of public records, in a format that is compatible with the information technology systems of the **COUNTY**.

**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 CUSTODIAN OF PUBLIC RECORDS AT:**

**Public Records Liaison**  
**440 Court St., 2<sup>nd</sup> Floor**  
**Clearwater, FL 33756**  
**[HSContracts@pinellas.gov](mailto:HSContracts@pinellas.gov)**  
**(727) 464-8445**

**23. Nondiscrimination.**

a. Pursuant to Section 2.02(e) of the Pinellas County Code Protection of human rights. The **COUNTY** shall establish provisions, pursuant to state and federal law, for protection of human rights from discrimination based upon religion, political affiliation, race, color, age, sex, or national origin by providing and ensuring equal rights and opportunities for all people of Pinellas County.

b. The **AGENCY** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.

c. The **AGENCY** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

d. The **AGENCY** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

e. At no time will clients served under this Agreement be segregated or separated in a manner that may distinguish them from other clients being served by the **AGENCY**.

**24. Conflicts of Interest.**

a. No officer, member, or employee of the **COUNTY**, and no member of its

governing body, and no other public official of the governing body of any locality in which the program is situated or being carried out who exercises any functions or responsibility in the review or approval of the undertaking or carrying out of this program, shall participate in any decisions relating to this Agreement which affect his/her personal interest or the interest of any corporation, partnership, or association in which he/she is, directly or indirectly, interested; nor shall any such officer, member, or employee of the **COUNTY**, or any member of its governing body, or public official of the governing body, or public official of the governing body of any locality in which the program is situated or being carried out, who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this program, have any interest, direct or indirect, in this Agreement or the proceeds thereof.

b. The **AGENCY** shall promptly notify the **COUNTY** in writing of any business association, interest, or other circumstance which constitutes a conflict of interest as provided herein. If the **AGENCY** is in doubt as to whether a prospective business association, interest, or other circumstance constitutes a conflict of interest, the **AGENCY** may identify the prospective business association, interest or circumstance, the nature of work that the **AGENCY** may undertake and request an opinion as to whether the business association, interest or circumstance constitutes a conflict of interest if entered into by the **AGENCY**. The **COUNTY** agrees to notify the **AGENCY** of its opinion within ten (10) calendar days of receipt of notification by the **AGENCY**, which shall be binding on the **AGENCY**.

**25. Independent Contractor.**

It is expressly understood and agreed by the parties that the **AGENCY** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **COUNTY**. No agent, employee, or servant of the **AGENCY** shall be, or shall be

deemed to be, the agent or servant of the **COUNTY**. None of the benefits provided by the **COUNTY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from the **COUNTY** to the employees, agents, or servants of the **AGENCY**.

**26. Additional Funding.**

Funds from this Agreement shall be used as the matching portion for any federal grant only in the manner provided by federal and state law and applicable federal and state rules and regulations. The **AGENCY** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **AGENCY** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **COUNTY**, in advance of a commitment of **COUNTY** funds as match.

**27. Governing Law.**

The laws of the State of Florida shall govern this Agreement.

**28. Conformity to the Law.**

The **AGENCY** shall comply with all federal, state, and local laws and ordinances and any rules or regulations adopted thereunder.

**29. Prior Agreement, Waiver, and Severability.**

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties in regard to this matter. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this

Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

**30. Agreement Management and Notice.**

All notices and other communications referred to and required herein must either be given by US Postal Service mail or Email, unless otherwise specified herein, to the parties as shown below. The effective date of any notice sent via Email shall be the date of receipt, provided such receipt has been confirmed by the recipient. Each party must advise the other parties of any status change concerning this Notice section.

Pinellas County Human Services designates the following person(s) as the liaison for the COUNTY:

Maggie Miles, Grant Analyst  
Pinellas County Human Services  
440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, Florida 33756  
[mamiles@pinellas.gov](mailto:mamiles@pinellas.gov) and

Sara Gordils, Contracts Section Manager  
Pinellas County Human Services  
440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, Florida 33756  
[sgordils@pinellas.gov](mailto:sgordils@pinellas.gov)

AGENCY designates the following person(s) as the liaison:


Kevin Marrone, President/CEO  
Boley Centers, Inc.  
445 31st Street North, St. Petersburg, FL 33713  
727-821-4819

SIGNATURE PAGE FOLLOWS

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed on the day and year written below.

**APPROVED AS TO FORM**  
By: Cody J. Ward  
Office of the County Attorney

PINELLAS COUNTY, FLORIDA, by and  
Through its County Administrator

By:   
Barry Burton, County Administrator

Date: March 5, 2025

BOLEY CENTERS, INC.,

By:   
Kevin Marrone, President/CEO

Date: February 24th, 2025



## **APPENDIX A FEDERAL FISCAL YEAR 2023 JAGC FUNDING- PROJECT SUMMARY**

**Agency:** Boley Centers, Inc.

**Program:** Intensive Case Management Service's Certified Addictions Professional

**Grant Term:** October 1, 2024-September 30, 2025

**Priority Area:** Behavioral Health

**Target Population and Eligibility Criteria:**

The program will provide services and interventions to residents of Boley's Permanent Supported Housing who have been identified as having behavioral health problems that are interfering with their ability to live independently, specifically due to substance use issues. Residents at risk of losing their housing due to their behavior and untreated mental illness will be provided with the intensive support, crisis interventions, and treatment they need to become psychiatrically stable and able to live independently.

**Scope of Services:**

The Licensed Clinical Manager position will provide clinical supervision and oversight to the HUD-funded Intensive Case Management Services Team and also provide individual and group therapy to residents of Boley's Permanent Supported Housing who have been identified as having behavioral health problems that are interfering with their ability to live independently, specifically due to substance use issues. The Licensed Clinical Manager will provide crisis intervention as needed and be an active member of the Intensive Case Management Team, helping to provide interventions, safety contracting, and harm reduction activities using evidence-based practices. They will also develop treatment plans, conduct assessments for all referred clients, and maintain service and therapy notes in the client's record.

The Licensed Clinical Manager is responsible for providing management to the team, along with Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-informed Care, Seeking Safety, and group and individual counseling.

**Program Goals:**

- Improve Crisis Management as evidenced by reducing the number of involuntary hospitalizations to no more than 15% of clients served.
- 85% of Permanent Supported Housing residents working with the CAP will be referred to local AA and NA meetings.
- 30 unduplicated referrals for substance abuse treatment (in-patient and outpatient) will be made annually.

**Reports:**

Quarterly and year-end reporting are required.

- Report #1: October 1, 2024, thru December 31, 2024
  - Report due January 11, 2025

- Report #2: January 1, 2025, thru March 31, 2025
  - Report due April 11, 2025
- Report #3: April 1, 2025, thru June 30, 2025
  - Report due July 11, 2025
- Report #4: July 1, 2025, thru September 30, 2025
  - Report due October 11, 2025
- SAAB Report - a verbal and written presentation on the outcomes of the program
  - Will be done during the Fall SAAB Meeting

**Project Budget:**

**Awarded amount= \$23,813.00**

**Direct Cost:**

**Personnel**

25% of the Licensed Clinical Manager salary (\$75,000.00) to provide clinical supervision, and management for the HUD-funded Intensive Case Management Team, along with individual and group therapy to homeless individuals who live in Boley's Permanent Supported Housing and who have both severe and persistent mental illness and co-occurring substance use disorders. Non-county-supported duties also include crisis intervention, data collection, daily supervision and support.

**\$75,000.00 x 25% = \$18,750.00**

**Fringe Benefits**

Boley Centers fringe benefit rate is 23.4%. Fringe benefits include Social Security and Medicare Tax (FICA) @ 7.65%, Worker's Compensation @ 1%, State Unemployment @ 3%, Retirement @ 3%, and Health/Dental/Life Insurance @ 8.75%.

Licensed Clinical Manager **\$18,750 X 27% fringe = \$5,063**