

## State of Florida Department of Children and Families

Ron DeSantis Governor

Chad Poppell Secretary

## ADDENDUM #1 REQUEST FOR PROPOSAL

Train-the-Trainer Training on Family Finder Model Advertisement Number: RFP06J19GN

FAILURE TO FILE A PROTEST WITHIN THE TIME PRESCRIBED IN SECTION 120.57(3), FLORIDA STATUTES, OR FAILURE TO POST THE BOND OR OTHER SECURITY REQUIRED BY LAW WITHIN THE TIME ALLOWED FOR FILING A BOND SHALL CONSTITUTE A WAIVER OF PROCEEDINGS UNDER CHAPTER 120, FLORIDA STATUTES.

**A.** Page 1, CF Standard Contract 2019 Part 1, is hereby deleted in its entirety and replaced with revised Page 1, CF Standard Contract 2019 Part 1. (see attached)

Contract No CFDA No(s) CSFA No(s).	Client Services Non-Client Subrecipient Vendor Federal Funds State Funds
and, hereinafter referred to as the "Provid the term "Contract" as it may appear hereinafter shall be construed	of Children and Families, hereinafter referred to as the "Department" ler". If this document is denoted above as a GRANT AGREEMENT, to mean "Grant" or "Grant Agreement" as the context may provide. and the term "Contract Manager" shall be construed to mean "Grant".
The section headings contained in this contract are for reference pu contract.	irposes only and shall not affect the meaning or interpretation of this
The Department and Provider agree as follows:	
1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT	
1.1 Purpose and Contract Amount	
Approach to prepare Department and Community-based Care	ering train-the-trainer training of a Family Finding Process and e Lead Agencies staff to train frontline staff, supervisors, and payable as provided in Section 3, in an amount not to exceed
1.2 Official Payee and Party Representatives	
1.2.1 The name, address, telephone number and e-mail address of the Provider's official payee to whom the payment shall be directed on behalf of the Provider are:  Name: Address: City: State: Zip Code: Phone: Ext: E-mail:	1.2.3 The name, address, telephone number and e-mail of the Provider's representative responsible for administration of the program under this Contract (and primary point of contact) are:  Name: Address: City: State: Zip Code: Phone: Ext: E-mail:
<b>1.2.2</b> The name, address, telephone number and e-mail of the Provider's contact person responsible for the Provider's financial and administrative records:	1.2.4 The name, address, telephone number and e-mail address of the Contract Manager for the Department for this Contract are:
Name: Address: City: State: Zip Code: Phone: Ext: E-mail:	Name:          Address:          City:          State:          Zip Code:          Phone:          E-mail:
	tment's Contract Manager is the primary point of contact through nent and the Provider. Upon change of representatives (names, arty, notice shall be provided in writing to the other party.
1.3 Effective and Ending Dates	
	y signature date, whichever is later. The service performance period e effective date of this Contract, whichever is later, and shall end at

midnight, **Eastern** time, on **June 30, 2020**, subject to the survival of terms provisions of Section 7.4. This contract may be renewed in accordance with SS. 287.057(13) or 287.058(1)(g), F.S.

## 1.4 **Contract Document**

This Contract is composed of the documents referenced in this section.

The definitions found in the Standard Contract Definitions, located at: 1.4.1

Contract No. 1