



State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

August 23, 2010

RECEIVED

AUG 25 2010

Mark Finigan
City of Key West
525 Angela Street
Key West, FL 33040

ASSISTANT CITY MANAGER

Dear Mark:

Enclosed please find your executed copy of an amendment to DCF grant agreement KFZ33. The amendment corrects the reporting date for the Monthly Summary Report related to the Deaf and Hard-of-Hearing. Please keep this as part of the grant file.

With the execution of this amendment, funds are released for FY 2010-2011 and you may now submit monthly invoices.

If you have any questions, please call me at 305-292-6810.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theresa Phelan', written in a cursive style.

Theresa Phelan
Contract Manager

Circuit 16
1111 12th Street, Suite 310, Key West, Florida 33040

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

THIS AMENDMENT, entered into between the State of Florida, Department of Children and Families, hereinafter referred to as the "department" and the City of Key West, hereinafter referred to as the "provider," amends Grant Agreement #KFZ33.

Page 6, paragraph 30. f. is hereby amended to read:

f. The provider and its partners, subcontractors, and agents shall document the customer's or companion's preferred method of communication and any requested auxiliary aids/services provided in the customer's record. Documentation, with supporting justification, must also be made if any request was not honored. The provider shall submit compliance reports monthly, by the 5th business day following the reporting month, to the department's Grant or Contract Manager. The provider shall distribute Customer Feedback forms to customers or companions, and provide assistance in completing the forms as requested by the customer or companion.

This amendment shall begin on August 1, 2010 or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the grant agreement and any attachments thereto in conflict with this amendment shall be and are hereby 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 grant agreement.

This amendment and all its attachments are hereby made a part of the grant agreement.

IN WITNESS THEREOF, the parties hereto have caused this **one (1)** page amendment to be executed by their officials thereunto duly authorized.

PROVIDER:
CITY OF KEY WEST

STATE OF FLORIDA
DEPARTMENT OF CHILDREN
AND FAMILIES

SIGNED
BY: J. K. Scholl

SIGNED
BY: Gilda Ferradaz

NAME: ~~Craig Cates~~ J. K. SCHOLL

NAME: Gilda Ferradaz

TITLE: ~~Mayor~~ CITY MANAGER

TITLE: Circuit Administrator

DATE: 13 AUG 2010

DATE: 8/19/10

FEDERAL ID NUMBER: 59-06000346

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY
[Signature] 8.19.10
Regional Legal Counsel Date