RESOLUTION NO. 2009- 278

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, PROVISIONS, CONDITIONS, AND REQUIREMENTS OF AN AGREEMENT BETWEEN ST. JOHNS COUNTY, FLORIDA, AND ALPHA OMEGA MIRACLE HOME, AUTHORIZING THE CHAIR OF THE BOARD OF COUNTY COMMISSIONERS TO EXECUTE THE AGREEMENT ON BEHALF OF THE COUNTY

WHEREAS, the St. Johns County Government is providing Choose Life License Plate funds to the Alpha Omega Miracle Home, which are to be disbursed by St. Johns County, Florida, in an amount not to exceed seven thousand dollars ($7,000.00), for the purpose of providing counseling and other services to pregnant women who are already committed to placing the children for adoption, pursuant to Florida Statutes 320.08062 and 3230.08058 (29); and,

WHEREAS, the County has reviewed the terms, provisions, conditions, and requirements of the Agreement; and

WHEREAS, the County has determined that accepting the terms of the Agreement, and entering into said Agreement will serve the interests of the County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

Section 2. The Board of County Commissioners hereby approves the terms, provisions, conditions, and requirements of the Agreement between St. Johns County, Florida, and the Alpha Omega Miracle Home, and authorizes the Chair of the Board of County Commissioners to execute the Agreement on behalf of the County.

Section 3. To the extent that there are typographical or administrative errors that do not change the tone, tenor, or concept of this Resolution, then this Resolution may be revised without subsequent approval of the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 6th day of October, 2009.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

Attest: 

Deputy Clerk

By: 

Chair

RENDITION DATE 10/8/09

100609 ALPHA OMEGA MIRACLE HOME.DOC

REVISION 10/13/05
STANDARD NONPROFIT CONTRACT/Cost Reimbursement

CONTRACT BETWEEN
THE ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS
And
Alpha Omega Miracle Home, Inc. (Choose Life Tag Funds)

THIS CONTRACT is entered into and effective on the 1st day of October, 2009, between St. Johns County, hereinafter referred to as "COUNTY" and Alpha Omega Miracle Home, a Nonprofit Corporation existing under the laws of the State of Florida and, hereinafter referred to as "PROVIDER".

WHEREAS, COUNTY believes it to be in the public interest to provide certain activities to the St. Johns County residents through the PROVIDER according to this Contract, the agency's intent as stated in the proposal and attachments and/or exhibits, and all other terms and conditions as specified.

NOW THEREFORE, in consideration of the mutual covenants, promises, and representations contained herein COUNTY and the PROVIDER agree as follows:

ARTICLE I
SCOPE OF SERVICES

The funding amount as described in Article III below shall be made only upon the condition that it is used as follows:

1. As a qualified agency pursuant to 320.08062 and 320.08058(29), Florida Statutes, Agency must continue to limit its services to counseling and meeting the physical needs of pregnant women who are already committed to placing their children for adoption. Funds will not be distributed to any agency that is involved or associated with abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures or pro-abortion advertising.

2. Agency may not charge women for the services received.

3. 70% of funds received must be used to provide material needs of pregnant women who are committed to placing their children for adoption. These needs include clothing, housing, medical care, food, utilities and transportation. Funds may be also be expended on infants awaiting placement with adoptive parents. The remaining 30% of funds may be used for adoption, counseling training or advertising, but may not be used for administrative expenses, legal expenses or capital expenditures.

4. Any unused funds that exceed 10% of the funds received by the agency during its fiscal year must be returned to the county for distribution to other qualified agencies.

Programs must be implemented to serve residents of St. Johns County in accordance with the approved proposal(s), exhibits/attachments.
ARTICLE II  TERM OF CONTRACT

This Contract shall begin October 1, 2009 and end September 30, 2010 unless terminated as specified in Article VIII, Suspension/Termination.

ARTICLE III  COMPENSATION AND REPORTS

A.  Contract Payment

The COUNTY will make payments to the PROVIDER and the PROVIDER agrees to accept as full compensation the total amount not to exceed $7,000.00. Payments will be authorized only for services provided during the term of the contract and prior to the payment request date. Payment is subject to the provisions of Article III B Deferred Payment/Return of Funds and Article VIII, Suspension/Termination. Funding is contingent upon the availability of funds.

The COUNTY has agreed to purchase the services listed in Article I, at a varying monthly rate which may exceed $583.33, which is 1/12 of the funds appropriated to the PROVIDER by action of the Board of County Commissioners. This contract is for the payment of a varying number of units of service at a varying rate each month but not to exceed the total contract amount of $7,000.00.

B.  Deferred Payment/Return of Funds

The COUNTY may defer payment to the PROVIDER for noncompliance with contract deliverables or program requirements.

If as a result of monitoring or audit, units of service provided are not documented a payment may be deferred. If units are found to be unallowable, no future payments will be made until the full amount of overpayment is remitted to St. Johns County or a repayment agreement is accepted by St. Johns County. If the monitoring or audit occurs after the term of this contract, the PROVIDER will be required to remit funds to the COUNTY in accordance with the repayment conditions below.

The PROVIDER agrees to return to the COUNTY any overpayments due to funds disallowed pursuant to the terms of this Contract. Such funds shall be considered COUNTY funds and must be refunded to the COUNTY within thirty (30) days of receiving notice from the COUNTY in writing regarding the overpayment. Should repayment not be made in a timely manner, the COUNTY will charge interest of one (1) percent per month compounded on the outstanding balance after forty (40) calendar days after the date of notification or discovery. The PROVIDER will be required to reimburse the COUNTY for any acts of non-compliance resulting in disallowed costs or fines.

C.  Contract Deliverables

1. Required Reports (check if included in contract)

☑ EXHIBIT 1 A- Payment Request and EXHIBIT 1B - Expenditure Worksheet- Due: Monthly by the 20th of the following month. Must be based
upon approved unit rates and actual uncompensated units provided during the reporting period. Payment will be made upon receipt and approval by the COUNTY of a completed Payment Request and a Choose Life Funds Expenditure Worksheet listing services provided/paid for during the reporting period must be attached to the Payment Request (Exhibit 1B).

☑ EXHIBIT 2 - Program/Demographics – Due: April 30, 2010 and October 31, 2010.

☑ EXHIBIT 3 – Certificate of Insurance - Insert in contract.


2. Required Documents

☑ Audited Financial Statement and Management Letter for fiscal year(s) in which contract funds are expended – Due: 180 days following the end of PROVIDER’S fiscal year(s).

☑ Monitoring Reports – A copy of monitoring reports from other funding agencies to the PROVIDER will be due to the COUNTY no later than 30 days after receipt by the PROVIDER. Copies of monitoring reports must include the PROVIDER’S response to the funding agency.

D. Contract Closeout

☑ Final Payment Request - Due: 10 days following end of contract.

ARTICLE IV  AUDITS, MONITORING, AND RECORDS

A. Monitoring

The PROVIDER agrees to permit persons duly authorized by the COUNTY and the Federal or State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility’s goods and services of the PROVIDER and/or interview any clients and employees of the PROVIDER to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the PROVIDER reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the PROVIDER of its obligation to manage the grant in accordance with applicable rules and sound management practices.

Following such monitoring the COUNTY will deliver to the PROVIDER a written report regarding the manner in which services are being provided. The PROVIDER will rectify all noted deficiencies within the specified period of time indicated in the monitoring report or provide the COUNTY with a reasonable and acceptable justification for not correcting the noted shortcomings. The PROVIDER’S failure to correct or justify the deficiencies within the time specified by the COUNTY may result in the withholding of payments, being deemed in breach or default, or termination of this Contract.
The PROVIDER must supply COUNTY with copies of all monitoring reports of programs that are funded by the COUNTY including agency response, within thirty (30) days of receipt.

B. **Audits and Inspections**

The PROVIDER will make all records referenced in Article IV. C., and all items included on financial statements available for audit or inspection purposes at any time during normal business hours and as often as COUNTY deems necessary.

The Clerk of Courts Internal Audit Division, the Federal or State grantor agency (if applicable), St. Johns County employees, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of PROVIDER or Certified Public Accountant (CPA) that are pertinent to the contract, in order to make audits, examinations, excerpts, transcripts and copies of such documents. If contract non-compliance or material weaknesses in the organization are noted, the COUNTY or other authorized representatives have the right to unlimited access to records during an audit or inspection. This includes timely and reasonable access to a PROVIDER'S personnel for the purpose of interview and discussion related to such documents.

C. **Records**

The PROVIDER shall retain all financial, client demographics, and programmatic records, supporting documentation, statistical records, and other records which are necessary to document service provision, expenditures, income and assets of the PROVIDER by funding source, program, and functional expenses category during the term of this contract and five (5) years from the date of contract expiration. If any litigation, claim, negotiation, audit, or other action involving the records has been initiated before the expiration of the 5-year period, the records shall be retained for one (1) year after the final resolution of the action and final resolution of all issues that arise from such action.

D. **Independent Audit**

For contracts where the total compensation, disbursement, grant, or reimbursable expense (or any combination thereof) exceeds three hundred thousand dollars ($300,000.00), then an original, bound audit of the PROVIDER'S financial statements must be submitted to the COUNTY, in the form, format, and timeframe noted below, or elsewhere in this contract.

For contracts where the total compensation, disbursement, grant, or reimbursable expense (or any combination thereof) does not exceed three hundred thousand dollars ($300,000.00), then an original, bound audit is not required, unless the COUNTY determines that an independent audit is warranted (base on among other things, the use of such funds), and provides the PROVIDER with a written explanation detailing the reason and/or rationale supporting the COUNTY'S determination that such an independent audit is warranted. Under those circumstances, the COUNTY'S written explanation will set forth the form, format, and timeframe for the independent audit.

An original, bound audit of the PROVIDER'S financial statements in accordance with Generally Accepted Accounting Principals (GAAP), and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable, including the auditor's opinion,
requisite reports on internal control and compliance if required, management letter addressing internal controls, and management’s response to such letter, must be submitted to the COUNTY no later than one hundred eighty (180) days following the end of PROVIDER’s fiscal year(s) along with any corrective action plan if applicable. Failure to submit the report within the required time frame will result in the withholding of payment requested, or termination of the contract by the COUNTY.

The audit must be conducted by an independent, licensed certified public accountant and must be in accordance with the General Accounting Office (GAO) Yellow Book, generally accepted Government Auditing Standards, OMB Circular A-133 “Audits of States, Local Governments and Non-Profit Organizations” if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable. The audit must specifically identify the programs that are funded by this St. Johns County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of Federal awards and State financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s), exhibit(s), and attachment(s).

**ARTICLE V**  
AMENDMENTS

PROVIDER must request a contract amendment in writing detailing the nature of and justification for the requested amendment. The COUNTY reserves the right to approve or deny all contract amendments. An approved amendment shall be documented on the contract amendment form and signed by both parties.

**ARTICLE VI**  
CONTRACTOR STATUS

A. **Independent Contractor**

It is the Parties’ intention that the PROVIDER will be an independent contractor and not the County’s employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Florida revenue and taxation law, Florida Worker’s Compensation law and Florida Unemployment Insurance Law. The PROVIDER will retain sole and absolute discretion in the judgment of the manner and means of carrying out the PROVIDER’S activities and responsibilities hereunder. The PROVIDER agrees that it is a separate and independent enterprise from the public employer, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the PROVIDER and COUNTY, and COUNTY will not be liable for any obligation incurred by the PROVIDER, including, but not limited to, unpaid minimum wages and/or overtime premiums.

B. **Subcontracts**

Primary roles and responsibilities of PROVIDER cannot be subcontracted. It is mutually agreed that any County-funded program component that is subcontracted by PROVIDER must have a written contract upon execution of this contract. The PROVIDER must ensure
each subcontractor conforms to the terms and conditions of this contract and must be subject
to indemnification as stated in Article VII.

ARTICLE VII RISK MANAGEMENT

A. Indemnification

The PROVIDER will defend, hold harmless, and indemnify the COUNTY from and against
any and all liability, loss, claims, damages, wages or overtime compensation due its
employees, costs, attorneys' fees, and expenses of whatever kind or nature which the
COUNTY may sustain, incur, or be required to pay either by reason of the loss or improper
use of any monies disbursed or to be disbursed hereunder including but not limited to fraud,
embezzlement, or dishonesty on the part of any person represented or employed by the
PROVIDER, or by reason of the intentional or negligent act of the PROVIDER or its agents,
representatives and/or employees.

The PROVIDER further agrees that it will, at its own expense, defend any and all claims,
actions, suits, or proceedings that may be brought against the COUNTY in connection with
the above and satisfy, pay, and discharge any and all judgments or other resolution of claims
that may be entered against the COUNTY in any such action or proceedings.

The PROVIDER further agrees that it is responsible for any and all claims arising from the
hiring of individuals relating to activities provided under the Contract. All individuals hired are
employees of the PROVIDER and not of the COUNTY.

B. Insurance

The PROVIDER agrees to secure and maintain the insurance coverage outlined below during
the term of this Contract. All insurance policies shall be issued by companies authorized to do
business under the laws of the State of Florida. The PROVIDER shall furnish Certificates of
Insurance to the COUNTY prior to the commencement of operations. The PROVIDER
agrees that this insurance requirement shall not relieve or limit PROVIDER'S liability and
that the COUNTY does not in any way represent that the insurance required is sufficient or
adequate to protect the PROVIDER'S interests or liabilities, but are merely minimums. It is
the responsibility of the PROVIDER to insure that all subcontractors comply with the
insurance requirements.

Certificate(s) of Insurance naming St. Johns County Board of County Commissioners as
Certificate Holder, 500 San Sebastian View, St. Augustine, FL 32084, will be attached
to this contract as an exhibit. Certificate(s) must be provided for the following:

1. Workers' Compensation— The PROVIDER shall maintain during the life of this
Contract, adequate Workman's Compensation Insurance and Employer's Liability
Insurance in at least such amounts as are required by the law for all of its employees
(if four or more) per Florida Statute 440.02.

2. Professional Liability – The PROVIDER shall maintain during the term of this
Contract, standard Professional Liability Insurance in the amount of $1,000,000 per
occurrence
3. **Comprehensive General Liability** - The PROVIDER shall maintain during the life of this Contract, Comprehensive General Liability Insurance in the amount of $1,000,000 per occurrence to protect the PROVIDER from claims for damages for bodily injury, including wrongful death, as well as from claims or property damages which may arise from any operations under this Contract whether such operations be by the PROVIDER or by anyone directly employed by or contracting with the PROVIDER.

The General Liability Policy Certificate shall name "St. Johns County, a political subdivision and County of the State of Florida, its agents, employees, and public officials" as "Additional Insured". The PROVIDER agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess.

4. **Business Auto Liability** – The following Automobile Liability will be required and coverage shall apply to all owned, hired, and non-owned vehicles used with minimum limits of:

   - $100,000 bodily injury per person (BI)
   - $300,000 bodily injury per occurrence (BI)
   - $100,000 property damage (PD) or
   - $300,000 combined single limit (CSL) of BI and PD

5. **Directors & Officers Liability** – Entity coverage to cover claims against the organization directly for wrongful acts with limits not less than $100,000.

6. **Fidelity Bonding** – Covering all employees who handle the agency’s funds. The bond amount must be equivalent to the highest daily cash balance or a minimum amount of $50,000.

C. **Notice of cancellation or modification**

St. Johns County will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the St. Johns County Risk Manager, P. O. Box 349, St. Augustine, FL 32085-0349.

**ARTICLE VIII**  
**SUSPENSION/TERMINATION**

A. **Suspension**

The COUNTY reserves the right to suspend funding for failure to comply with the requirements of this contract.

In the event PROVIDER ceases operation for any reason or files for protection from creditors under bankruptcy law, any remaining unpaid portion of this Contract, less funds for expenditures already incurred, shall be retained by the COUNTY and the COUNTY shall have no further funding obligation to the PROVIDER with regard to those unpaid funds.

B. **Termination by COUNTY**
The **COUNTY** may at any time and for any reason cancel this Contract by giving twenty-four (24) hours written notice to the **PROVIDER** by Certified Mail following a determination by the Board of County Commissioners, at its sole discretion, that such cancellation is in the best interest of the people of the county. From the date of cancellation, neither party shall have any further obligation unless specified in the termination notice.

**C. Termination by PROVIDER**

The **PROVIDER** may at any time and for any reason cancel this Contract by giving seventy-two (72) hours prior written notice to the **COUNTY** by Certified Mail of such and specifying the effective date.

**COUNTY**'s obligation to make any payments under any provision of this Contract shall cease on the effective date of termination.

**ARTICLE IX ASSURANCE, CERTIFICATIONS, AND COMPLIANCE**

The **PROVIDER** agrees that compliance with these assurances and certifications constitutes a condition of continued receipt of or benefit from funds provided through this Contract, and that it is binding upon the **PROVIDER**, its successors, transferees, and assignees for the period during which services are provided.

The **PROVIDER** further assures that all contractors, subcontractors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of statutes, regulations, guidelines and standards. By acceptance of this funding, the **PROVIDER** assures and certifies the following:

A. That they will comply with all applicable laws, ordinances, and regulations of the United States, the State of Florida, the **COUNTY**, and the municipalities as said laws, ordinances, and regulations exist and are amended from time to time. In entering into this contract, the **COUNTY** does not waive the requirements of any **COUNTY** or local ordinance or the requirements of obtaining any permits or licenses that are normally required to conduct business or activity contemplated by the **PROVIDER**.

B. That they will comply with all Federal, State and local anti-discrimination laws that are applicable to the **PROVIDER**.

C. That they will administer their programs under procedures, supervision, safeguards, and such other methods as may be necessary to prevent fraud and abuse, and that it will target its services to those who most need them.

D. That if clients are to be transported under this contract, the **PROVIDER** will comply with the provisions of Chapter 427, Florida Statutes, which requires the coordination of transportation for the disadvantaged.

E. That any products or materials purchased with contract funds shall be procured in accordance with the provisions of Chapter 403.7065, Florida Statutes, which refers to the procurement of products or materials with recycled content.
F. That they will comply with Chapter 39.201, Florida Statutes, that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, shall report such knowledge or suspicion to the Central Abuse Hotline (1-800-342-3720).

G. That they will comply with Chapter 415.1034, Florida Statutes, that any person who knows or has reasonable cause to suspect that a vulnerable and or disabled adult has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the National Center on Elder Abuse Hotline (1-800-962-2873).

H. That if personnel in programs under this contract work directly with children or youths and vulnerable or disabled adults, the PROVIDER will comply with the provisions of Chapters 435.03 and 435.04, Florida Statutes, which requires employment screening.

I. That they will comply with Chapter 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature, State or county agencies.

J. That they will notify the COUNTY immediately of any funding source changes and/or additions from other sources that are different from that shown in the PROVIDER’S application. This notification must include a statement as to how this change in funding affects provision of service as well as the use of and continued need for COUNTY funds.

That they will acknowledge support for activities funded wholly or in part by COUNTY funds.

K. That they will notify the COUNTY of any SIGNIFICANT changes to the PROVIDER organization to include Articles of Incorporation and Bylaws within ten (10) working days of the effective date.

ARTICLE X HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

St. Johns County, pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a “covered entity” as the law defines that term. Any “personal health information” ("PHI") as defined by the law that the COUNTY receives pursuant to this Agreement is subject to the disclosure and security requirements of HIPAA. Transfer of information to the COUNTY sufficiently “de-identified” to no longer be considered PHI is encouraged as being in the best interest of client PHI confidentiality to the extent that client services are unaffected. Particular methods to accomplish the highest levels of client service coupled with PHI confidentiality shall be an on-going task of the effected staffs of the COUNTY and PROVIDER.

ARTICLE XI NOTICES

Official notices concerning this Contract shall be directed to the following authorized representatives:
PROVIDER:
Name: Lisa Franklin
Title: Executive Director
Agency: Alpha Omega Miracle Home, Inc.
Address: 1835 US 1 South, Suite 119-235
D9 St. Augustine, FL 32086
Telephone: (904) 823-8588
Fax: (904) 823-8984
Email: lisa@aomh.org

COUNTY:
Name: Ann Henry
Title: Contracts Coordinator
Agency: SJC Social Services Dept.
Address: 1955 US 1 South, Suite 1
St. Augustine, FL 32086
Telephone: (904) 209-6142
Fax: (904) 209-6141
Email: ahenry@sjcfl.us

The signatures of the two persons representing the Provider shown below are designated and authorized to sign all applicable reports:

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<tr>
<th>Name (Print)</th>
<th>Signature</th>
<th>Title (Print)</th>
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</table>

OR

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Signature</th>
<th>Title (Print)</th>
</tr>
</thead>
</table>

In the event that either party designates different representatives after execution of this contract, notice of the name and address of the new representative will be rendered in writing by authorized officer of PROVIDER to the COUNTY. The notification shall be attached to originals of this Contract.

ARTICLE XII  SPECIAL PROVISIONS

If needed, PROVIDER may be called upon to assist COUNTY during a natural disaster or emergency.

ARTICLE XIII  ALL TERMS AND CONDITIONS INCLUDED

This contract and its attachments, and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such terms or provisions shall be stricken.

ARTICLE XIV  GOVERNING LAW

This contract shall be construed according to the laws of the State of Florida. Venue for any State
administrative and/or legal action arising under this contract shall be in St. Johns County, Florida. Venue for any federal legal action arising under this contract shall be in the United States District Court, Middle District of Florida.

ARTICLE XV | SEVERABILITY

If any word, phrase, sentence, part, section, subsection, or other portion of this contract, or any application thereof, to any person or circumstance is declared void, unconstitutional, or invalid for any reason, then such word, phrase, sentence, part, section, subsection, other portion, or the proscribed application thereof, shall be severable, and the remaining portions of this contract, and all applications thereof, not having been declared void, shall remain in full force, and effect.

IN WITNESS THEREOF, PROVIDER and COUNTY have caused this 11-page contract and all Contract Exhibits and Attachments as indicated on next page to be executed by their undersigned officials as duly authorized.

PROVIDER:

By: Lisa Franklin

(Signature of authorized officer)
Executive Director

Date

STATE OF FLORIDA
COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me this ___ day of ______, 2009,
by __________, who is personally known to me or who has produced __________ as identification and who □ did (□ did not) take an oath.

NOTARY:

By: __________________________
   Notary of Public (Signature)

   (Notary Stamp)

COUNTY: ST. JOHNS COUNTY

By: Cyndi Stevenson

(Signature of authorized officer)
Chair, Board of County Commissioners

Date

ATTEST: CLERK OF CIRCUIT COURT

By: __________________________
Title: __________________________
Date: __________________________

APPROVED AS TO FORM:
COUNTY ATTORNEY'S OFFICE

By: __________________________
Title: Deputy County Attorney
Date: 9/07/09
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<tr>
<th>ST. JOHNS COUNTY</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td></td>
<td>$57,000.00</td>
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DATE SIGNED: [Signature of authorized representative]

ST. JOHNS COUNTY USE ONLY

[Table with columns labeled 'Invoice', 'County Invoices To This Invoice', 'Pending Payment', 'Paid Invoices To ST. JOHNS COUNTY', 'Balance Due', 'Paid To Date', etc.]

[Address information and contact details]
EXHIBIT 1 B – CHOOSE LIFE FUNDS EXPENDITURE WORKSHEET

Client Name: ___________________________  Date: ____________

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<td>Utilities</td>
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## EXHIBIT 2

### DEMOGRAPHICS OF CLIENTS SERVED IN PROGRAM

**Program Name:** Alpha Omega Miracle Home - Choose Life Funds

### UNDUPPLICATED CLIENT CHARACTERISTICS

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<tr>
<th>Reporting Period</th>
<th># of Clients served in Program</th>
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<td>Children (0-17)</td>
</tr>
<tr>
<td>Apr 1, 2010 - Sep 30, 2010</td>
<td>Children (0-17)</td>
</tr>
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### AGE GROUP

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<th>Age Group</th>
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<th>Adults (18 &amp; up)</th>
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<tr>
<td>6-11 Year</td>
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<tr>
<td>45-54 Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64 Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 or Older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>Children (0-17)</th>
<th>Adults (18 &amp; up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RACE

<table>
<thead>
<tr>
<th>Race</th>
<th>Children (0-17)</th>
<th>Adults (18 &amp; up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American Indian or Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ETHNICITY

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Children (0-17)</th>
<th>Adults (18 &amp; up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haitian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### LEGAL RESIDENCE

<table>
<thead>
<tr>
<th>Legal Residence</th>
<th>Children (0-17)</th>
<th>Adults (18 &amp; up)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AT REFERRAL

<table>
<thead>
<tr>
<th>AT Referral</th>
<th>Children (0-17)</th>
<th>Adults (18 &amp; up)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ANNUAL INCOME

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Children (0-17)</th>
<th>Adults (18 &amp; up)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

4/2/2009
**Certificate of Liability Insurance**

**Producer:** 520.455.9252  
**Fax:** 520.455.9358  
**Patriot Insurance Agency, Inc.**  
**PO Box 1298**  
**Sonoita, AZ 85637-1298**  
**Erika Hill**  
**Insured:** Alpha-Omega Miracle Home  
**1835 US 1 South**  
**Suite 119-235**  
**St. Augustine, FL 32084**

**Insurers Affording Coverage:**  
**Insurer A:** Spirit Mountain Ins Co RRG Inc  
**NAIC #:** 10754

**Coverages:**

<table>
<thead>
<tr>
<th>Insured Liab. Description</th>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date</th>
<th>Policy Expiration Date</th>
<th>Each Occurrence</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>SMIC-LPP2009-CPA039</td>
<td>06/30/2009</td>
<td>06/30/2010</td>
<td>$1,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims Made Occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Liability Incl.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ded: $2500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Aggregate Limit Applies Per Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retrodate: 8/23/2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Automobile Liability:**

<table>
<thead>
<tr>
<th>Auto</th>
<th>All Owned Autos</th>
<th>Scheduled Autos</th>
<th>Hired Autos</th>
<th>Non-Owned Autos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Auto</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Garage Liability:**

<table>
<thead>
<tr>
<th>Auto</th>
<th>Non-Auto</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Auto</td>
<td></td>
</tr>
</tbody>
</table>

**Excess / Umbrella Liability:**

<table>
<thead>
<tr>
<th>Occur</th>
<th>Claims Made</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Workers Compensation and Employers' Liability:**

<table>
<thead>
<tr>
<th>Any Proprietor/Partner/Executive</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officer/Member Excluded?</td>
<td></td>
</tr>
<tr>
<td>Yes, describe under special provisions below</td>
<td></td>
</tr>
</tbody>
</table>

**Other Sexual Abuse/Molestation:**

<table>
<thead>
<tr>
<th>Other liability</th>
<th>Limit: $100,000-$300,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ded: $2500</td>
<td></td>
</tr>
</tbody>
</table>

**Certificate Holder:**

St. Johns County Social Services  
**Address:** 1955 US 1 South  
**Suite D9**  
**St. Augustine, FL 32086**

**Cancellation:**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

**Authorized Representative:** Dwayne Lequire/EEH

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**Exhibit 3**
St. Johns County Social Services
Certificate issued to St. Johns County Social Services
Triot Insurance Agency, Inc.

09/04/2009

Certificate Holder to be named as additional insured under the above policy but only as their interests may appear and only with respect to the operations of the named insured.

TICE:

Certificate of Insurance is based on policy coverage issued by Spirit Mountain Insurance Company to all members of the International Association of the Community Services. Spirit Mountain Insurance Company Risk Retention Group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for Spirit Mountain Insurance Company Risk Retention Group.

EXHIBIT 3
IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.
EXHIBIT 4

ANNUAL CHOOSE LIFE SPECIALTY LICENSE PLATE REPORT TO ST. JOHNS COUNTY BY Alpha Omega Miracle Home

For the period October 1, 2009 through September 30, 2010

Annual Plate Fees Received from St. Johns County

<table>
<thead>
<tr>
<th>Date of Check</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Plate Fees Received $ __________________________

Interest Earned on Fees $ __________________________

Total Revenues $ __________________________

Annual Plate Fee Expenditures

<table>
<thead>
<tr>
<th>Primary Expenses</th>
<th>Women</th>
<th>Infants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentage of Distributed Fees Utilized: _______ %

<table>
<thead>
<tr>
<th>Secondary Expenses</th>
<th>Women</th>
<th>Infants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentage of Distributed Fees Utilized: _______ %

Total Expenditures: $ __________________________

Total Percent of Plate Fee Distributions Utilized: _______ %
EXHIBIT 4
ANNUAL CHOOSE LIFE SPECIALTY LICENSE PLATE REPORT
TO ST. JOHNS COUNTY
(Continued)
BY Alpha Omega Miracle Home

For the period October 1, 2009 through September 30, 2010

Utilizing additional pages, if necessary, please provide the following information for each sub-class of the above Primary and Secondary Expenditures:

<table>
<thead>
<tr>
<th>Date of Check</th>
<th>Check No.</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Expenditures:

Fiscal Year Ending Balance
(Total Revenues less Total Expenditures) $ ___________

UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECEIVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERCIAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY F.S. 320.08058 OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY F.S. 320.08062 AND THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(Signature or organization head) (Date)

(Printed name) (Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY OF __________, _________ BY _________________ (Name of person making statement)

(Month) (Year)

WHO (Check One)

_________ IS PERSONALLY KNOWN TO ME, OR
_________ PRODUCED IDENTIFICATION ___________ (Type of ID Produced)

(Signature of notary public) (Print, Type, or Stamp commissioned name of notary public)