

**BROWARD BEHAVIORAL HEALTH COLITION, INC
AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT**

This Professional Services Agreement Amendment (“Amendment”) is entered into by and between **BROWARD BEHAVIORAL HEALTH COALITION, INC.**, and **CITY OF FORT LAUDERDALE** (“CONTRACTOR”) and is effective as of _____.

WHEREAS, **BROWARD BEHAVIORAL HEALTH COALITION, INC.** and CONTRACTOR entered into that certain Agreement dated 7/25/2024 (the “Agreement”); and

WHEREAS, the Parties desire to amend the Agreement to update the Deliverables and the Rate Schedule;

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the Parties agree as follows:

1. Amendment to Deliverables - Exhibit A of the Agreement, entitled Scope of Services, is hereby deleted in its entirety and replaced with the following:

Updated Deliverables:

Contractor shall perform the services and provide the deliverables as outlined in Exhibit A – Updated Deliverables, attached hereto and incorporated herein by reference.

2. Amendment to Rate Schedule - Exhibit B of the Agreement, entitled Rate Schedule, is hereby deleted in its entirety and replaced with the following:

Updated Rate Schedule:

Agency shall compensate Contractor in accordance with the revised Rate Schedule set forth in Exhibit B – Updated Rate Schedule, attached hereto and incorporated herein by reference.

3. No Other Changes

Except as expressly amended herein, all other terms and conditions of the Agreement remain in full force and effect.

4. Entire Agreement

This Amendment, together with the Agreement and all prior amendments, constitutes the entire agreement between the Parties with respect to the subject matter hereof.

This section is intentionally left blank.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment as of the date first written above.

BROWARD BEHAVIORAL HEALTH COALITION, INC.

By: _____

Name: _____

Title: _____

Date: _____

CITY

CITY OF FORT LAUDERDALE, a
Florida municipality.

By: _____
Rickelle Williams
City Manager

Date: _____

Approved as to Form and Correctness:
Shari L. McCartney, City Attorney

By: _____
Eric W. Abend
Senior Assistant City Attorney

**Exhibit A
Updated Deliverables**

**Proposed Outcomes and Quarterly Deliverables
FY 25-26**

Quarters 1 - 4

- Continue providing the EMS Services
- Continue tracking outcomes
- Continue entering data in the DCF selected data system (as applicable)

Please refer to DCF Guidance Document #41 for additional program requirements, responsibilities, and additional details.

**Exhibit B
Updated Rate Schedule**

RATE SCHEDULE

RATE	COST
Year 1 FY 24 – 25 \$37,075 per month (12 months)	\$500,000 Cost of Vehicle = \$55,100 Balance = \$444,900
Year 2 -FY 25-26 \$31,250 per month (12 months)	\$375,000