CITY MANAGER'S OFFICE
CITY MANAGER SIGNATURE REQUEST ROUTING FORM

Rev: 13 | Revision Date: 09/29/2025

SECTION 1 | SUMMARY INFORMATION

Date: 4/1/26

■ **Commission Agenda Item** ☐ **Letter to the Commission (LTC)** ☐ **Letter to External Stakeholder(s)** ☐ **Other Document**

Document Title/Purpose: Resolution Approving the Amendment to Coordinated Opioid Recovery Program Services Agreement with Broward Behavioral Health Coalition and Authorizing Acceptance of Additional Grant Funds in the Amount of $375,000 Commission Districts 1, 2, 3, and 4

Commission Meeting Date: 2/17/26 **CAM #:** 26-0047 **Item #:**

CAM attached: ■ Yes ☐ No **Action Summary Attached:** ☐ Yes ☐ No **CIP FUNDED:** ☐ Yes ☐ No

Community Investment Plan (CIP) Project defined as having a life of at least 10 years and a cost of at least $100,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement. Term "real property" includes land, real estate, realty, or real.

SECTION 2 | REQUESTOR (CHARTER OFFICE/DEPARTMENT)

Charter Office: **Router Name:** **Ext:**

Department: Fire Rescue **Router Name:** Carladean Ferguson **Ext:** 6701

Department Approval (Director/Chief): **Name** Stephen Gollan **Init** SG **Date:** 3/23/26

***Return Document To:** Carladean Ferguson **Department:** Fire Rescue **Ext:** 6701

*REMINDER: Once review and signature at the last level of government (Federal, State, County) is complete, scan the final record copy and send to the City Clerk's Office.

Scan Date: Attach Certified Resolution #: 26-30 Original form route to CAO: ☐ Yes ☐ No

THE FOLLOWING SECTIONS ARE FOR CHARTER OFFICE USE ONLY

SECTION 3 | CITY ATTORNEY'S OFFICE (CAO): CAO signed/routed Required ☑ Yes ☐ No

Is the attached Granicus document final? ☑ Yes ☐ No **Number of Originals Attached:** 1

Attorney's Name: Eric Abend **Approved as to Form:** ☐ Yes ☐ No **Initials:** EA

Route to: Finance (if applicable) **Date:** **Route to: CCO Date:** 4/1/26

SECTION 4 | CITY CLERK'S OFFICE (CCO)

City Clerk Office Receive and Scan Date: **Number of Originals:** 1

Route to CMO Date: 04/01/26 **Route to Mayor Date:**

SECTION 5 | CITY MANAGER'S OFFICE (CMO)

LOG #: APR09 **Date Received:** 4/2/26 **Received From:** CCO

To CM/ACM: ☒ R. Williams ☐ C. Cooper ☐ Y. Matthews ☐ B. Rogers

Approved Init.: for continuous routing to Rickelle Williams, City Manager/Executive Director

Disapproved: **Comments:**

CMO Executive Assistant Route to: CCO | HR | OMB | Other: **Date:** **Initial:**

Form Approved by: Rickelle Williams, City Manager
Uncontrolled in hard copy unless otherwise marked

WE BUILD COMMUNITY

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 April 6, 2026.

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: Signed by: Silvia Quintana D999499950A143C...

Name: Silvia Quintana

Title: CEO

Date: 3/26/2026

CITY

CITY OF FORT LAUDERDALE, a Florida municipality.

By: Rickelle Williams

Rickelle Williams
City Manager

Date: 4/6/26

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