CS-19-360 CM2870-A1

Cares Act Funding Agreement Amendment 1

## CARES ACT FUNDING AGREEMENT Amendment No. 1

This Amendment to Agreement No. (the "Agreement") is entered into by the State of Florida, Division of Emergency Management, with headquarters in Tallahassee, Florida (hereinafter referred to as the "Division," "FDEM," or "Recipient"), and Nassau County, (hereinafter referred to as the "County" or Recipient").

This Amendment Is hereby incorporated into the Agreement. All terms and conditions of the Agreement remain in full force and effect except as otherwise expressly set forth herein. The effective date of this Amendment is September 22,2020.

THEREFORE, the Parties agree to amend the Agreement language as set forth:

## (18)PAYMENTS

The State of Florida, through the Division, will make disbursements, whether as a reimbursement or Advance from each County government's allocation as identified by the attached allotment schedule. Funding for <u>Nassau County</u> shall not exceed <u>\$15.464.379.00</u>

IN WITNESS WHEREOF, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives on the dates noted below.

SUB-RECIPIENT:	1.0.0					
Ву:	e and title: Daniel B. Leeper, Chairman					
Name and title:						
Date	September 30, 2020					
FID#	Name of the Control o	WO				
STATE OF FLO	RIDA					
DIVISION OF E	MERGENCY MANAGEMENT					
By:						
	Name and Title	,				
Date						



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IN WITNESS WHEREOF, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives on the dates noted below.

SUB-RECIPIENT:	110		-
Ву:	who By	Dun	
Name and title:	Daniel B. Leeper,	Chairman	
Date	September 30, 20	020	
FID#			
STATE OF FLOR	RIDA		
DIVISION OF EN	HERGENCY MANAGEMEN	П	
	Allison	Digitally signed by Allison McLeary DN: dc=org, dc=fleoc, ou=DEM_Users, ou=Recovery, ou=RecoveryCoordination, cn=Allison McLeary, email=Allison.McLeary@em.myflorida.com Date: 2020.10.07 15:2247 -04:00*	
By:	McLeary		Recovery Bureau Chief/GAR
	Name and Title	-	
Deta	10-7-	-20	

## DIVISION OF EMERGENCY MANAGEMENT Grant/Grant and Aid Subgrant Routing Sheet

DEM Contract/Grant Nu	imber: Y2286	Mod #: 1	Date Initiated: 10/7/20		
	t Person: Wesley Sapp	Phone: 815-4431			
Bureau Approval: Date: 10/7/20					
Subgrantee/Funding Sou					
Effective Dates: 9/22/2020 - 12/30/2020		Amount: \$15,464,3	Amount: \$15,464,379.00		
Type of Agreement:	A) Grant X	B) G & A Subgrant Agreement			
71	C) Loan Agreement	D) Other (explain)			
Routing:	-				
First Review - Grant Ma	anager:	Digitally signed by Wesley Sapp DN: dc=org, dc=fleoc, ou=DEM_Users.	Date Received		
	Wesley Sa	ou=Recovery, cn=Wesley Sapp, email=Wesley.Sapp@em.myflorida.com Date: 2020.10.07 13:51:15 -04:00	Date Reviewed		
Grant Mgmt Signature:					
First Review - Legal:	Stephanie 🔛	itally signed by Stephenie Twomey things the Mess, we offer these, Detector, cre-Stephenie Twomes,	Date Received		
	T	Descut, (19-30)   15-11-45 - 04/900′   2020,10.07   15-11-45 - 04/900′	Date Reviewed		
Legal Signature:					
Second Review - Finance	ce:		Date Received		
-			Date Reviewed		
Fiscal Mgmt Signature:					
Second Review - Legal:			Date Received		
			Date Reviewed		
Legal Signature:					

Distribution:

- Division/Bureau with Original Agreement
   Grants with Original Agreement
   Fiscal Mgmt with Copy of Agreement