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:	100
Ву:	- Ulu Bypen
Name and title:	Daniel B. Leeper, Chairman
Date	September 30, 2020
FID#	

STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

By:

Name and Title

-

Date

S-19-360

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STATE OF FLORIDA

DIVISION O	F EMERGENCY MANAGEMEN	Т	
Allison		Digitally signed by Allison McLeary DN: dc=org, dc=fleoc, ou=DEM_Users, ou=Recovery, ou=flecoveryCoordination,	
By:	McLearv	cn=Allison McLeary, email=Allison.McLeary@em.myflorida.com Date: 2020.10.07 15:22:47 -04'00'	Recovery Bureau Chief/GAR
	Name and Title	-	
Date	10-7-20		



# **DIVISION OF EMERGENCY MANAGEMENT**

	Grant/Grant an	id Aid Subgrant Routing Sheet	
DEM Contract/Grant Nu	mber: Y2286	Mod #: 1	Date Initiated: 10/7/20
Project Manager/Contact	Person: Wesley Sapp	Phone: 815-4431	
Subgrantee/Funding Sou	rce:		
Effective Dates: 9/22/2	Amount: \$15,464,3	79.00	
Type of Agreement:	A) Grant X	B) G & A Subgrant Agreement	
	C) Loan Agreement	D) Other (explain)	
Routing: First Review – Grant Ma	nager:	Digitally signed by Wesley Sapp	Date Received
	Wesley Sa	DN: dc=org. dc=fleoc, ou=DEM_Lisers, 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:	-pu-Di	Ny signed by Stephania Twomey magina di dena, una della fuera escala, cressaguina Twomey,	Date Received
		820.10.07 12:11/65-647002	Date Reviewed
Legal Signature:			
Second Review - Finance	e:		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