

**BIG BEND COMMUNITY BASED CARE, INC., d/b/a NWF HEALTH NETWORK  
BUSINESS AGREEMENT**

**THIS AGREEMENT** designated **V0060**, is entered into and between **BIG BEND COMMUNITY BASED CARE, INC., d/b/a NWF HEALTH NETWORK**, hereinafter referred to as "NWFHN" and **UWF FOUNDATION, INC.**, hereinafter referred to as "VENDOR".

**RECITALS**

**WHEREAS**, NWFHN has entered into contracts with the Florida Department of Children and Families (hereinafter referred to as "DCF"), relating to the administration and delivery of behavioral health services to children who are at-risk; and provide foster care and related services pursuant to Section 409.1671, Florida Statutes (F.S.), and prevention services.

**WHEREAS**, NWFHN desires to retain Vendor to provide services in connection with NWFHN's performance under the DCF Contract, a copy of the DCF Contract is available in hard copy by request, or at <https://www.nwfhealth.org>; and

**WHEREAS**, Vendor is duly licensed, if applicable, and desires to perform the services described in this Contract in connection with NWFHN's performance under the DCF Contract.

**NOW THEREFORE**, in consideration of the mutual undertakings and agreements hereinafter set forth:

**THE PARTIES AGREE:**

**A. THE VENDOR AGREES:**

1. To provide services in accordance with **Attachment I** of this agreement.

**B. NWFHN AGREES:**

1. As described in **Attachment I, Scope of Work**, NWFHN agrees to pay for deliverable or deliverables, an amount not to exceed **\$100,000.00**, subject to the availability of funds.
2. To remit payment to Vendor for authorized services within thirty (30) calendar days of a properly completed and approved invoice, to be submitted no later than July 5, 2023.

**C. NWFHN AND THE VENDOR MUTUALLY AGREE:**

1. This Agreement shall be effective from **September 15, 2022 to June 30, 2023**.
2. Cancellation of this agreement by either party requires thirty days written notice to the other party.

**3. NAME AND MAILING ADDRESS OF PAYEE:**

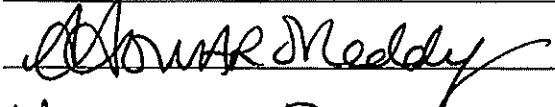
Name: UWF Foundation, Inc.  
Address: 11000 University Parkway  
City: Pensacola State: FL Zip: 32514  
Phone: 850-474-2000  
Email: hreddy@uwf.edu

Contact person:

Name: Howard J. Reddy  
Address: 11000 University Parkway  
City: Pensacola State: FL Zip: 32514  
Phone: 850-474-3306  
Email: hreddy@uwf.edu

I have read the above Agreement and understand each paragraph. **IN WITNESS THEREOF**, the Parties hereto have caused this Business Agreement to be executed by their undersigned officials as duly authorized.

**VENDOR:** UWF Foundation, Inc.

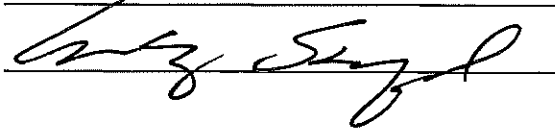
**SIGNATURE:** 

**PRINT NAME:** HOWARD REDDY

**TITLE:** PRESIDENT, UWF FOUNDATION

**DATE:** November 3, 2022

**VENDOR:** NWF Health Network

**SIGNATURE:** 

**PRINT NAME:** Mike Watkins

**TITLE:** Chief Executive Officer

**DATE:** 11/03/2022

**ATTACHMENT I  
SCOPE OF SERVICES**

**I. General Description**

NWF Health Network (NWFHN) serves as the Network Management agency for child welfare and substance abuse and mental health (behavioral health) services in northwest Florida. Our sole purpose is to provide the highest quality child welfare, substance abuse and mental health services to children, adults and their families within their communities through a managed network of accredited providers. We serve as a centralized support for our community and agency partners. Our agency is far more than an administrative office, however. At NWFHN, we strive to develop relationships with our children and families so we can provide them with the individualized attention they need. At NWFHN, we believe that children have the right to grow up safe, healthy and fulfilled in families that love and nurture them and that the children, adults and elders in our communities deserve exceptional behavioral health services that meet their needs. As such NWFHN is requesting professional services to:

**II. Scope of Service**

**Needs Assessment Findings Report:**

Vendor will provide written documentation of the requested Needs Assessment for Mental Health Community Alignment, for the counties of Escambia and Santa Rosa, which includes an executive summary, description of the process, findings from background research, strategic framework, possible approaches, and metrics.

**III. Method of Payment:**

This Contract contains a fixed price method of payment. NWFHN shall pay Vendor for the delivery of the Needs Assessment Findings Report provided in accordance with the terms of the Contract for a total amount of **\$100,000.00** upon delivery of no later than **June 30, 2023**, subject to the availability of funds.

**Amendment # 001  
Business Agreement # V0060**

This Amendment, entered into between **BIG BEND COMMUNITY BASED CARE, INC. d/b/a/ NWF HEALTH NETWORK** hereinafter referred to as "NWFHN", and **UWF FOUNDATION, INC.**, hereinafter referred to as the "Vendor," amends Business Agreement as follows:

**1. Business Agreement, Section B. NWFHN AGREES:**

1. As described in **Attachment I, Scope of Work**, NWFHN agrees to pay for deliverable or deliverables, an amount not to exceed **\$100,000.00**, subject to the availability of funds.

**Is hereby amended to read:**

1. As described in **Attachment I, Scope of Work**, NWFHN agrees to pay for deliverable or deliverables, an amount not to exceed **\$131,250.00**, subject to the availability of funds.

**2. Business Agreement, Section C. NWFHN AND THE VENDOR MUTUALLY AGREE:**

1. This Agreement shall be effective from **September 15, 2022** to **June 30, 2023**.

**Is hereby amended to read:**

1. This Agreement shall be effective from **September 15, 2022** to **June 30, 2023**.

**3. Attachment I, Scope of Services, Section III. Method of Payment:**

This Contract contains a fixed price method of payment. NWFHN shall pay Vendor for the delivery of the Needs Assessment Findings Report provided in accordance with the terms of the Contract for a total amount of **\$100,000.00** upon delivery of no later than **June 30, 2023**, subject to the availability of funds.

**Is hereby amended to read:**

This Contract contains a fixed price method of payment. NWFHN shall pay Vendor for the delivery of the Needs Assessment Findings Report provided in accordance with the terms of the Contract for a total amount of **\$131,250.00** upon delivery of no later than **June 30, 2023**, subject to the availability of funds.

All terms and conditions of the Contract, as well as any supplements and amendments thereto, not in conflict with this Amendment, shall remain in force and effect for this Amendment.

UWF FOUNDATION, INC.

SIGNED BY: Howard Reddy

NAME: Howard Reddy

TITLE: President, UWF Foundation

DATE: June 28<sup>th</sup> 2023

NWF HEALTH NETWORK

SIGNED BY: \_\_\_\_\_

NAME: Mike Watkins

TITLE: Chief Executive Officer

DATE: \_\_\_\_\_