

**DEPARTMENT OF HEALTH – TWO-PARTY AGREEMENT INFORMATION SHEET
DH1122-A**

GENERAL CONTRACT DESCRIPTION

GENERAL INFORMATION			
AGREEMENT NUMBER (if applicable)			
CHD/DIVISION/OFFICE	PINELLAS/ENVIRONMENTAL HEALTH/CHILD CARE LICENSING PROGRAM		
CONTRACT TYPE	RA-REVENUE AGREEMENT		
CONTRACT AMOUNT	\$660,022.00		
DATE OF EXECUTION			
BEGINNING DATE	OCTOBER 1, 2019		
ORIGINAL END DATE	SEPTEMBER 30, 2019		
NEW ENDING DATE	SEPTEMBER 30, 2020		
STATUTORY AUTHORITY	FS 402.306 CH 61-2681		
CONTRACT MANAGER INFORMATION			
LAST NAME	BORNOFF	FIRST NAME	FAITH
PHONE	727-507-4857	EXTENSION	
DATE OF LAST DOH CERTIFICATION:			11-29-2017
DATE OF ADV. ACCOUNTABILITY or FCCM			5-30-2018
VENDOR INFORMATION			
VENDOR ID			
VENDOR NAME	JUVENILE WELFARE BOARD OF PINELLAS COUNTY		
ADDRESS	14155 58 TH ST. NORTH, SUITE 100		
CITY/STATE/ZIP	CLEARWATER, FL 33701		
CONTACT PERSON	CHERYL MILLER		
CONTACT E-MAIL ADDRESS	cmiller@jwbpinellas.org		
PHONE NUMBER	727- 453 -5617		

PART II: CONTRACT ACTIONS

Contract Actions are all actions related to the contract after the initial execution of the agreement with the provider.

Action Type	Action Amount	Effective Date	Execution Date	Brief Description