


ATTACHMENT IX

DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds		
Name:	Johnson, Christopher	
Title:	Director of Financial Operations	
Agency Agreement/Contract #	CA024	
Total Contract Amount	\$11,203,354.00	
Contract Term:	January 1st, 2024 - December 31st, 2024	
Line Item Budget Category	Total Amount Paid	Amount Paid from State Funds
Salaries	\$89,250.25	0
Fringe Benefits	\$22,211.95	0
Bonuses	0	0
Accrued Paid Time Off	\$8,796.30	0
Severance Payments	0	0
Retirement Contributions	\$12,495.04	0
In-Kind Payments	0	0
Incentive Payments	0	0
Reimbursements/Allowances		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.		
Name:	Chris Johnson	
Signature:		
Title:	Director of Financial Operations	
Date:	12.8.23	

ATTACHMENT IX
EXHIBIT 1

Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds
CONTRACT DOCUMENTATION REQUIREMENTS

Section 216.1366, F.S., amended in 2023, establishes new documentation requirements for any contract for services executed amended, or extended on or after July 1, 2023, with non-profit organizations as defined in s. 215.97 (2)(m), F.S. The contract must require the contractor to provide documentation that indicates the amount of state funds:

- Allocated to be used during the full term of the contract for remuneration to any member of the board of directors or an officer of the contractor.
- Allocated under each payment by the public agency to be used for remuneration of any member of the board of directors or an officer of the contractor. The documentation must indicate the amounts and recipients of the remuneration.

Such information must be included in the contract tracking system maintained pursuant to s. 215.985 F.S., and must be posted on the contractor’s website if the contractor maintains a website.

As used in this subsection, the term:

- o “Officer” means a Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), or any other position performing an equivalent function.
- o “Remuneration” means all compensation earned by or awarded to personnel, whether paid or accrued, regardless of contingency, including bonuses, accrued paid time off, severance payments, incentive payments, contributions to a retirement plan, or in-kind payments, reimbursements, or allowances for moving expenses, vehicles and other transportation, telephone services, medical services, housing, and meals.
- o “State funds” means funds paid from the General Revenue Fund or any state trust fund, funds allocated by the Federal Government and distributed by the state, or funds appropriated by the state for distribution through any grant program. The term does not include funds used for the state Medicaid program.

The attached form will be used to document the compensation to non-profits using state funds.

This memorandum does not supersede the requirements outlined in Chief Financial Officer Memorandum No. 1.

If you have any questions, please call the Bureau of Auditing at (850) 413-5512.

FLORIDA ACCOUNTABILITY CONTRACT TRACKING SYSTEM (FACTS) REQUIREMENTS

Section (s.) 215.985, Florida Statutes (F.S.), amended in 2023, requires that each contract for which a state entity makes a payment pursuant to a contract executed, amended, or extended on or after July 1, 2023, the state entity shall post any documents submitted pursuant to s. 216.1366 F.S., which indicates the use of state funds as remuneration under the contract or a specified payment associated with the contract on the contract tracking system.

1. Are you a **nonprofit** organization as described in the in s. 215.97 (2)(m)?

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes

If yes, move on to question 2. If no, this form is not applicable to you.

2. Are any of the Officers , as **described** above, **or Board of Director** paid with state funds under this **contract**?

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes


If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each
If no, please complete Name, Title, and Date below and submit these instructions to your DOEA Contract Manager.

Name:

Title:

Date

ATTACHMENT IX

DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds		
Name:	Mustipher, Katina	
Title:	Chief Executive Officer	
Agency Agreement/Contract #	CA024	
Total Contract Amount	\$11,203,354.00	
Contract Term:	January 1st, 2024 - December 31st, 2024	
Line Item Budget Category	Total Amount Paid	Amount Paid from State Funds
Salaries	\$152,250.19	\$22,837.53
Fringe Benefits	\$31,321.73	\$4,698.26
Bonuses	0	0
Accrued Paid Time Off	\$20,634.63	\$3,095.20
Severance Payments	0	0
Retirement Contributions	\$21,315.03	\$3,197.25
In-Kind Payments	0	0
Incentive Payments	0	0
Reimbursements/Allowances		
Moving Expenses	0	0
Transportation Costs	\$949.62	\$949.62
Telephone Services	\$432.84	\$144.44
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.		
Name:	Chris Johnson	
Signature:		
Title:	Director of Financial Operations	
Date:	12.8.23	

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If no, please complete Name, Title, and Date below and submit these instructions to your DOEA Contract Manager.

Name:

Title:

Date

**ATTACHM
ENT IX**

DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds		
Name:	Kanarek, Lisa	
Title:	Chief Operations Officer	
Agency Agreement/Contract #	CA024	
Total Contract Amount	\$11,203,354.00	
Contract Term:	January 1st, 2024 - December 31st, 2024	
Line Item Budget Category	Total Amount Paid	Amount Paid from State Funds
Salaries	\$105,105.00	\$26,276.25
Fringe Benefits	\$24,504.55	\$6,126.14
Bonuses	0	0
Accrued Paid Time Off	\$4,102.66	\$1,025.66
Severance Payments	0	0
Retirement Contributions	\$14,714.70	\$3,678.68
In-Kind Payments	0	0
Incentive Payments	0	0
Reimbursements/Allowances		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	\$615.95	\$205.54
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.		
Name:	Chris Johnson	
Signature:		
Title:	Director of Financial Operations	
Date:	12.8.23	

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Title:

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