

**UNITED WAY OF NORTHEAST FLORIDA FUNDING AGREEMENT**  
**City of Jacksonville, Military Affairs and Veterans Department**  
**(hereinafter referred to as "Provider")**

**And**

**United Way of Northeast Florida (UWNEFL), on behalf of the First Coast Relief Fund**

**United Way of Northeast Florida Agrees to:**

Pay the Provider a total amount of \$5,000 upon receipt of this fully executed Funding Agreement. Due to the COVID19 emergency, UWNEFL will transmit the funds electronically. Therefore, it is important that UWNEFL receive the enclosed signed Funding Agreement and ACH form no later than May 18th or additional funding could be in jeopardy. This funding is to assist families affected by COVID-19 with financial assistance and supplies during the grant period of May 1, 2020 – July 31, 2020.

**Provider Agrees to perform the following services:**

1. Provide financial assistance for agency and low-income individuals and families who are financially insecure due to job losses, school closings, etc.
2. Submit the following programmatic documents for the funded activity:
  - A. End of Project Report: An End-of-Project Report no later than July 31, 2020 to be submitted to United Way of Northeast Florida using the reporting format which will be provided electronically.
3. Submit the following financial documents with the End of Project Report:
  - A. An accounting of expenses: Provider will submit an accounting of expenses and budget narrative outlining the use of the FCRF grant allocation
  - B. The First Coast Relief Fund understands that agencies may find it necessary to charge administrative overhead costs to their FCRF grant. This indirect cost will be allowed up to 10% of the grant allocation.
4. Comply with all rules and laws that apply to the background screening of employees as well as the new recommendations and guidance on social distancing.
5. The First Coast Relief Fund understands that modifications may be necessary in the nature or scope of the grant. However, any changes will require approval by the FCRF Grants Committee prior to initiating the change. If a grant modification is needed, please contact Elizabeth Lufrano at [fcrf@uwnefl.org](mailto:fcrf@uwnefl.org) for appropriate documentation.
6. Neither Provider nor United Way of Northeast Florida shall by reason of this Agreement be obligated to defend, assume the cost of defense, hold harmless, or indemnify the other from any liability to third parties for loss of or damage to property, death, or bodily injury arising out of or connected with the work under this Agreement.
7. Support the First Coast Relief Fund partnership with United Way through the following:
  - A. Recognize the First Coast Relief Fund partnership at all special and/or public events and marketing initiatives.

**United Way of Northeast Florida and Provider Mutually Agree:**

1. Advise Head of Community Impact and Strategic Investments of any fiscal or programmatic issues arising during the contractual period that are, or have the potential of, negatively impacting the delivery of client services, Rosimar Melendez may be reached via email at [rosimarm@uwnefl.org](mailto:rosimarm@uwnefl.org) or via phone at 904-390-3243.
- 2.

  
\_\_\_\_\_  
Michelle Braun                      5/11/2020  
Date

\_\_\_\_\_  
City of Jacksonville                      Date

**President, United Way of Northeast Florida**



UNITED WAY OF NORTHEAST  
FLORIDA, INC

## 2020 ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT ACT and other counterterrorism laws, the United Way of Northeast Florida, Inc. requires that each agency certify the following:

"I hereby certify on behalf of City of Jacksonville, Military Affairs and Veterans Department that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Print Name: Harrison Convers

Signature: \_\_\_\_\_

(Physical Signature Required)

Title: Supervisor Date: May, 18, 2020  
(CEO/Executive Director/ Finance Director)

For future correspondence mailings, please take a moment to update your agency contact information.

Primary Contact Name: Harrison Convers Email: hconvers@coj.net

Agency Phone No: 904-255-5522 Agency Fax No: 904-255-5547

Agency Address: 117 West Duval Street, Suite 175

City, State Zip: Jacksonville, FL 32202

Remittance Address: same

Federal Employer ID: (Required) 59-6000344

Website: coj.net/Military Affairs

Payment Preference: Check  ACH \_\_\_\_\_ (Complete ACH Form)

Impact Area: Education \_\_\_\_\_ Income  Health  Other (specify) \_\_\_\_\_

Your updated form can be uploaded to the Agency Portal, emailed to [agencyportal@uwnefi.org](mailto:agencyportal@uwnefi.org)



UNITED WAY OF NORTHEAST  
FLORIDA, INC.

**Electronic Funds Transfer Request Form (Optional)**

Agency Name: \_\_\_\_\_

Electronic Funds Transfer Information-NOTE: You will receive an email identifying funds at least 2 days prior to the effective date of each EFT deposit.

1. Banking Information:

A. Name of Financial Institution: \_\_\_\_\_

B. Account Name: \_\_\_\_\_

C. Address: \_\_\_\_\_

D. City, State, Zip: \_\_\_\_\_

E. Routing Transit Number: \_\_\_\_\_

F. Account Number: \_\_\_\_\_

G. Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

2. Authorized User to receive direct deposit email notifications:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

3. Approval:

Signature of Authorizing Party: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form as soon as possible to [agencyportal@uwnefl.org](mailto:agencyportal@uwnefl.org)