

## 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:
  - "Officer" means a Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), or any other position performing an equivalent function.
  - "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.
  - "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)?

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.

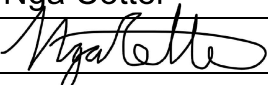
Name: Nga Cotter

Title: Director of Finance

Date: 05/05/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Nga Cotter	
<b>Title:</b>	Director of Finance	
<b>Agency Agreement/Contract #</b>	HA026	
<b>Total Contract Amount</b>	\$18,679,617.32	
<b>Contract Term:</b>	January 1, 2026 -December 31, 2026	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	131,250	0
Fringe Benefits	16,527	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	13,125	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Nga Cotter	
<b>Signature:</b>		
<b>Title:</b>	Director of Finance	
<b>Date:</b>	05/05/2026	

**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:

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

- Yes  
 No

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**?

- Yes  
 No

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

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

Name: **Nga Cotter**  
Title: **Director of Finance**  
Date **12/12/2025**

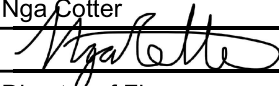
**ATTACHMENT IX**

**DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	<b>Nga Cotter</b>
<b>Title:</b>	<b>Director of Finance</b>
<b>Agency Agreement/Contract #</b>	<b>HA026</b>
<b>Total Contract Amount</b>	<b>\$10,044,155</b>
<b>Contract Term:</b>	<b>1/1/2026-12/31/2026</b>

<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	\$129,150	\$14,162
Fringe Benefits	\$42,620	\$4,673
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	0	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
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.**

<b>Name:</b>	<b>Nga Cotter</b>
<b>Signature:</b>	
<b>Title:</b>	<b>Director of Finance</b>
<b>Date:</b>	<b>12/12/2025</b>

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**Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds  
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1. Are you a **nonprofit** organization as described in the in s. 215.97 (2)(m)?

- Yes  
 No

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**?

- Yes  
 No

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

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

Name: **Maricela Morado**  
Title: **CEO/President**  
Date **12/12/2025**

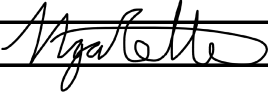
**ATTACHMENT IX**

**DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	
<b>Title:</b>	
<b>Agency Agreement/Contract #</b>	
<b>Total Contract Amount</b>	
<b>Contract Term:</b>	

Line Item Budget Category	Total Amount Paid	Amount Paid from State Funds
Salaries		
Fringe Benefits		
Bonuses		
Accrued Paid Time Off		
Severance Payments		
Retirement Contributions		
In-Kind Payments		
Incentive Payments		
<b>Reimbursements/Allowances</b>		
Moving Expenses		
Transportation Costs		
Telephone Services		
Medical Services Costs		
Housing Costs		
Meals		

**CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.**

Name:	
Signature:	
Title:	
Date:	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

### CONTRACT DOCUMENTATION REQUIREMENTS

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

No

Yes

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

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.


Name: Maricela Morado

Title: President and CEO

Date: 05/05/26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Maricela Morado	
<b>Title:</b>	President and CEO	
<b>Agency Agreement/Contract #</b>	HA026	
<b>Total Contract Amount</b>	\$18,679,617.32	
<b>Contract Term:</b>	January 1, 2026 - December 31, 2026	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	141,960	0
Fringe Benefits	17,876	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	14,196	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Maricela Morado	
<b>Signature:</b>		
<b>Title:</b>	CEO/President	
<b>Date:</b>	05/05/26	

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No

Yes

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No

Yes

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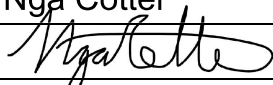
Name: Nga Cotter

Title: Director of Finance

Date: 4/23/26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Nga Cotter	
<b>Title:</b>	Director of Finance	
<b>Agency Agreement/Contract #</b>	HG026	
<b>Total Contract Amount</b>	\$135,418.55	
<b>Contract Term:</b>	June 1, 2026 - May 31, 2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	131,250	0
Fringe Benefits	16,527	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	13,125	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Nga Cotter	
<b>Signature:</b>		
<b>Title:</b>	Director of Finance	
<b>Date:</b>	4/23/26	

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

No

Yes

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

No

Yes

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If no, Please fill in the identifying information and certification statement on the attachment below.


Name: Maricela Morado

Title: President & CEO

Date: 06.09.26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Maricela Morado	
<b>Title:</b>	President & CEO	
<b>Agency Agreement/Contract #</b>	HC026	
<b>Total Contract Amount</b>	\$9,903,267	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	141,960	0
Fringe Benefits	17,876	0
Bonuses	14,196	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	14,196	0
In-Kind Payments	0	0
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Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Maricela Morado	
<b>Signature:</b>		
<b>Title:</b>	President & CEO	
<b>Date:</b>	06.09.26	

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.


Name: Maricela Morado

Title: President & CEO

Date: 04/23/26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Maricela Morado	
<b>Title:</b>	President & CEO	
<b>Agency Agreement/Contract #</b>	HG026	
<b>Total Contract Amount</b>	\$135,418.55	
<b>Contract Term:</b>	June 1, 2026 - May 31, 2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	141,960	0
Fringe Benefits	17,876	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	14,196	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Maricela Morado	
<b>Signature:</b>		
<b>Title:</b>	President & CEO	
<b>Date:</b>	04/23/26	

## 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:
  - "Officer" means a Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), or any other position performing an equivalent function.
  - "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.
  - "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)?

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.

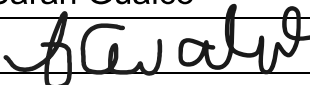
Name: Sarah Gualco

Title: Director of Operations

Date: 6/8/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Sarah Gualco	
<b>Title:</b>	Director of Operations	
<b>Agency Agreement/Contract #</b>	HC026	
<b>Total Contract Amount</b>	\$9,903,267.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	112,320	0
Fringe Benefits	18,081	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	11,232	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Sarah Gualco	
<b>Signature:</b>		
<b>Title:</b>	Director of Operations	
<b>Date:</b>	6/8/2026	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

### CONTRACT DOCUMENTATION REQUIREMENTS

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- 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:
  - "Officer" means a Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), or any other position performing an equivalent function.
  - "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.
  - "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)?

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.

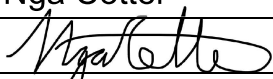
Name: Nga Cotter

Title: Director of Finance

Date: 6/8/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Nga Cotter	
<b>Title:</b>	Director of Finance	
<b>Agency Agreement/Contract #</b>	HC026	
<b>Total Contract Amount</b>	\$9,903,267.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	131,250	0
Fringe Benefits	16,527	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	13,125	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Nga Cotter	
<b>Signature:</b>		
<b>Title:</b>	Director of Finance	
<b>Date:</b>	6/8/2026	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

### CONTRACT DOCUMENTATION REQUIREMENTS

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- 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.

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- "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.

○ "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.

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### FLORIDA ACCOUNTABILITY CONTRACT TRACKING SYSTEM (FACTS) REQUIREMENTS

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.

Name: Sarah Gualco

Title: Director of Operations

Date: 6/29/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Sarah Gualco	
<b>Title:</b>	Director of Operations	
<b>Agency Agreement/Contract #</b>	HL026	
<b>Total Contract Amount</b>	\$310,000.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	112,320	0
Fringe Benefits	18,081	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	11,232	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Sarah Gualco	
<b>Signature:</b>	<i>Sarah Gualco</i>	
<b>Title:</b>	Director of Operations	
<b>Date:</b>	6/29/2026	

## 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:

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### FLORIDA ACCOUNTABILITY CONTRACT TRACKING SYSTEM (FACTS) REQUIREMENTS

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.


Name: Maricela Morado

Title: President & CEO

Date: 06.09.26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Maricela Morado	
<b>Title:</b>	President & CEO	
<b>Agency Agreement/Contract #</b>	HH026	
<b>Total Contract Amount</b>	\$1,440,401.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	141,960	0
Fringe Benefits	17,876	0
Bonuses	14,196	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	14,196	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Maricela Morado	
<b>Signature:</b>		
<b>Title:</b>	CEO/President	
<b>Date:</b>	06.09.26	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

### CONTRACT DOCUMENTATION REQUIREMENTS

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.

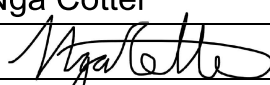
Name: Nga Cotter

Title: Director of Finance

Date: 6/8/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Nga Cotter	
<b>Title:</b>	Director of Finance	
<b>Agency Agreement/Contract #</b>	HH026	
<b>Total Contract Amount</b>	\$1,440,401.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	131,250	0
Fringe Benefits	16,527	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	13,125	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Nga Cotter	
<b>Signature:</b>		
<b>Title:</b>	Director of Finance	
<b>Date:</b>	6/8/2026	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.

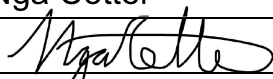
Name: Nga Cotter

Title: Director of Finance

Date: 6/29/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Nga Cotter	
<b>Title:</b>	Director of Finance	
<b>Agency Agreement/Contract #</b>	HL026	
<b>Total Contract Amount</b>	\$310,000.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	131,250	0
Fringe Benefits	16,527	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	13,125	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Nga Cotter	
<b>Signature:</b>		
<b>Title:</b>	Director of Finance	
<b>Date:</b>	6/29/2026	

## 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:
  - "Officer" means a Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), or any other position performing an equivalent function.
  - "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.
  - "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)?

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.

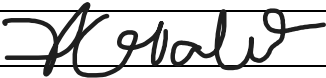
Name: Sarah Gualco

Title: Director of Operations

Date: 6/8/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Sarah Gualco	
<b>Title:</b>	Director of Operations	
<b>Agency Agreement/Contract #</b>	HH026	
<b>Total Contract Amount</b>	\$1,440,401.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	112,320,	0
Fringe Benefits	18,081	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	11,232	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Sarah Gualco	
<b>Signature:</b>		
<b>Title:</b>	Director of Operations	
<b>Date:</b>	6/8/2026	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

### CONTRACT DOCUMENTATION REQUIREMENTS

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- "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.

○ "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.

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.


Name: Maricela Morado

Title: President and CEO

Date: 06.29.26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Maricela Morado	
<b>Title:</b>	President and CEO	
<b>Agency Agreement/Contract #</b>	HL026	
<b>Total Contract Amount</b>	\$310,000.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	141,960	0
Fringe Benefits	17,876	0
Bonuses	14,196	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	14,196	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Maricela Morado	
<b>Signature:</b>		
<b>Title:</b>	President and CEO	
<b>Date:</b>	06.29.26	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

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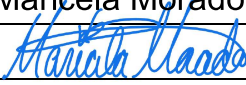
Name: Maricela Morado

Title: President and CEO

Date: 06.16.26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Maricela Morado	
<b>Title:</b>	President and CEO	
<b>Agency Agreement/Contract #</b>	HZ026	
<b>Total Contract Amount</b>	\$6,924,493	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	141,960	0
Fringe Benefits	17,876	0
Bonuses	14,196	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	14,196	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Maricela Morado	
<b>Signature:</b>		
<b>Title:</b>	President and CEO	
<b>Date:</b>	06.16.26	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

### CONTRACT DOCUMENTATION REQUIREMENTS

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

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

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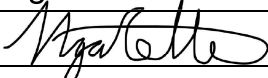
Name: Nga Cotter

Title: Director of Finance

Date: 6/16/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Nga Cotter	
<b>Title:</b>	Director of Finance	
<b>Agency Agreement/Contract #</b>	HZ026	
<b>Total Contract Amount</b>	\$6,924,493	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	131,250	0
Fringe Benefits	16,527	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	13,125	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Nga Cotter	
<b>Signature:</b>		
<b>Title:</b>	Director of Finance	
<b>Date:</b>	6/16/2026	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

### CONTRACT DOCUMENTATION REQUIREMENTS

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

No

Yes

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

No

Yes

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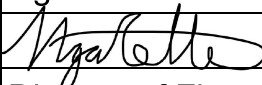
Name: Nga Cotter

Title: Director of Finance

Date: 6/8/26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Nga Cotter	
<b>Title:</b>	Director of Finance	
<b>Agency Agreement/Contract #</b>	HX026	
<b>Total Contract Amount</b>	\$537,639.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	131,250	0
Fringe Benefits	16,527	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	13,125	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Nga cotter	
<b>Signature:</b>		
<b>Title:</b>	Director of Finance	
<b>Date:</b>	6/8/26	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

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

No

Yes

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

No

Yes

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If no, Please fill in the identifying information and certification statement on the attachment below.

Name: Sarah Gualco

Title: Director of Operations

Date: 6/16/2026

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Sarah Gualco	
<b>Title:</b>	Director of Operations	
<b>Agency Agreement/Contract #</b>	HZ026	
<b>Total Contract Amount</b>	\$6,924,493	
<b>Contract Term:</b>	7/1/2026-2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	112,320	0
Fringe Benefits	18,081	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	11,232	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Sarah Gualco	
<b>Signature:</b>	<i>Sarah Gualco</i>	
<b>Title:</b>	Director of Operations	
<b>Date:</b>	6/16/2026	

## ATTACHMENT IX

### EXHIBIT 1

## Form instructions for Total Compensation Paid to Non-Profit Personnel Using State Funds

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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)?

No

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 any member of the Board of Director paid with state funds under this contract?

No

Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.


Name: Maricela Morado

Title: President & CEO

Date: 06.09.26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Maricela Morado	
<b>Title:</b>	President & CEO	
<b>Agency Agreement/Contract #</b>	HX026	
<b>Total Contract Amount</b>	\$537,639.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	141,960	0
Fringe Benefits	17,876	0
Bonuses	14,196	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	14,196	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Maricela Morado	
<b>Signature:</b>		
<b>Title:</b>	CEO/President	
<b>Date:</b>	06.09.26	

**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:
  - "Officer" means a Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), or any other position performing an equivalent function.
  - "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.
  - "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)?

- No  
 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 any member of the Board of Director paid with state funds under this contract?

- No  
 Yes

If yes, please complete the DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds attachment for each Individual this applies to.

If no, Please fill in the identifying information and certification statement on the attachment below.


Name: Sarah Gualco

Title: Director of Operations

Date: 6/8/26

## ATTACHMENT IX

### DOEA Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Sarah Gualco	
<b>Title:</b>	Director of Operations	
<b>Agency Agreement/Contract #</b>	HX026	
<b>Total Contract Amount</b>	\$537,639.00	
<b>Contract Term:</b>	7/1/2026-6/30/2027	
<b>Line Item Budget Category</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries	112,320	0
Fringe Benefits	18,081	0
Bonuses	0	0
Accrued Paid Time Off	0	0
Severance Payments	0	0
Retirement Contributions	11,232	0
In-Kind Payments	0	0
Incentive Payments	0	0
<b>Reimbursements/Allowances</b>		
Moving Expenses	0	0
Transportation Costs	0	0
Telephone Services	0	0
Medical Services Costs	0	0
Housing Costs	0	0
Meals	0	0
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>		
<b>Name:</b>	Sarah Gualco	
<b>Signature:</b>		
<b>Title:</b>	Director of Operations	
<b>Date:</b>	6/8/26	