## **Executive Compensation Annual Report**

Instructions: Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

I swear (or affirm) to my authority to make binding representations on behalf of the entity listed below, the information contained in this document is accurate and complete to the best of the below-listed entity's

## **Section 1: Attestation**

knowledge, and both I and the below-listed entity intend the Department rely upon the information contained in	
this document.	
BROWARD BEHAVIORAL HEALTH COALITION, INC.	
Entity Name	
JH343	45-3675836
Department Contract Numbers	UEID Number
SILVIA M. QUINTANA	
Printed Name of Authorized Person	
Silina IVI- Vintana	4/25/23
Signature of Authorized Person	Date
STATE OF FLORIDA COUNTY OF BROWARD  ALFONSO DE JESUS RUIZ Notary Public - State of Florida Commission # HH 285695 My Comm. Expires Nov 2, 2026 Bonded through National Notary Assn.	
Sworn to (or affirmed) before me by means of ☑ physical presence or ☐ online notarization, this ②5™ day of APRID , 2023, by SiLVIA M. QUINTANA	
Signature of Nota	ry Public- State of Florida
Personally Known OR Produced Identification	
Type of Identification Produced: PERSONALLY KNOWN	
Section 2: Qualifying Questions	
1) Did one or more of the contract(s) result from the Entity being named in federal law or Florida Statutes (substantive or appropriation) as the required recipient of a single source, public-private agreement?   Po	
2) During the preceding fiscal year, did the Entity receive 50% or more of its budget from either the State of Florida or from a combination of State and Federal funds?	
■ Yes □ No	Astalf de alfonde a (IX
3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in total federal funding, (b) the federal funds so received accounted for more than 80% of the Provider's annual gross revenue, and (c) was the compensation of top five executives for the preceding fiscal year not available publicly?	
If the answer to <b>any</b> question in this section is Yes, you must proceed to and complete submit this form to your relevant Department Contract Manager.	e Section 3. Otherwise,