



**II. FISCAL ANALYSIS IMPACT**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
Capital Expenditures					
Operating Costs	<u>42,798</u>	<u>128,392</u>			
External Revenue	<u>(25,515)</u>	<u>(76,543)</u>			
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<u>17,283</u>	<u>51,849</u>			
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget: Yes X No  
 Budget Account No.: Fund 1006 Dept. 144 Unit 1482 Obj. Various  
 Program Code Various

Sufficient funding is available in the FY 2007 budget to meet County obligations. County funding required to meet FY 2008 obligations has been requested in the FY 2008 budget process.

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

State funds through the Department of Elder Affairs and County funds. Local funds already in Budget.

<u>Funds</u>	<u>07-08</u>
State	\$102,058
Match (10%)	0
Addnl. County Funds	<u>69,132</u>
<b>Totals</b>	<b>\$171,190</b>

Departmental Fiscal Review: REUBH

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

8/29/07 OFMB 8/29/07 Contract Administration 8/31/07  
*8/29/07* *8/29/07* *8/30/07*

**B. Legal Sufficiency:**

9/4/07  
 Assistant County Attorney

This Contract complies with our contract review requirements.

The effective date is retroactive in nature.

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment.

June 2007

Agreement No. IR007-9500

**STANDARD AGREEMENT  
AREA AGENCY ON AGING**

**CONTRACT PROVISIONS**

**THIS Agreement** is entered into between the Area Agency on Aging/Palm Beach Treasure Coast Inc., hereinafter referred to as the "Agency", and **Palm Beach County Board of County Commissioners**, hereinafter referred to as the "Provider".

**I. Provider Agrees:**

**A. Final Request for Adjustments and Payment:**

1. Final requests for budget revisions or adjustments to agreement funds based on expenditures for services provided through June 30, 2008 must be submitted to the Agency fiscal grants manager by July 10, 2008.
2. The final request for payment invoice must be submitted by August 1, 2008.

**II. Agency Agrees:**

**A. Agreement Amount:**

To pay for services in accordance with the **PROGRAM PROVISIONS** of this agreement in an amount not to exceed **\$102,058.00**, subject to the availability of funds.

**B. Obligation to Pay:**

The Agency's and State of Florida's performance and obligation to pay under this agreement is contingent upon an annual appropriation by the Legislature.

**C. Source of Funds:**

The costs of services paid under any other agreement or from any other source are not eligible for reimbursement under this agreement.

The projected funding allocation chart provided below is in accordance with the Annual Release Plan for Fiscal-Year 2007-08 developed by the State of Florida Office of Policy and Budget. To help ensure the availability of funds, the provider must not invoice more than 24% of the agreement amount the first three quarters. Should the provider invoice less than 24% in any of the first three quarters, the difference between 24% and the invoiced amount will be available in the subsequent period(s).

The funds awarded to the provider pursuant to this agreement are in the state grants and aids appropriations and consist of the following projected quarterly allocations:

Program Title	Funding Source	CFDA/ CSFA	Quarter/ Dates	Allocation
RELIEF	General Revenue/ Tobacco Settlement Trust Fund	65006	1 <sup>st</sup> 7/1/07-9/30/07	\$24,493
			2 <sup>nd</sup> 10/1/07-12/31/07	\$24,493
			3 <sup>rd</sup> 1/1/08-3/31/08	\$24,493
			<b>Projected 4<sup>th</sup></b> 4/1/08-6/30/08	\$28,579
<b>PROJECTED ANNUAL TOTAL</b>				<b>\$102,058</b>

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**III. Provider and Agency Mutually Agree:**

**A. Effective Date:**

1. This agreement shall begin on July 1, 2007.
2. This agreement shall end on June 30, 2008.
3. In the event that a subsequent agreement may not be executed prior to the July 1<sup>st</sup> start date, the Agency may, at its discretion, extend this agreement upon written notice for up to 90 days to ensure continuity of service. Services provided under this extension will be paid for out of the succeeding contract amount.

**B. Provider Responsibility:**

Notwithstanding the pass-through language contained in the Assignments and Subcontracts clause of the **STANDARD PROVISIONS** of this agreement, the provider maintains responsibility for the performance of all subcontractors and vendors in accordance with all applicable federal and state laws.

**C. Notice, Contact, and Payee Information:**

1. The name, address, and telephone number of the program manager for the Agency for this agreement is:

Kim McGow  
Area Agency on Aging  
Palm Beach/Treasure Coast, Inc.  
1764 N. Congress Avenue, Suite 201  
(561) 684-5885

2. The name, address, and telephone number of the representative of the provider responsible for administration of the program under this agreement is:

Faith Martin, Director  
Division of Senior Services  
810 Datura Street, Suite 300  
West Palm Beach, FL 33401  
(561) 355-4746

3. In the event either party designates different representatives after execution of this agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this agreement.
4. The name (provider name as shown on page 1 of this agreement) and mailing address of the official payee to whom the payment shall be made:

Palm Beach County Board of County Commissioners  
Division of Senior Services  
810 Datura Street, Suite 300  
West Palm Beach, FL 33401

**PROGRAM PROVISIONS: RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES**

**RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES**

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**I. Statement of Purpose**

The Agency on Aging is committed to helping Florida's frail elders and their caregivers receive essential services to help them remain independent in the community.

Through this agreement, the provider of the **Respite for Elders Living In Everyday Families (RELIEF)** program will offer an expansion of currently available in-home respite, specifically evening and weekend respite, in order to increase the ability of a family unit to continue to care for a homebound elderly individual beyond the basic provisions of current public programs.

**II. Manner of Service Provision**

**A. General**

1. The provider shall operate within all provisions of Section 430.071, F.S, abiding by all of the requirements to provide in-home respite that is an extension of respite currently available through other programs, specifically evening and weekend respite.
2. Provider shall provide program oversight and technical assistance for the RELIEF program to all subcontracted provider agencies and shall:
  - a. Designate appropriate staff to be responsible for program oversight and technical assistance to subcontracted RELIEF provider agencies.
  - b. Ensure that guidelines in the RELIEF Program Handbook for Managers are followed and implemented.
  - c. Ensure the collection of appropriate data and the submission of accurate and complete monthly service reports to the Agency's program manager.
  - d. Conduct program orientation for new subcontractors within 30 days of agreement execution or new staff assignment.
  - e. Ensure that provider and subcontracted program staff attend required annual meeting and other pertinent training.
  - f. Allow expenses related to program volunteer recruitment, retention and recognition efforts.
3. Volunteers providing respite serviced through this agreement may be non-stipend volunteers. Non-stipend volunteer hours shall be documented in monthly service reports.
4. Respite services shall be provided through a multi-generational corps of stipended and non-stipended volunteers, and any other personnel deemed appropriate by the Agency on Aging.
5. Potential consumers will be assessed according to the following guidelines to determine their need for respite services:
  - a. The family unit is unable to pay for respite without jeopardizing other basic needs.
  - b. The homebound elderly individual for whom the family unit is caring is 60 years of age or older, requires assistance to remain in the home, and would need to move to an assisted living facility or nursing home without this assistance.
  - c. A family unit that receives respite services from RELIEF is not excluded from receiving assistance from other governmental programs.
6. Provider will maintain volunteer files in accordance with the list set forth in the **Volunteer File Checklist (ATTACHMENT VIII)**.

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7. Provider will fund the costs for at least 2 caregivers to attend an approved local caregiver forum during the contract year. The Agency reserves the right to waive this stipulation if no approved local forum is held.

**B. Staff and Volunteer Recruitment**

All employees and volunteers working within this Agreement shall be screened, selected, trained and registered by the Recipient. Where the Provider utilizes volunteers pursuant to this Agreement, the Provider may utilize the Department of Elder Affairs Volunteer Handbook as a guideline; however, in no event will Provider volunteers be considered volunteers of the Department.

**C. Partnership Development**

Provider will make effort to recruit volunteers from a variety of sources, including volunteer centers, religious organizations, college campuses, corporations, families, Retired Senior Volunteer Programs, and AmeriCorps programs.

**III. Reporting**

All reports are to be submitted to the Agency program manager. The provider will submit the Monthly Service Record (**ATTACHMENT III a-e**) and the Monthly Service Summary (**ATTACHMENT IV a-c**) by the 15<sup>th</sup> calendar day of each month during the agreement period, according to the Reporting Calendar (**ATTACHMENT I**). The report must include a narrative update on activities related to volunteer recruitment and training, hours of service, and number of consumers served for the month. The report must also include an unduplicated count of volunteers and consumers served year-to-date.

**IV. Target Outcomes/Outputs**

The target output for the agreement period is 14,077 volunteer service hours. Volunteer service hours include in-home respite, required volunteer training, and travel time between assignments.

**V. Agreement Payments**

**A. Method of Payment**

This is an advance, cost reimbursement for administrative expenses and unit rate for volunteer services agreement. Reimbursement will be made for allowable program expenditures outlined in Section V.B. below, not to exceed the amounts set forth in **ATTACHMENT II, Budget Summary**.

1. All status reports and accompanying documentation should be submitted to the Agency's program manager on or before the due dates listed.
2. The provider may request a monthly advance for each of the first two months of the agreement period, based upon anticipated cash needs. Detailed documentation justifying cash needs for advances must be submitted with the request for advance. All payment requests for the third through the twelfth months shall be based on the submission of actual monthly expenditure reports beginning with the first month of the agreement. The schedule for submission of advance requests is **ATTACHMENT I** to this agreement.
3. Reconciliation and recoupment of advances made under this agreement are to be completed by and reflected on Report Numbers 13 and 14. All advanced payments are subject to the availability of funds. Advance funds may be temporarily invested by the provider in an insured interest bearing account. All interest earned on advance funds must be returned to the Agency on Aging within thirty (30) days of the end of each quarter of the agreement period.
4. Reimbursements for administrative costs may be requested on a monthly basis using **ATTACHMENTS VII & VIII**. Administrative costs may be used to support subcontractor volunteer recruitment and recognition efforts, as well as participation in annual meeting or other approved training. Reimbursement requests are due to the Department of Elder Affairs no later than the 15th calendar day of each month, following the month in which expenses were incurred during the agreement period and shall include an invoice detailing actual (allowable) expenditures for the period of

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the reimbursement request. All volunteer service hours, as defined in **Section IV**, will be paid on a unit rate basis and requested on **Form 109 (ATTACHMENT VI)**.

5. The provider's Final/Closeout report shall include a final accounting of all expenditures for services under this agreement. The final payment shall be adjusted to reflect the actual total expenditures incurred that are not in excess of the total amount of this agreement.
6. Any payment due under the terms of this agreement may be withheld pending receipt and approval by the Agency of all financial and programmatic reports due from the provider and any adjustments thereto. The costs of services paid under any other agreement or contract or from any other source are not eligible for reimbursement under this agreement.

#### **B. Allowable Costs**

The Office of Management and Budget Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments, and A-102, Uniform Administrative Requirements for grants and Agreements with State and Local Governments, are used as guidelines to determine the allowability of costs:

1. Salaries and Benefits;
2. Travel: Reimbursement for travel shall be in accordance with Section 112.061, F.S.; Agency and subcontractor program staff are expected to attend at least one meeting annually.
3. Operating Capital Outlay (OCO);
4. Other Direct Costs (supplies, postage, copying, telephone, etc.); and
5. Subscriptions and applicable periodicals, not to exceed \$250. Prior approval by the Agency's fiscal grants manager is required for each subscription and applicable periodical.

#### **C. Costs Not Allowed**

Please be advised that the following are **not allowable expenses** for funds:

1. Cash awards to employees or ceremony expenditures;
2. Penalty on borrowed funds or statutory violations (or penalty for late payment of taxes);
3. Organizational affiliations;
4. Fund raising;
5. Deferred payments to employees as fringe benefit package;
6. Severance pay and unearned leave; and
7. Staff overtime.

### **STANDARD PROVISIONS**

These provisions, incorporated herein, are the successor to Master Agreement Number M004-1, entitled Area Agency on Aging, Master Agreement.

#### **I. Scope of Services:**

The provider agrees to provide the services specified in the **PROGRAM PROVISIONS** of this agreement.

#### **II. Independent Provider:**

The provider will be acting in its independent capacity and not as an employee, agent or representative of the Agency. The provider shall not be deemed or construed to be an employee, agent or representative of the Agency for any purpose whatsoever. Nothing contained in this agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties.

Under this agreement, the provider shall be responsible for its work and shall be accountable to the Agency for work performed by subcontractors.

**III. Payment Requirements:**

The provider agrees to submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre audit and post audit thereof. The provider shall comply with the particular requirements under the following laws and guidelines that are applicable to this agreement: (a) paragraph (16) (b) of section 216.181, F.S., regarding advances; (b) paragraph 69I-40.103 F.A.C. pertaining to Restriction of Expenditures from state funds; and, (c) the Contract Payment Requirements sub-section of section C of the Reference Guide for State Expenditures from the Department of Financial Services (<http://www.fldfs.com/aadir/reference%5Fguide/>). The provider certifies that detailed documentation is available to support each item on the itemized invoice or payment request for cost reimbursed expenses, fixed rate or deliverables agreements, including paid subcontractor invoices, and will be produced upon request by the Agency. The provider further certifies that reimbursement requested is only for allowable expenses as defined in the laws and guiding circulars cited in Section IV. (State and Federal Laws and Regulations) of these provisions, in the Reference Guide for State Expenditures, and any other laws or regulations, as applicable, and that administrative expenses do not exceed amounts budgeted in the provider's supporting budget schedule as developed in accordance with and pursuant to section 306(a) of the Older Americans Act of 1965, as amended.

Provider and subcontractor shall provide units of deliverables, including reports, findings, and drafts as specified in this agreement and the service provider application developed by the provider.

**IV. State and Federal Laws and Regulations:**

The provider shall:

Comply with the cost principles, administrative requirements, and other provisions of all applicable state and federal laws and regulations including, but not limited to: the Older Americans Act of 1965, as amended, sections 215.97 and 216.348, F.S., Title 45, Code of Federal Regulations (CFR), Part 74, and/or 45 CFR, Part 92 and Part 1321, and/or 48 CFR Part 31, and Office of Management and Budget (OMB) Cost Principles 225 (A-87) and 230 (A-122), Federal Acquisition Regulation 31.2, Circulars A-133 and A-102 and 2 CFR Part 215 and Part 215 (formerly OMB Circular A-110), whichever is applicable to the provider's organization.

Comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act [42 United States Code (U.S.C.) 7401 et seq.], the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) code, Title 29 CFR, Part 1910.1030, and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). The provider shall report any violations of the above to the Agency.

Provider will annually complete a Certification Regarding Lobbying form and a Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Agreements/Subagreements form. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it, as well as the abovementioned Certification forms, may be obtained from the Agency's program manager. All disclosure forms as required by a Certification Regarding Lobbying form must be completed and returned to the Agency with the signed agreement.

Comply with section 112.061, F. S., and any policies of the Agency regarding any and all business travel pursuant to agreements covered by this agreement (including use of the State approved Reimbursement of Travel Expenses form, or an equivalent form developed by the provider), and comply with the provisions of Chapter 119, F.S., allowing public access to all public records made or received by the provider in conjunction with this agreement. In addition, section 20.41(9), F.S., requires that all providers of the Agency are subject to Chapter 119, F.S., relating to public records, and, when considering any agreements requiring the expenditure of funds, are subject to section 286.011-286.012, F.S., relating to public meetings.

**Abuse Neglect and Exploitation Reporting:** In compliance with Chapter 415, F.S., an employee of the provider or subcontractors who knows, or has reasonable cause to suspect, that a child, aged person or disabled adult is or has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the State of



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Florida's central abuse registry and tracking system on the statewide toll-free telephone number (1-800-96ABUSE).

**Transportation Disadvantaged:** If clients are to be transported under this agreement, comply with the provisions of Chapter 427, F.S., and Chapter 41-2, F. A. C.

**Use of Funds For Lobbying Prohibited:** Comply with the provisions of section 216.347, F.S., Title 48 CFR, Part 31.205, or Title 45 CFR, Part 93, whichever is applicable, that prohibit the expenditures of funds for the purpose of lobbying the Legislature, a judicial branch or a state agency.

**Safeguarding Information:** Except as provided for Agency auditing and monitoring purposes, not to use or disclose any information concerning a client who receives services under this agreement for any purpose not in conformity with state and federal regulations, except upon written consent of the client, or the client's authorized representative.

**HIPAA Compliance:** If the provider will receive client's protected health information as a result of this agreement, then the Agency recognizes that Agency and the provider are "Business Associates" of each other under the terms of the Health Insurance Portability Act (HIPAA) of 1996.

**Grievance and Appeal Procedures:** Ensure through agreement provisions that subcontracts and vendors follow the Minimum Guidelines for Provider Grievance Procedures, **ATTACHMENT V**, for handling complaints from clients who complain service has been suspended, terminated or reduced. Providers and subcontractors will also establish their own complaint procedures for clients who are dissatisfied with or denied services that include, at minimum, notice of the right to complain and to have their complaint reviewed.

It is expressly understood that a finding that the provider materially and substantially has not complied with any of the provisions of this section shall constitute a breach of this agreement.

**V. Civil Rights Certification:**

1. The provider gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, awards, agreements (except agreements of insurance or guaranty), property, discounts, or other federal financial assistance and also assures compliance with all federal, state and local regulations, statutes and ordinances relating to nondiscrimination in programs or activities receiving or benefiting from state, federal, or local financial assistance, whichever apply. These include, but are not limited to: (a) Executive Order 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at Title 41 CFR Part 60; (b) Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin; (c) Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681-1683, and 1685-1686 et seq., which prohibits discrimination on the basis of sex in education programs; (d) Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicaps; (e) The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age; and with any and all other applicable regulations, guidelines, and standards as are now or may be lawfully adopted pursuant to the above statutes.
2. The provider agrees to complete the Civil Rights Compliance Questionnaire (DOEA forms 101 A and B), if services are provided to consumers and if fifteen (15) or more persons are employed. For providers employing less than 15 persons, the Agency requests completion of the Civil Rights Compliance Questionnaire.
3. The provider agrees to establish procedures pursuant to federal law to handle complaints of discrimination involving services or benefits through this agreement. These procedures shall include providing clients, employees, and participants of the right to file a complaint with the appropriate federal or state entity.

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These assurances are a condition of continued receipt of or benefit from federal financial assistance, and are binding upon the provider, its successors, transferees, and assignees for the period during which such assistance is provided. The provider further assures that all subcontractors, vendors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs or activities have represented to the provider that they are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards.

In the event of failure to comply, the provider understands that the Agency may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, including but not limited to, termination of and denial of further assistance.

**VI. Withholdings and Other Benefits:**

The provider is responsible for its employees Social Security and Income Tax withholdings.

**VII. Indemnification:**

If the provider is a state or local governmental entity, pursuant to section 768.28(18), F.S., the provisions of this section do not apply.

1. Provider agrees to indemnify, defend, and hold harmless the Agency and all of the Agency's officers, agents, and employees from any claim, loss, damage, cost, charge, or expense arising out of any acts, actions, neglect or omission, action in bad faith, or violation of federal or state law by the provider, its agents, employees, or subcontractors in connection with the performance of this agreement, whether direct or indirect, and whether to any person or property to which the Agency or said parties may be subject, except that the provider will not indemnify the Agency or its officers, agents or employees for that portion of any loss or damages proximately caused by the negligent or intentional act or omission of the Agency or any of its officers, agents, or employees.
2. Provider's obligation to indemnify and defend shall be triggered on the seventh (7<sup>th</sup>) day following the Agency's notice of claim for indemnification to provider. Provider's inability to evaluate liability or its evaluation of liability shall not excuse provider's duty to defend and indemnify the Agency, within seven (7) calendar days following notice by the Agency. Notice shall be given by registered or certified mail, return receipt requested. Only an adjudication or judgment after the highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision by provider. The provider's obligations under this paragraph are contingent upon the Agency giving the provider: (1) prompt written notice of any action or threatened action for which the Agency is seeking indemnification; (2) the opportunity to take over and settle or defend any such action at the provider's sole expense, and (3) assistance in defending the action at the provider's sole expense. The provider shall not be liable for any cost, expense or compromise incurred or made by the Agency in any legal action without the provider's prior written consent, which shall not be unreasonably withheld.
3. It is the intent and understanding of the parties that the provider, or any of its subcontractors, are not employees of the Agency and shall not hold themselves out as employees or agents of the Agency without specific authorization from the Agency. It is the further intent and understanding of the parties that the Agency does not control the employment practices of the provider and shall not be liable for any wage and hour, employment discrimination, or other labor and employment claims against the provider or its subcontractors.

**VIII. Insurance and Bonding:**

1. The provider agrees to provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the effective period of this agreement. The provider accepts full

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responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this agreement. Upon execution of this agreement, the provider shall furnish the Agency written verification supporting both the determination and existence of such insurance coverage. A self-insurance program established and operating under the laws of the state of Florida may provide such coverage. The Agency reserves the right to require additional insurance where appropriate.

2. The provider agrees to furnish an insurance bond from a responsible commercial insurance company covering all officers, directors, employees and agents of the provider authorized to handle funds received or disbursed under this agreement in an amount commensurate with the funds handled, the degree of risk as determined by the insurance company and consistent with good business practices.

**IX. Purchasing:**

The provider agrees to develop procurement procedures which are in accord with applicable state and/or federal requirements, which encourage fair and open competition and which promote a diversity of providers and subcontractors for all services purchased pursuant to this agreement.

1. PRIDE  
Any service or item manufactured, processed, grown, or produced by Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) in a correctional work program may be furnished or sold to the provider and to any subcontractor, or to any person, firm, or business entity if not prohibited by federal law.
2. Procurement of Products or Materials with Recycled Content  
Reusable materials and products shall be used where economically and technically feasible.
3. Equity in Contracting

The Agency is committed to embracing diversity in the provision of services to Florida's elders and in providing fair and equal opportunities for all qualified minority businesses in Florida. The provider shall report information to the Agency on utilization of certified minority and non-certified minority subcontractors and/or vendors receiving funds pursuant to this agreement. This report shall be submitted to the Agency by the 25<sup>th</sup> of the month following the end of each quarter.

The provider is encouraged to identify in the service provider application any geographic location(s) that has been designated as a Front Porch Community by the Governor and to direct services to that Front Porch Community as appropriate.

**X. Sponsorship:**

1. If the provider sponsors a program financed partially by state funds or funds obtained from any agreement with the Agency, in publicizing, advertising, or describing the sponsorship of the program, state: "Sponsored by the Palm Beach County Board of County Commissioners, Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and the State of Florida, Department of Elder Affairs." If the sponsorship reference is in written material, the words "Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and the State of Florida, Department of Elder Affairs" shall appear in the same size letters or type as the name of the organization in accordance with section 286.25, F.S., and if the DOEA's or Agency's logo is incorporated, shall ensure that the current logo is used. This shall include, but is not limited to, any correspondence or other writing, publication or broadcast that refers to such program.
2. The provider shall not use the words "The State of Florida, Department of Elder Affairs and/or the Area Agency on Aging" to indicate sponsorship of a program otherwise financed unless the provider prior to use has obtained specific authorization from the Agency.

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**XI. Public Entity Crime:**

Denial or revocation of the right to transact business with public entities:

In compliance with the legislature's intent to restrict the ability of persons convicted of public entity crimes to transact business with the Agency, the provider agrees that compliance with sections 287.017 and 287.133, F.S., is a condition of receipt or benefit from state or federal funds and it is binding upon the provider, its successors and transferees during the period of this agreement. The provider further assures that the provider, its officers, directors, senior management, partners, employees or agents have not been convicted of any public entity crimes within the last 36 months. If the provider or any of its officers or directors is convicted of a public entity crime during the period of this agreement, the provider shall notify the Agency immediately. Non-compliance with this statute shall constitute a breach of this agreement.

**XII. Employment:**

If the provider is a non-governmental organization, it is expressly understood and agreed the provider will not knowingly employ unauthorized alien workers. Such employment constitutes a violation of the employment provisions as determined pursuant to the Immigration Nationality Act (INA), Sec. 274A [8 U.S.C. s.1324a]. Violation of the employment provisions as determined pursuant to section 274A shall be grounds for unilateral cancellation of this agreement.

**XIII. Audits and Records:**

The provider agrees:

1. To maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting principles and practices that sufficiently and properly reflect all revenues and expenditures of funds provided by the Agency under this agreement. The provider agrees to maintain records, including paid invoices, payroll registers, travel vouchers, copy logs, postage logs, time sheets, etc., as supporting documentation for service cost reports and for administrative expenses itemized for reimbursement. Original documentation will be made available upon request for monitoring and auditing purposes.
2. To assure these records shall be subject at all reasonable times to inspection, review, audit, or copy at the expense of the provider by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
3. To maintain and file with the Agency such progress, fiscal and inventory and other reports as the Agency may require, pursuant to this agreement, within the period of this agreement. Such reporting requirements must be reasonable given the scope and purpose of the agreements.
4. To submit management, program, and client identifiable data, as specified by the Agency, pursuant to this agreement. To assure, through agreement provisions in subcontracts with subcontractors, program specific data is recorded and submitted in accordance with DOEA Client Information Registration and Tracking System (CIRTS) Policy Guidelines.
5. To provide an independent financial and compliance audit to the Agency as specified in **ATTACHMENT III** and to ensure all related party transactions are disclosed to the auditor.
6. To include these aforementioned audit and record keeping requirements, including **ATTACHMENT III**, in all subcontracts and assignments.
7. The provider agrees to provide client information and statistical data when requested by the Agency.

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8. To provide to the Agency all fiscal information regarding services contracted to subcontractors pursuant to this agreement using an application provided by the Agency.

**XIV. Retention of Records:**

1. The provider shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this agreement for a period of at least five (5) years after termination of the agreement, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained at least until resolution of the audit findings. These records may be subject to additional retention requirements set by law.
2. Persons duly authorized by the Agency and federal auditors, pursuant to Title 45 CFR, Part 92.42(e), (1), and (2), shall have full access to and the right to examine or duplicate any of said records and documents during said retention period or as long as records are retained, whichever is later.

**XV. Monitoring and Incident Reporting:**

1. The provider will be subject to an annual monitoring by the Agency. The provider will provide progress reports, including data reporting requirements as specified by the Agency to be used for monitoring progress or performance of the contractual services as specified in the service provider application.
2. The provider will be responsible for implementing all corrective actions from previous and current monitoring reports in a timely manner. The provider must assign a high priority to the resolution of monitoring findings and recommendations to ensure corrective action(s) addressing programmatic, fiscal and/or operational deficiencies are fully and timely implemented.
3. The provider will be responsible for at least one monitoring per year of its subcontractors. The provider will perform fiscal, administrative and programmatic monitoring of subcontractors to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations.
4. The provider shall permit persons duly authorized by the Agency to inspect any records, papers, documents, facilities, goods and services of the provider and subcontractors which are relevant to this agreement and to interview any clients and employees of the provider and subcontractors to be assured of satisfactory performance of the terms and conditions of this agreement. The provider's failure to correct or justify deficiencies within a reasonable time as specified by the Agency may result in the Agency taking any of the actions identified in Section XXIV (Termination) of these provisions or the Agency deeming the provider's failure to be a breach of this agreement.
5. **Extraordinary Reporting:**  
The provider shall notify the Agency's program manager immediately, but no later than within 24 hours, from the provider's awareness or discovery of problems, delays or adverse conditions that may materially affect or impair the provider's or subcontractor's ability to perform or meet agreement requirements or affect the health, safety or well-being of clients. The notice shall include a brief summary of the problem(s), a statement of the action taken or contemplated, time frames for implementation, and any assistance needed to resolve the situation. Examples of reportable conditions may include, but are not limited to:
  - a. proposed client terminations;
  - b. service quality or service delivery problems;
  - c. agreement non-compliance; and/or
  - d. provider or subcontractor financial concerns and/or difficulties.

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The provider must investigate allegations regarding falsification of client information, service records, payment requests, and other related information. Substantiated allegations must be reported to the Agency's program manager within 48 hours.

In the event that a situation results in the cessation of services by a subcontractor or vendor, the provider retains the responsibility for performance under agreements and/or this agreement and must follow their own procedures to ensure that clients continue receiving services without interruption, e. g. exercising their emergency procurement procedures, temporary assumption of the direct provision of services, etc.

All written reports required by this section shall be sent to the Agency's program manager via registered mail unless otherwise advised.

**XVI. Assignments and Subcontracts and/or Subagreements:**

In the event the provider utilizes subcontractors to provided services pursuant to this agreement, such subcontractors shall be subject to the conditions of this agreement incorporating it by reference. This agreement does not provide any rights to said subcontractor.

For every transaction, the provider must determine if the subcontractor is a vendor rather than a subcontractor, as defined in OMB Circular A-133, subpart B, section .210, and in section 215.97, F. S., and this determination must be documented in writing. When a vendor relationship is identified, an agreement with all of the terms and conditions set forth in this agreement is not required. However, a written agreement and/or contract is required that outlines the terms of the agreement and/or contract, the goods being purchased or services to be performed, and conditions for procurement, receipt and payment for goods and services. Compliance for vendors is usually limited to these tasks unless the provider chooses to pass down program compliance to the vendor in the written agreement. The provider is ultimately responsible for assuring program compliance and performance, and any applicable conditions of this agreement.

Unless otherwise stated in the contract between the provider and the subcontractor, payments made by the provider to the subcontractor must be made within seven (7) working days after receipt by the provider of full or partial payments from the Agency in accordance with section 287.0585, F.S. Payments to vendors contracted by the provider/subcontractors shall be made in accordance with the terms as negotiated with the vendor(s). Failure to pay within these time frames may result in the Agency taking action as set forth in Section XXIV (Termination) of these provisions.

**XVII. Funding Obligations:**

The Agency acknowledges its obligation to pay the provider for the performance of the provider's duties and responsibilities set forth in this agreement.

The Agency shall not be liable to the provider for costs incurred or performance rendered unless such costs and performances are in accordance with the terms of this agreement, including but not limited to terms governing the provider's promised performance and unit rates and/or reimbursement capitations specified.

The Agency shall not be liable to the provider for any expenditures which are not allowable costs as defined in the C.F.R., Title 45, Parts 74 and 92, as amended, or which expenditures have not been made in accordance with all applicable state and federal rules.

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The Agency shall not be liable to the provider for expenditures made in violation of regulations promulgated under the Older Americans Act, as amended, or in violation of applicable state and federal laws, rules, or provisions of this agreement.

**XVIII. Return of Funds:**

1. The provider agrees to return to the Agency any overpayments due to unearned funds or funds disallowed pursuant to the terms of this agreement.
  - a. The provider shall return any overpayment to the Agency within forty (40) calendar days after either discovery by the provider, or notification by the Agency, of the overpayment.
  - b. In the event the provider or its independent auditor discovers an overpayment has been made, the provider shall repay said overpayment within forty (40) calendar days without prior notification from the Agency. In the event the Agency first discovers an overpayment has been made, the Agency will notify the provider by letter of such a finding.
  - c. Overpayments to subcontractors due to unallowable or un-allocable expenses or to vendors or subcontractors due to billing discrepancies must be returned to the provider under the same terms and conditions as this section. Information indicating subcontractors have been overpaid as a result of over-budgeting on the unit cost methodology can be used by the provider to negotiate lower rates in subsequent years. Continuous overpayment to subcontractors due to over budgeting may result in a demand for repayment to the provider or the Agency under the same terms and conditions of this section. Repayment received by the provider must be reported to the Agency and may be either re-allocated to other subcontractors or returned to the Agency, at the Agency's discretion.
  - d. Overpayments not returned to the Agency in a timely manner will be subject to interest at the rate established in section 55.03, F.S.

**XIX. Data Integrity**

Federal Grants Management requires that a provider receiving state and federal funds must have a financial management system, which is capable of providing accurate information for prescribed reporting requirements. For the purposes of full disclosure of financial results for federally funded or state-sponsored programs and for accountability, those reporting requirements may necessitate that the provider make particular calculations and submit specific data.

Accordingly, the provider must, prior to execution of this agreement, have completed a Data Integrity Certification form, copies of which are available from the Agency's program manager.

**XX. Conflict of Interest:**

The provider will establish safeguards to prohibit employees, board members, management and subcontractors from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain. No employee, officer or agent of the provider or subcontractor shall participate in selection, or in the award or administration of a contract supported by State or Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when: (a) the employee, officer or agent; (b) any member of his/her immediate family; (c) his or her partner, or; (d) an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award. The provider's or subcontractor's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from providers, potential providers, or parties to subagreements and/or subcontracts. The provider's board members and management must disclose to the Agency any relationship which may be, or may be perceived to be, a conflict of interest within thirty (30) days of an individual's original appointment or

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placement in that position, or if the individual is serving as an incumbent, within thirty (30) days of the commencement of this agreement. The provider's employees and subcontractors must make the same disclosures described above to the provider's board of directors. Compliance with this provision will be monitored.

**XXI. Contingency Plan:**

In its service provider application, the provider shall provide to the Agency a contingency plan, updated annually. The contingency plan shall set forth procedures to ensure services to clients will not be interrupted or suspended in the event the provider or its subcontractors are unable to perform its duties under this agreement. The determination as to whether the provider is unable to perform its duties, thereby necessitating utilization of the contingency plan, shall be made at the sole discretion of the Agency.

**XXII. Payment:**

Pursuant to section 215.422, F.S., the Agency shall make payment within 40 days, measured from the latter of the date the Request for Payment is received or the goods or services are received, inspected and approved. Requests for Payment returned to a vendor or a provider due to preparation errors will result in a payment delay. Invoice payment requirements do not start until a properly completed Request for Payment is provided to the Agency.

**XXIII. Vendor Ombudsman:**

Providers who may be experiencing problems in obtaining timely payment(s) from the Agency may contact the Vendor Ombudsman within the Department of Banking and Finance. Subcontractors and vendors experiencing problems obtaining timely payment(s) from providers may contact the Agency's program manager at (561) 684-5885.

**XXIV. Termination:**

1. Termination for Convenience

Either party upon no less than sixty (60) calendar days notice, without cause, may terminate this agreement unless a lesser time is mutually agreed upon by both parties, in writing. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. In the event the provider terminates an agreement at will, the provider agrees to submit, at the time it serves notice of the intent to terminate, a plan that identifies procedures to ensure services for clients pursuant to this agreement or any subagreement will not be interrupted or suspended by the termination. In the event that an agreement between a provider and a subcontractor is terminated, the provider shall require the subcontractor to submit to the provider and the Agency a similar plan ensuring services to clients will not be interrupted or suspended by the termination.

2. Termination Because of Lack of Funds

In the event funds to finance this agreement become unavailable, the Agency may terminate this agreement upon no less than twenty-four (24) hours notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Agency shall be the final authority as to the availability of funds.

3. Termination for Breach

Unless the breach is waived by the Agency in writing, or the provider fails to cure the breach within the time specified by the Agency, the Agency may, by written notice to the provider, terminate this agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. If applicable, the Agency may employ the default provisions in section 60A-1.006(3), F. A. C. Waiver of breach of any provisions of this agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of other agreements covered under this agreement. The provisions herein do not limit either party's right to remedies at law or to damages of a legal or equitable nature.



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Alternatively, at its discretion, the Agency may, for reasonable cause, suspend the payment of funds pending corrective action by the Provider or pending a decision by the Agency to terminate the agreement. The Agency may, for reasonable cause, prohibit the Provider from incurring additional obligation of any funds received from the Agency, pending corrective action by the Provider or a decision to terminate the agreement. Said suspension of payment of funds or obligation thereof may apply to all or part of the Provider's operations funded by the Agency.

The Agency's failure to terminate or suspend a Provider for past breaches of the agreement shall not be construed as a waiver of its right to demand strict compliance with the terms of the agreement or to terminate for said breaches or similar breaches, and shall not be construed to be a modification of the terms of the Agreement.

**XXV. Renegotiation or Modification:**

1. Modifications of provisions of this agreement shall only be valid when they have been reduced to writing and duly signed by both parties. The parties agree to renegotiate this agreement if revisions of any applicable laws or regulations make changes necessary.
2. The rate of payment and the total dollar amount may be adjusted retroactively for this agreement only when these have been established through the appropriations process, or identified in the federal program.

**XXVI. Special Provisions:**

The Provider agrees to the following provisions:

**A. Property & Equipment**

1. Equipment means: (a) an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of (a) the capitalization level established by the organization for the financial statement purposes, or \$5000 [for federal funds], or (b); nonexpendable, tangible personal property of a nonconsumable nature with an acquisition cost of \$1000 or more per unit, and expected useful life of at least one year; and hardback bound books not circulated to students or the general public, with a value or cost of \$250 or more [for state funds].
2. Providers and subcontractors who are Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations shall have written property management standards in compliance with Part 215 (formerly OMB Circular A-110) that include: (a) a property list with all the elements identified in the circular; and, (b) a procedure for conducting a physical inventory of equipment at least once every two years. The property records must be maintained on file and shall be provided to the Agency upon request.
3. The provider's property management standards for equipment acquired with Federal funds and federally owned equipment shall include accurately maintained equipment records with the following information:
  - (i) A description of the equipment.
  - (ii) Manufacturer's serial number, model number, Federal stock number, national stock number, or other identification number.
  - (iii) Source of the equipment, including the award number.
  - (iv) Whether title vests in the provider or the Federal Government.
  - (v) Acquisition date (or date received, if the equipment was furnished by the Federal Government) and cost.
  - (vi) Information from which one can calculate the percentage of Federal participation in the cost of the equipment (not applicable to equipment furnished by the Federal Government).

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- (vii) Location and condition of the equipment and the date the information was reported.
  - (viii) Unit acquisition cost.
  - (ix) Ultimate disposition data, including date of disposal and sales price or the method used to determine current fair market value where a provider compensates the Federal awarding agency for its share.
4. Equipment purchased with federal funds with an acquisition cost over \$5,000 and equipment purchased with state funds with an acquisition cost over \$1,000 that is specifically identified in the service provider application approved by the Agency is part of the cost of carrying out the activities and functions of the grant awards and Title (ownership) will vest in the provider, subject to the conditions of Part 215 (formerly OMB Circular A-110), Subpart C, paragraph .34. Equipment purchased under these thresholds is considered supplies and is not subject to property standards. Equipment purchased with funds identified in the budget attachment to this agreement, or identified in the sub-agreements with sub-providers (not included in a cost methodology), is subject to the conditions of section 273, F. S. and 60A-1.0017, F. A. C. or Title 45 CFR part 74.
  5. Real property means land (including land improvements), buildings, structures and appurtenances thereto, but excludes movable machinery and equipment. Real property may not be purchased with state or federal funds through agreements covered under this agreement without the prior approval of the Agency. Real property purchases from Older Americans Act funds are subject to the provisions of Title 42, Chapter 35, Subchapter III, Part A., Sec. 3030b United States Code (USC). Real property purchases from state funds can only be made through a fixed capital outlay grants and aids appropriation and therefore are subject to the provisions of section 216.348, F. S.
  6. Any permanent storage devices (e.g.: hard drives, removable storage media) must be reformatted and tested prior to disposal to ensure no confidential information remains.
  7. An amendment to the service provider application must be submitted by the provider and approved by the Agency's fiscal grants manager prior to the purchase of any item of nonexpendable property not specifically listed in the approved budget.
  8. **Information Technology Resources**  
The provider must adhere to the Agency's procedures and standards when purchasing Information Technology Resources (ITR) as part of this agreement. An ITR worksheet is required for any computer related item costing \$1,000.00 or more, including data processing hardware, software, services, supplies, maintenance, training, personnel and facilities. The completed ITR worksheet shall be maintained in the LAN administrator's file and must be provided to the Agency upon request. The provider has the responsibility to require any subcontractors to comply with the Agency's ITR procedures.

#### **B. Copyright Clause**

The provider may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under this agreement. The Agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for state and federal purposes, and to authorize others to do so. Other rights of the Agency and provider are described in Title 45 CFR, sec. 74.36, and section 286.021, F.S.

#### **C. Investigation of Criminal Allegations**

Any report that implies criminal intent on the part of this provider or any subcontractor and referred to a governmental or investigatory agency must be sent to the Agency. If the provider has reason to believe

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that the allegations will be referred to the State Attorney, a law enforcement agency, the United States Attorney's Office, or other governmental agency, the provider shall notify the Agency and Inspector General at the DOEA immediately. A copy of all documents, reports, notes or other written material concerning the investigation, whether in the possession of the provider or subcontractor, must be sent to the DOEA's Inspector General with a summary of the investigation and allegations.

**D. Disaster**

In preparation for the threat of an emergency event as defined in the State of Florida Comprehensive Emergency Management Plan, the DOEA may exercise authority over an area agency or providers to implement preparedness activities to improve the safety of the elderly in the threatened area and to secure area agency and service provider facilities to minimize the potential impact of the event. These actions will be within the existing roles and responsibilities of the area agency and its providers.

In the event the President of the United States or Governor of the State of Florida declares a disaster or state of emergency, the DOEA may exercise authority over an area agency or providers to implement emergency relief measures and/or activities.

In either of these cases, only the Secretary, Deputy Secretary of the DOEA or his/her designee shall have such authority to order the implementation of such measures. All actions directed by the DOEA and the Agency under this section shall be for the purpose of ensuring the health, safety and welfare of the elderly in the potential or actual disaster area.

The provider must develop, and implement, as needed, a comprehensive emergency management plan that incorporates operational procedures for preparation, response and continuity of operations, including client services, in the aftermath of declared emergency event. These plans must include the names of designated emergency contact persons and be updated annually and submitted to the Director of Planning and Project Development at the Agency by May 1 of each year.

**E. Volunteers**

The provider will promote the use of volunteers as prescribed in section 306(a)(12), Older Americans Act and section 430.07, F.S.. In addition, the provider will increase the use of volunteers in the planning and service area by providing training, technical assistance and funding, where possible, to support volunteer efforts of their subcontractors.

**F. Management Information Systems**

Where collection of client data in electronic format (CIRTS, for example) is required:

1. The Agency shall employ a Local Area Network (LAN) Administrator who shall assure the provider's compliance with the requirements of the "LAN Administrator Guidelines" adopted by the DOEA. These "Guidelines" delineate the roles and responsibilities of the Local Area Network Administrator. The provider shall assure any other support necessary for full "LAN Administrator Guidelines" compliance, including reporting to the DOEA the operational status of their LAN and Wide Area Network (WAN) in accord with the frequency and format directed in these "Guidelines".
2. The Agency will ensure the collection and maintenance of client and service information on a monthly basis from CIRTS or any such system designated by the DOEA. Maintenance includes valid exports and backups of all data and systems according to DOEA standards.
3. Providers must enter all required data per the DOEA CIRTS Policy Guidelines for clients and services in the CIRTS database. The data must be entered into CIRTS before the subcontractors

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submit their request for payment and expenditure reports to the provider. The provider shall establish time frames to assure compliance with due dates for the requests for payment and expenditure reports to the Agency.

4. The provider will run monthly CIRTS reports and verify that client and service data in CIRTS is accurate. This report must be submitted to the Agency with the monthly request for payment and expenditure report and must be approved by the Agency prior to payment.
5. Failure to ensure the collection and maintenance of the CIRTS data may result in the Agency delaying or withholding payment until the problem is corrected or enacting Section XXIV. (Termination) of these provisions.
6. **Computer System Backup and Recovery**  
Each provider and subcontractor, among other requirements, must anticipate and prepare for the loss of information processing capabilities. The routine backing up of all data and software is required to recover from losses or outages of the computer system. Data and software essential to the continued operation of provider functions must be backed up. The security controls over the backup resources shall be as stringent as the protection required of the primary resources. It is recommended that a copy of the backed up data be stored in a secure, offsite location. The provider shall maintain written policies and procedures for computer system backup and recovery and shall have the same requirement in its contracts and/or agreements with subcontractors. These policies and procedures shall be made available to the Agency upon request.

**G. Consumer Outcomes**

1. The provider will develop client outcome measures consistent with those developed by the Agency and the DOEA.
2. The provider will be responsible for achieving targets set by the legislature for performance based program budgeting and will incorporate into subagreements as necessary.
3. The provider will submit outcome reports to the Agency on a monthly basis. A written response must be submitted to any and all outcome measures that indicate the provider has not met the year-to-date target. Providers will submit the reports to their program manager no later than the tenth (10) of each month.

**H. Management Objectives**

The provider shall:

1. Ensure that the Board completes an annual performance evaluation of the executive director;
2. Ensure that documentation is kept of meetings, including board approval of policies and procedures, board approval of budgets, extraordinary reporting, and complete disclosure of the financial condition of the agency;
3. Ensure that adequate planning and preparation occurs in the development of the service provider application and subsequent amendments within Agency established time frames; and
4. Ensure that operations and service delivery reflect the communities it serves, including community input in service provider application and inclusion of community representation in provider's governing board.

**I. Use of Service Dollars/Wait List Management:**

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The provider is expected to spend all federal state and other funds provided by the Agency, for the purpose specified in this agreement. For each program managed by the provider, the provider must manage the service dollars in such a manner so as to avoid having a wait list and a surplus of funds at the end of the year. If the Agency determines that the provider is not spending service dollars accordingly, the Agency may transfer funds to other providers during the year and/ or adjust subsequent funding allocations accordingly, as allowable under state and federal law.

**J. Surplus/Deficit Report:**

The provider will submit a consolidated surplus/deficit report in a format provided by the Agency to the Agency's program manager by the 15th of each month. The report will include the following:

1. The provider's detailed plan on how the surplus or deficit spending exceeding the threshold specified by the Agency will be resolved;
2. Recommendations to transfer funds to resolve surplus/deficit spending;
3. Input from the provider's Board of Directors on resolution of spending issues, if applicable;
4. Number of clients currently on Assessed Prioritized Consumer List (APCL), that receive a priority ranking score of 4 or 5; and
5. Number of clients currently on the APCL designated as Imminent Risk.

**K. Community Resource Update:**

The provider agrees to verify and submit updated information within one month after execution of this agreement and twice yearly thereafter, during the months of February and August, to the community health and human services agency/program database managed by The Center for Information and Crisis Services (211). Compliance with this requirement will be monitored.

**L. Partnership for Aging:**

Palm Beach County providers will actively participate as members of the Palm Beach County Partnership for Aging, Inc.

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IN WITNESS THEREOF, the parties hereto have caused this 39 page agreement to be executed by their undersigned officials as duly authorized.

PROVIDER: PALM BEACH COUNTY,  
FLORIDA, A Political  
Subdivision of the State of  
Florida

Area Agency on Aging of Palm Beach/  
Treasure Coast, Inc.

SIGNED  
BY: \_\_\_\_\_  
Addie L. Greene, Chairperson

SIGNED  
BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SHARON R. BOCK, Clerk and Comptroller

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

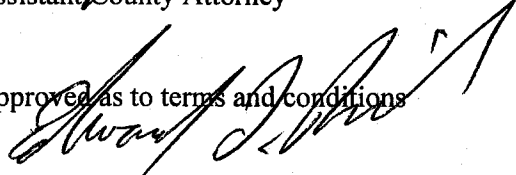
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: \_\_\_\_\_

Approved as to form and legal sufficiency

  
Assistant County Attorney

Approved as to terms and conditions

  
Department Director

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**ATTACHMENT I**

**RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES  
INVOICE SCHEDULE**

<u>Report Number</u>	<u>Based On</u>	<u>Submit to Agency On This Date</u>
1	July Advance*	July 1
2	August Advance*	July 1
3	July Expenditure Report	August 10
4	August Expenditure Report	September 10
5	September Expenditure Report	October 10
6	October Expenditure Report	November 10
7	November Expenditure Report	December 10
8	December Expenditure Report	January 10
9	January Expenditure Report	February 10
10	February Expenditure Report	March 10
11	March Expenditure Report	April 10
12	April Expenditure Report	May 10
13	May Expenditure Report	June 10
14	June Expenditure Report	July 10
15	Final Expenditure and Closeout Report	August 1

Legend: \* Advance based on projected cash need.

Note # 1: Report #1 for Advance Basis Agreements cannot be submitted to the Agency prior to July 1 or until the agreement with the Agency has been executed.

Note # 2: The last two months of the provider's fiscal reports (Report Numbers 13 and 14) covering actual expenditures should reflect an adjustment repaying advances for the first two months of the agreement.

Note #3: Submission of expenditure reports may or may not generate a payment request. If final expenditure report reflects funds due back to the Agency, payment is to accompany the report.

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**ATTACHMENT II**

**RESPIRE FOR ELDERS LIVING IN EVERYDAY FAMILIES  
Budget Summary  
2007-2008**

The unit rate payable under this contract is outlined below, which shall be submitted to the Agency on DOEA Form 109 (ATTACHMENT VII).

Hours of Service	Units	Unit Rate	
14,077	1 unit = 1 hour of service	7.25	<b>\$102,058</b>

**The unit rate includes a volunteer stipend not to exceed \$5.15 per hour of service and covers other volunteer expenses such as volunteer recruitment and retention, volunteer training, and service related travel.**



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### ATTACHMENT III

#### INSTRUCTIONS ON COMPLETING RELIEF MONTHLY REPORTS

The Monthly Service Report, in Excel format, is used by each volunteer station to track the number of volunteers, service type and number of hours, and the number of clients being served by the program. The Monthly Service Report contains the following workbook tabs: Service Hours, Volunteer Demographics, Client Demographics, Budget and Invoices, and Program Narrative.

The Monthly Service Summary, in Excel format, is used by the Area Agency on Aging (AAA), to summarize area wide progress and to indicate review and approval of monthly service records submitted by providers. The Monthly Service Summary contains the following workbook tabs: Service Hours, Budget and Invoices and Program Narratives.

The sub-provider must complete the Monthly Service Record electronically and email it to the AAA. The AAA will use the sub-provider's Monthly Service Records to create the Monthly Service Summary. **The AAA will email the Monthly Service Summary and the sub-provider's Monthly Service Records to the Department of Elder Affairs Senior Companion Program Director. A certified and signed original copy must be included in the monthly financial report for approval of payment.**

#### **COMPLETING MONTHLY SERVICE REPORT** **(Completed by local RELIEF program coordinators)**

##### **Click on the Excel workbook tab labeled "Service Hours": (Attachment III-a)**

Enter your Organization's name address, phone number, fax number and email address of point of contact  
Enter the Local Program Director's Name  
Enter the Type of Station  
Enter the PSA and County Served  
Enter the number Unduplicated Clients Served for the month for each assigned volunteer  
Enter the data for each assigned volunteer:  
Companionship, Respite, Adult Day Care Hours  
Volunteer Leave, Pre-service training and In-service Training Service Hours

**Do not leave any fields blank.** If no service was provided enter "0". Totals are automatically generated. If you need to add volunteers contact the Department's Senior Companion Program Director.

##### **Click on the Next tab in the Excel workbook** **Excel workbook tab labeled "Volunteer Demographics" (Attachment III-b)**

This spreadsheet counts unduplicated volunteers, meaning the volunteer is only counted once for the month or year. A volunteer is counted as active if he or she performed service or attended training in the current month or current year.

In the monthly block enter "1" for active or "0" for inactive for each volunteer assigned.  
In far right block labeled for "Year # active volunteer unduplicated", manually enter "1" for active or "0" for inactive the first month the volunteer became active or is first assigned.

If the volunteer is absent due to health or other reasons and performed service once during the course of the grant year he or she is counted (unduplicated count) only once for the year. **Do not leave any fields blank.**

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Enter "volunteer demographics" information in the fields provided for each category. This information will only change as you add or delete volunteers. Enter this information in July of each grant year. Each month make changes as necessary.

**Click on the Next tab in the Excel workbook**  
**Excel workbook tab labeled "Client Demographics" (Attachment III-c)**

This worksheet is the same as "Volunteer Demographics" except it is used for "active client unduplicated".

Enter client's last name, initials or first name. To protect the client's privacy it is not necessary to enter the full name. Enter "1" for active "0" for inactive. Enter this information based on type of service provided (evening, weekend, other or training). In the "Year # active client unduplicated" block manually enter "1" for active or "0" for inactive the first month the client became active.

Enter the client demographics data as indicated.

**Click on the Next tab in the Excel workbook**  
**Excel workbook tab labeled "Budget and Invoices" (Attachment III-d)**

This worksheet provides an overview of monthly invoices by site and overall budget. The workbook may also assist programs in projecting future spending.

**Click on the Next tab in the Excel workbook**  
**Excel workbook tab labeled "Program Narratives" (Attachment III-e)**

The information in this worksheet is used to report program progress and other reports to the Governor, legislators and constituents. Enter monthly program narrative describing program highlights, client waiting lists, volunteer awards and other program challenges and accomplishments.

**COMPLETING MONTHLY SERVICE SUMMARY**  
**(Completed by Agency RELIEF program staff)**

**Click on Excel workbook tab labeled "Service hours": (Attachment IV-a)**

Enter your Organization's name address, phone number, fax number and email address of point of contact

Enter the person's name that is completing the report

Enter the Type of Stations (companionship, Adult Day Care, Respite)

Enter the PSA and County Served

For each station:

Enter the number of unduplicated active volunteers and active clients served each month,

Enter Companionship, Respite, Adult Day Care service hours

Enter Volunteer Leave and Training service hours

Do not leave any fields blank. If no service was provided enter "0". Totals are automatically generated.

**Click on the Next tab in the excel workbook**  
**Excel workbook tab labeled "Budget and Invoices" (Attachment IV-b)**

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This worksheet provides an overview of monthly invoices by site and overall budget. The workbook may also assist programs in tracking and projecting contract spending.

**Click on the Next tab in the excel workbook**

**Excel workbook tab labeled "Program Narratives" (Attachment IV-c)**

The information in this worksheet is used to report program progress and other reports to the Governor, legislators and constituents. Enter monthly program narrative describing program highlights, client waiting lists, volunteer awards and other program challenges and accomplishments

**For questions, contact the Agency program manager.**

June 2007

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**ATTACHMENT III-A**

**RELIEF Monthly Service Report**

<b>Reporting Station (Name and Address)</b>  	<p style="font-size: small;">This document, including attachments, is subject to the Federal Information Security Act (FISMA) of 2002 and other applicable information security rules, laws and statutes. It is intended only for the individuals or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this communication in error, please do not distribute it. Please notify us by E-Mail and delete the original message. Thank You.</p>
<b>Contract #</b>	
<b>Person Completing Report</b>	
<b>Total Number of Volunteers Assigned</b>	

PSA and/ or County (s) Served	Type of Station	RELIEF	Budget:\$	Volunteer Service Hours (VSH)
				0

Volunteer Hours (dated started SCP)	# of Clients Served this Month	Evening Respite Hours Served	Weekend Respite Hours Served	Other Respite Hours Served	Total Respite Hours
July-07					
August-07					
September-07					
October-07					
November-07					
December-07					
January-08					
February-08					
March-08					
April-08					
May-08					
June-08					
	0	0	0	0	0
<b>Volunteer, Name Here</b>					
July-07					
August-07					
September-07					
October-07					
November-07					
December-07					
January-08					
February-08					
March-08					
April-08					
May-08					
June-08					
	0	0	0	0	0
<b>YTD TOTALS</b>	0	0	0	0	0

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**ATTACHMENT III-B**

**RELIEF Volunteer Demographics**

Reporting Station (Name and Address)		This document, including attachments, is subject to the Federal Information Security Act (FISA) applicable information security rules, laws and statutes. It is intended only for the individuals addressed and may contain information that is privileged, confidential and exempt from disclosure. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this please do not distribute it. Please notify us by E-Mail and delete the original message. Thank you.			
Person Completing Report					
PSA and/ or County (s) Served		Program Coordinator	Type of Station		
PSA: _____ County(ies): _____			RELIEF		
Total Number of Volunteers Assigned	0	0	0	0	0
	July-07 Active Volunteers Unduplicated	August-07 Active Volunteers Unduplicated	September-07 Active Volunteers Unduplicated	October-07 Active Volunteers Unduplicated	

**Volunteer Demographics**

Volunteer Station Roster				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
Volunteer Name				
<b>TOTALS</b>	0	0	0	0

Volunteer Age Group				
Age 60				
Ages 61 - 74				
Ages 75 - 84				
Ages 85 and Over				
<b>TOTALS</b>	0	0	0	0
Sex				
Female				
Male				
<b>TOTALS</b>	0	0	0	0
Ethnicity				
Hispanic or Latino				
Non-Hispanic or Non-Latino				
<b>TOTALS</b>	0	0	0	0
Race				
American Indian or Alaskan Native				
Asian				
Black or African American				
Native Hawaiian or Pacific Island				
White				
<b>TOTALS</b>	0	0	0	0



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**ATTACHMENT III-D**

<b>RELIEF 2007-2008 Annual Budget &amp; Invoices</b>	
Name of Agency Agency Address here City, State and Zip Phone: agency phone number and fax here Fax: E-mail:	<b>\$0.00</b>
<b>Contract #:</b>	
	<b>MONTHLY INVOICES</b>
<b>July</b>	<b>\$0.00</b>
<b>August</b>	<b>\$0.00</b>
<b>September</b>	<b>\$0.00</b>
<b>October</b>	<b>\$0.00</b>
<b>November</b>	<b>\$0.00</b>
<b>December</b>	<b>\$0.00</b>
<b>January</b>	<b>\$0.00</b>
<b>February</b>	<b>\$0.00</b>
<b>March</b>	<b>\$0.00</b>
<b>April</b>	<b>\$0.00</b>
<b>May</b>	<b>\$0.00</b>
<b>June</b>	<b>\$0.00</b>
<b>YTD Expended</b>	<b>\$0.00</b>
<b>YTD % Expended</b>	<b>#DIV/0!</b>
<b>Remaining Balance</b>	<b>\$0.00</b>
<b>% Remaining</b>	<b>#DIV/0!</b>

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**ATTACHMENT III-E**

**RELIEF Monthly Program Narrative**

July

August

September

October

November

December

January

February

March

April

May

June



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**ATTACHMENT IV-A**

**RELIEF AAA Monthly Service Summary**

Reporting Station (Name and Address)		<p>This document, including attachments, is subject to the Federal Information Security Act (FISMA) of 2002 and other applicable information security rules, laws and statutes. It is intended only for the individuals or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this communication in error, please do not distribute it. Please notify us by E-Mail and delete the original message. Thank You.</p>		
Contract#				
Person Completing Report				
PSA and/ or County (s) Served		Type of Station RELIEF	Budget: \$	Volunteer Service Hours
				0
Total Number Stations/Volunteers				
Stations				
Volunteers				
Volunteer Hours (dated started SCP)	# of Unduplicated Volunteers	# of Unduplicated Clients Served	Total Units of Service (hours)	Total Training Hours (includes pre-service and in-service)
Provider#1				
July-07				
August-07				
September-07				
October-07				
November-07				
December-07				
January-08				
February-08				
March-08				
April-08				
May-08				
June-08				
	0	0	0	0
Provider#2				
July-07				
August-07				
September-07				
October-07				
November-07				
December-07				
January-08				
February-08				
March-08				
April-08				
May-08				
June-08				
	0	0	0	0
Provider #3				
July-07				
August-07				
September-07				
October-07				
November-07				
December-07				
January-08				
February-08				
March-08				
April-08				
May-08				
June-08				
	0	0	0	0
<b>YTD TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

RELIEF AAA Monthly Service Summary

2007-2008 Annual Budget and Invoices				
Area Agency on Aging	\$0.00	\$0.00	\$0.00	\$0.00
Contract #		Provider # 1	Provider# 2	Provider# 3
	INVOICES TO DOEA	MONTHLY INVOICES to AAA	MONTHLY INVOICES to AAA	MONTHLY INVOICES to AAA
July	\$0.00	\$0.00	\$0.00	\$0.00
August	\$0.00	\$0.00	\$0.00	\$0.00
September	\$0.00	\$0.00	\$0.00	\$0.00
October	\$0.00	\$0.00	\$0.00	\$0.00
November	\$0.00	\$0.00	\$0.00	\$0.00
December	\$0.00	\$0.00	\$0.00	\$0.00
January	\$0.00	\$0.00	\$0.00	\$0.00
February	\$0.00	\$0.00	\$0.00	\$0.00
March	\$0.00	\$0.00	\$0.00	\$0.00
April	\$0.00	\$0.00	\$0.00	\$0.00
May	\$0.00	\$0.00	\$0.00	\$0.00
June	\$0.00	\$0.00	\$0.00	\$0.00
YTD Expended	\$0.00	\$0.00	\$0.00	\$0.00
YTD % Expended	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Remaining Balance	\$0.00	\$0.00	\$0.00	\$0.00
% Remaining	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

June 2007

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**ATTACHMENT IV-C**

**RELIEF AAA Monthly Service Summary**

July
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August
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September
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October
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November
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December
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January
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February
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March
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April
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May
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June
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ATTACHMENT V

**REQUEST FOR PAYMENT  
RELIEF PROGRAM**

<b>RECIPIENT NAME, ADDRESS, PHONE# and FEID#</b>	<b>TYPE OF REPORT:</b> <b>A. PAYMENT REQUEST:</b> Regular _____ Supplemental _____ <b>B. METHOD OF PAYMENT:</b> Advance _____	<b>THIS REQUEST PERIOD:</b> FOR _____ <b>REPORT#</b> _____ <b>AGREEMENT#</b> _____ <b>PSA#</b> _____
--	---	--

**CERTIFICATION:** I hereby certify that this request or refund conforms with the terms of the above agreement.

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

PART A: BUDGET SUMMARY:	(1) Admin.	(2) Svcs.				TOTAL
1. Approved Agreement Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Previous Funds Received For Agreement Period	_____	_____	_____	_____	_____	_____
3. Agreement Balance	_____	_____	_____	_____	_____	_____
<b>PART B: AGREEMENT FUNDS REQUEST:</b>						
1. Anticipated Cash Needs(1st-2nd Months)	_____	_____	_____	_____	_____	_____
2. Net Expenditures For Month (DOEA Form 105C, Part B Line 4)	_____	_____	_____	_____	_____	_____
3. Total	_____	_____	_____	_____	_____	_____
<b>PART C: NET FUNDS REQUESTED:</b>						
1. Less Advance Applied	_____	_____	_____	_____	_____	_____
2. Agreement Funds Are Hereby Requested For(Part B Line3 minus Part C Line 1)	_____	_____	_____	_____	_____	_____

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**ATTACHMENT VI**

**RECEIPTS AND EXPENDITURES  
RELIEF PROGRAM**

<b>RECIPIENT NAME, ADDRESS, PHONE# and FEID#</b>  	<b>PROGRAM FUNDING SOURCE:</b> Admin _____ Sves _____ GR _____ Fed _____ Other _____	<b>THIS REPORT PERIOD:</b> FROM _____ TO _____  <b>AGREEMENT PERIOD</b> _____  <b>AGREEMENT#</b> _____  <b>REPORT#</b> _____  <b>PSA#</b> _____		
<b>CERTIFICATION:</b> I certify to the best of my knowledge and belief that the report is complete and correct and all outlays herein are for purposes set forth in the agreement.				
Prepared By: _____ Date: _____ Approved By: _____ Date: _____				
<b>PART A: BUDGETED INCOME/RECEIPTS</b>  1. State Funds.....  2. TOTAL RECEIPTS.....	<b>1. Approved Budget</b> \$ _____  \$ _____	<b>2. Actual Receipts for this Report</b> \$ _____  \$ _____	<b>3. Total Receipts Year to Date</b> \$ _____  \$ _____	<b>4. Percent of Approved Budget</b> ____%  ____%
<b>PART B: EXPENDITURES</b>  1. Administration ..... 2. Travel..... 3. Service Subcontractor (s)..... 4. TOTAL EXPENDITURES.....	<b>1. Approved Budget</b> \$ _____ \$ _____ \$ _____ \$ _____	<b>2. Expenditures for This Report</b> \$ _____ \$ _____ \$ _____ \$ _____	<b>3. Expenditures Year to Date</b> \$ _____ \$ _____ \$ _____ \$ _____	<b>4. Percent of Approved Budget</b> ____% ____% ____% ____%
<b>PART C: OTHER REVENUE AND EXPENDITURES</b>  <b>I. Program Income (PI):</b> 1. Program: PI Collected YTD \$ _____	<b>II. Interest:</b> 1. Earned on GR Advance \$ _____ 2. Rtn. of GR Advance \$ _____ 3. Other Earned \$ _____		<b>III. Advance Recoupment</b> 1. Advance Recouped \$ _____	

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ATTACHMENT VII

REQUEST FOR UNIT RATE REIMBURSEMENT/ DELIVERABLE  
RELIEF PROGRAM

RECIPIENT NAME, ADDRESS, PHONE # AND FEID #	AGREEMENT # _____ AGREEMENT AMOUNT \$ _____ AGREEMENT PERIOD _____	REPORT # ___ COVERED FOR PERIOD: FROM: _____ TO: _____ PSA # _____
---	--	---

SERVICE DESCRIPTION	UNITS OF SVC DELIVERED THIS REPORT	UNIT RATE	AMOUNT(S) REQUESTED	AMOUNT RECD YEAR TO DATE	AGREEMENT BALANCE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTALS

AMOUNT OF FUNDS REQUESTED: \$ \_\_\_\_\_

Match: (If applicable)

Local Match :

Inkind:

I certify that this report is a true and correct reflection of this period's activities, as stipulated by this agreement.

\_\_\_\_\_  
 PREPARED BY TITLE DATE

\_\_\_\_\_  
 APPROVED BY TITLE DATE

June 2007

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**ATTACHMENT VIII**

***Volunteer File Checklist***

- Signed position description indicating: responsibilities, goals, time commitment, employee responsible for supervision of volunteer, qualifications required, training required (or to be provided)
- Completed volunteer application
- Completed reference check
- Completed Criminal History screening with results
- Signed confidentiality statement
- Signed statement of understanding for allowable and prohibited activities
- Signed statement of understanding that stipend payments may be considered taxable income (for volunteers who are not Senior Companions)
- Assignment sheet for each client assigned to volunteer indicating frequency and duration of respite, actual days and times of respite, notes on client condition in enough detail to inform volunteer of what will be found in home, signatures by volunteer and caregiver and agency staff indicating acceptance /agreement
- Service logs for each instance of respite provided signed by caregiver (or client) to verify service was received
- Training log including dates
- Signed copy of grievance procedures

Additional Senior Companion paperwork if volunteer is a Senior Companion (see DOEA Senior Companion Handbook for Managers for specifics)

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**ATTACHMENT X**

**EMERGENCY CERTIFICATION FOR RETROACTIVE PAYMENT**

**Background**

The Area Agency is awarding the Palm Beach County Board of County Commissioners Respite for Elders Living In Everyday Families Funds (RELIEF) funds for the 2007-08 program year. The purpose of these funds is to serve clients according to eligibility guidelines outlined by the Department of Elder Affairs.

**Justification**

The Palm Beach County Board of County Commissioners will be providing respite services to eligible clients beginning July 1, 2007; however, since the contract will not be signed by that time, it will require certification for retroactive payment back to July 1, 2007. The provision of these services will aid the clients and/or caregivers in remaining independent, and prevent or delay institutionalization.

**Certification**

I hereby certify this situation to constitute an emergency pursuant to Chapter 287, Florida Statutes, and approve payment of the contract between the Area Agency on Aging and the Palm Beach County Board of County Commissioners starting July 1, 2007.

BELOW TO BE FILLED OUT BY THE AREA AGENCY ON AGING

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title  
Area Agency on Aging of Palm Beach/Treasure Coast, Inc.

\_\_\_\_\_  
Date



June 2007

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**Attestation Statement**

Agreement/Contract Number IC007-9500

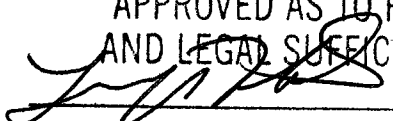
Amendment Number N/A

I, Addie L. Green, Chairperson, attest that no changes or revisions have been  
*(Provider Representative)*

made to the content of the above referenced agreement/contract or amendment between the  
Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of  
County Commissioners. The only exception to this statement would be for changes in page  
formatting, due to the differences in electronic data processing media, which has no affect on the  
agreement/contract content.

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
  
\_\_\_\_\_  
COUNTY ATTORNEY