

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

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**Meeting Date: October 20, 2009**     **Consent**     **Regular**  
    **Workshop**     **Public Hearing**

**Department:**

**Submitted By:**           Community Services          

**Submitted For:**           Division of Senior Services          

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Memorandum of Understanding (MOU) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA).

**Summary:** This MOU with the AAA Retired Senior Volunteer Program (RSVP) will enable the Division of Senior Services (DOSS) to perform interviews and/or orientation to make final decisions on a volunteer assignment. DOSS will provide supervision to volunteers on all assignments at all DOSS locations. No County funds are required. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

**Background and Justification:** DOSS will promote the development of the RSVP to choose how and where the RSVP volunteers want to serve and draw on their skills or develop new ones. RSVP offers a full range of opportunities with thousands of local and national organizations. RSVP is America's largest volunteer network for people age 55 and older who are tackling tough issues in their communities.

**Attachments:**

Memorandum of Understanding for RSVP

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**Recommended by:**           *Charles Wilkins*                                          10/6/09            
   Department Director                      Date

**Approved By:**           *J. [Signature]*                                          10/13/09            
   Assistant County Administrator                      Date

**II. FISCAL ANALYSIS IMPACT**

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

Fiscal Years	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>-0-</b>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes \_\_\_ No \_\_\_  
 Budget Account No.: Fund \_\_\_\_\_ Dept \_\_\_\_\_ Unit \_\_\_\_\_ Obj. \_\_\_ Var. \_\_\_  
 Program Code \_\_\_\_\_

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

No funds required.

Departmental Fiscal Review: Tauna Malhotra  
 - 09/30/09

**III. REVIEW COMMENTS**

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

The terms of this MOU is for the period September 30<sup>th</sup> 2009 through August 31st 2012.

M. J. Gill 10/2/09  
 OFMB VA 10/7/09 CN 10/6/09

June J. Jaworski 10/8/09  
 Contract Administration  
 E. Jones 10/8/09

This MOU complies with our review requirements.

**B. Legal Sufficiency:**

J. Pate 10/13/09  
 Assistant County Attorney

**C. Other Department Review:**

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

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



RSVP  
Palm Beach County

Corporation for  
**NATIONAL &  
COMMUNITY  
SERVICE** ★★ ★



**Area Agency on Aging**  
Palm Beach/Treasure Coast, Inc.  
Your Aging Resource Center



**AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.  
RSVP  
Memorandum of Understanding**

Between

Name of Volunteer Station:

Street Address:

Mailing Address:

City:  State:  Zip:

Telephone:  Fax:

And

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.  
4400 N. Congress Avenue  
West Palm Beach, FL 33407  
(561) 684-5885

**This Memorandum of Understanding (MOU) contains basic provisions, to guide the working relationship between both parties. It may also include a Programming for Impact Addendum. This MOU may be amended in writing at any time with concurrence of both parties and must be renegotiated at least every three years.**

The RSVP Representative that will serve as liaison with the Volunteer Station is:

Name:  Title:

Telephone:  Fax:

E Mail Address:

The Volunteer Site Representative who will serve as liaison with RSVP and who will be responsible for volunteer orientation and supervision is:

Name:  Title:

Telephone:  Fax:

E Mail Address:

**BASIC PROVISIONS OF  
MEMORANDUM OF UNDERSTANDING**

**A. THE AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC. RSVP WILL:**

1. Recruit, interview and enroll RSVP volunteers and refer them to the volunteer station.
2. Instruct RSVP volunteers in proper use of monthly reports and program procedures.
3. Provide RSVP orientation to volunteer station staff prior to a placement and at other times as the need arises.
4. Specify, either in writing or verbally, that RSVP volunteers are participants of the Area Agency on Aging, RSVP in publicity, radio, TV, print or verbal presentation.
5. Furnish secondary excess automobile liability insurance coverage as required by program policies. **Insurance is secondary coverage**, not primary insurance.
6. Periodically monitor volunteer activities at volunteer station to assess and/or discuss mutual needs and/or requirements.
7. Perform periodic site visits to confirm that environment where volunteers are placed is safe.

**B. THE VOLUNTEER STATION WILL:**

1. Provide a list of volunteer requests with description of assignments to RSVP. As assignments change, the list and descriptions are to be updated.
2. Interview and make final decision on a volunteer assignment.
3. Perform orientation, to include job description, in-service instruction, and training to volunteers. Furnish volunteers with any materials and/or transportation required for the performance of the assignment.
4. Validate volunteer reports to the RSVP office on a quarterly basis to include timesheets or for other reports, as required.
5. Investigate and report any accidents and injuries involving RSVP volunteers to the RSVP office immediately. Any verbal reports must be followed up in writing.
6. Provide adequate safety for volunteers.
7. Provide supervision to volunteers on assignments.
8. Provide fingerprinting or background checks if required by volunteer station and inform the RSVP office if a volunteer cannot be placed as a result.
9. For Programming for Impact (PFI) assignments, supply statistical data of volunteer impact on community needs and complete the appended Impact Programming Addendum. This volunteer station **is or is not** (circle one) a PFI site.

10. **If** meals are provided to volunteers, please complete this portion:

( ) Contributed meals are **FEDERALLY FUNDED** under:

  X   Title III of the Older Americans Act

       Other (federal) funding source

( ) Contributed meals **ARE NOT** provided by federal funds. Meals will be provided to RSVP volunteers at a free or reduced price when        hours of service have been or will be volunteered during that day. **NOTE:** The value of a free or reduced meal, which is not provided by federal funds will be recorded on the RSVP volunteer's time card by the volunteer station supervisor. This document is important **in-kind support** for RSVP.

11. Specify, either in writing or verbally, that RSVP volunteers are participants in the volunteer station's programs in all publicity featuring volunteers. This pertains to any radio, TV, print or verbal presentation.

**C. OTHER PROVISIONS:**

1. **Separation from Volunteer Service:** The volunteer station may request the removal of a RSVP volunteer at any time. The RSVP volunteer may withdraw from service at the volunteer station or from RSVP at any time. Discussion of individual separations will occur among RSVP staff, volunteer station staff and the volunteer to clarify the reasons, resolve conflicts, or to take remedial action, including placement with another volunteer station.
2. **Religious Activities:** The volunteer station will not request or assign RSVP volunteers to conduct or engage in religious, sectarian, or political activities.
3. **Displacement of Employees:** The volunteer station will not assign RSVP volunteers to any assignment that would displace employed workers or impair existing contracts for services.
4. **Accessibility and Reasonable Accommodation:** Programs and activities to which RSVP volunteers are assigned must be accessible to persons with disabilities and provide reasonable accommodation to permit a person with a disability to participate.
5. **Prohibition of Discrimination:** The volunteer station will not discriminate against RSVP volunteers or in the operation of its program because of race, color, national origin, gender, age, political affiliation, religion, or on the basis of disability if the volunteer is a qualified individual with a disability.
6. **For Profit Organization:** The volunteer station will not use an RSVP volunteer in any business capacity that would increase the profit margin of their organization. RSVP volunteers must be utilized in a client contact environment, for example, Friendly Visitor, Companion, Activities Assistant, Arts & Crafts, and Internal Transportation of clients.

The Memorandum of Understanding may be amended in writing at any time with concurrence from both parties and reviewed every three years to permit changes if needed. No other understanding, oral or otherwise, shall be deemed to exist or bind any of the parties hereto.

This Memorandum of Understanding will be in effect upon dated signature of all the parties.

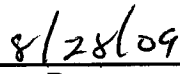
This Memorandum of Understanding will be in effect from:

September 30, 2009

to

August 31, 2012

  
\_\_\_\_\_  
Volunteer Site Representative

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator  
Title, Volunteer Representative

\_\_\_\_\_  
Kimberly Wilson  
Supervisor, RSVP  
Area Agency on Aging

\_\_\_\_\_  
Date

RSVP  
HANDICAPPED ACCESSIBILITY SELF-EVALUATION CERTIFICATION

Organization:

Palm Beach County Division of Senior Services

Location:

810 Datura Blvd. West Palm Beach, FL 33401

Telephone:

561-355-4683

I certify that a handicap accessibility self-evaluation has been:

( X ) Completed on: August 14, 2009

( ) Will be completed by: \_\_\_\_\_

The results of the self-evaluation are as follows:

( ) To be reported and submitted by: \_\_\_\_\_

(X ) The Volunteer Station's program is accessible and no corrective action is required.

( ) The Volunteer Station's program is not accessible. The following corrective action(s) will be made by: \_\_\_\_\_  
Name and Date

I understand that, if the Volunteer Station has 15 or more employees, information on how the self-evaluation was conducted is to be made available for public inspection for 3 years after its completion. I also understand that this information will be available to CNS/NSSC/AAA/RSVP officials upon request.

Signature:

Dorothy Little

Date:

8/28/09

Printed Name & Title:

Dorothy Little, Volunteer Coordinator

**PALM BEACH COUNTY,  
FLORIDA, a Political  
Subdivision of the State of  
Florida**

**AREA AGENCY ON AGING  
OF PALM BEACH TREASURE  
COAST, INC.**

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

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

PRINT  
NAME: John F. Koons, Chairman

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

TITLE: Chairman

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

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

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

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

PRINT  
NAME: Sharon R. Bock

TITLE: Clerk and Comptroller

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

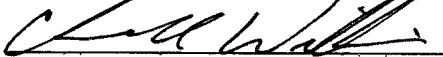
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NUMBER: 59-6000785

FISCAL  
YEAR  
END  
(MM/DD): \_\_\_\_\_

Approved as to form and legal sufficiency

\_\_\_\_\_  
Assistant County Attorney

Approved as to terms and conditions

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