



**II. FISCAL ANALYSIS IMPACT**

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

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>80,000</u>	<u>96,000</u>	<u>96,000</u>	<u>96,000</u>	<u>96,000</u>
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>80,000</u>	<u>96,000</u>	<u>96,000</u>	<u>96,000</u>	<u>96,000</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

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

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

Departmental Fiscal Review: Tauna Malhotra

**III. REVIEW COMMENTS**

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

J. Malhotra 12-1-09  
 OFMB  
 11/23/09  
 WA  
 11/23/09  
 PM  
 11/23/09

Dr. J. Jacobson 12/3/09  
 Contract Administration  
 E. Jan. 12/3/09  
 This Contract complies with our contract review requirements.

**B. Legal Sufficiency:**

J. Malhotra 12/3/09  
 Assistant County Attorney

**C. Other Department Review:**

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

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

COLLABORATIVE PARTNERSHIP

BETWEEN

THE AREA AGENCY ON AGING, PALM BEACH/TREASURE COAST, INC.

AND

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

DIVISION OF SENIOR SERVICES

I. PURPOSE

The purpose of this collaborative partnership is to recruit, train, and place volunteers to provide respite services to frail elders and their caregivers.

II. TERM OF AGREEMENT

The Agreement is effective on November 1, 2009. The memorandum has no expiration date and is continuously renewable unless termination by either party occurs.

III. RECRUITMENT

Volunteers will be recruited by both the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) and Palm Beach County Board of County Commissioners, Division of Senior Services (DOSS). Volunteers associated with the AAA Caring Connections program will be required to complete the necessary forms to also become DOSS volunteers.

IV. TRAINING

All volunteers providing respite care will receive 20-25 hours of intensive training provided by AAA staff and community partners as scheduled by AAA. This training will include the following topics:

- a. Orientation, to include position description, volunteer role and responsibility, standards of conduct, ethics, prohibited activities, record keeping, benefits and recognition
- b. Aging Process, Personal Safety, Crimes Against the Elderly/Victims' Services, Home Safety and Disaster Preparedness

- c. Volunteer Respite Caregiving “Do’s and Don’ts;” healthy aging (importance of nutrition/exercise/fitness); wellness and prevention; and accessing community resources

V. VOLUNTEER MANAGEMENT

- a. DOSS will work closely with AAA staff in placement of volunteers to meet needs of elders in daycare settings and identified as needing respite service to prevent nursing home placement.
- b. AAA will complete a Level II Background Check and Sexual Predator Check prior to the volunteer being placed in a home or daycare setting.
- c. The Assistant Director of Volunteer Programs will be responsible for working with DOSS personnel to provide the necessary forms and volunteer time sheets.
- d. AAA will be responsible for the daily management of the Caring Connection volunteers.
- e. AAA will provide monthly reflection meetings for all volunteers, these meetings may be conducted by a volunteer leader.
- f. AAA will provide secondary liability insurance for Caring Connection volunteers.
- g. DOSS will be responsible for providing the monthly incentive to all volunteers including processing and mailing checks on a monthly basis.

VI. TERMINATION

This agreement may be terminated by either party upon no less than sixty (60) calendar days notice without cause 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 witness thereof, the parties hereto have caused this four (4) page agreement to execute by their undersigned officials as duly authorized.

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

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

SIGNED BY: \_\_\_\_\_  
~~John F. Koons~~, Chairman

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

SHARON R. BOCK, Clerk of Comptroller

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

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

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

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

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

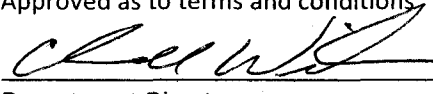
FEDERAL ID NUMBER 59-6000785

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

Approved as to form and legal sufficiency

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

Approved as to terms and conditions

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

**EMERGENCY CERTIFICATION FOR RETROACTIVE PAYMENT**

Background

The Area Agency is partnering with the Palm Beach County Board of County Commissioners to recruit, train and provide volunteer management for the 2009 program year. The purpose of this collaborative partnership is to recruit, train and provide volunteer management for volunteers to provide respite services to frail elders and their caregivers.

Justification

The Palm Beach County Board of County Commissioners will provide the monthly stipend to the volunteers providing respite services beginning November 1, 2009; however, since the collaborative partnership agreement will not be signed by that time, it will require certification for retroactive payment back to November 1, 2009. The provision of these services will aid the client and/or caregiver 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 the terms of the collaborate agreement between the Area Agency on Aging and the Palm Beach County Board of County Commissioners starting November 1, 2009.

BELOW TO BE FILLED OUT BY THE AREA AGENCY ON AGING

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date



**BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET TRANSFER  
FUND 1006 DOSS - Administration**

BGRV - 144- 111609\*112  
BGEX - 144- 111609\*401

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL	CURRENT			ADJUSTED	EXPENDED/ ENCUMBERED	REMAINING
		BUDGET	BUDGET	INCREASE	DECREASE	BUDGET	AS OF 11/13/09	BALANCE
<b>REVENUES</b>								
<b>DOSS-3E</b>								
144-1461-8000	Transfer From General Fund 0001	396,840	396,840		80,000	316,840		
<b>DOSS-Caring Connections</b>								
144-1450-8000	Transfer From General Fund 0001	0	0	80,000	0	80,000		
	<b>Total Receipts and Balances</b>	<b>8,122,756</b>	<b>8,122,756</b>	<b>80,000</b>	<b>80,000</b>	<b>8,122,756</b>		
<b>EXPENDITURES</b>								
<b>DOSS-3E</b>								
144-1461-3401	Other Contractual Services	243,369	243,369		80,000	163,369	14,777	148,592
<b>DOSS-Caring Connections</b>								
144-1450-4931	Allowances	0	0	80,000	0	80,000	0	80,000
	<b>Total Appropriations &amp; Expenditures</b>	<b>8,122,756</b>	<b>8,122,756</b>	<b>80,000</b>	<b>80,000</b>	<b>8,122,756</b>		

**OFMB**  
**INITIATING DEPARTMENT/DIVISION**  
**Administration/Budget Department Approval**  
**OFMB Department - Posted**

<b>Signatures</b>	<b>Date</b>
	11/25/09
	

**By Board of County Commissioners**  
**At Meeting of December 15, 2009**  
**Deputy Clerk to the**  
**Board of County Commissioners**