

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

Meeting Date: June 8, 2010

(X) Consent

( ) Regular

( ) Ordinance

( ) 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: Amendment No. 002 to Standard Agreement No. IP009-9500 (R2009-0745) for the Emergency Home Energy Assistance Program (EHEAP) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA).

**Summary:** This amendment is to extend the service date to May 31, 2010, extend the agreement ending date to June 10, 2010 and to revise and replace the Agreement Report Schedule. In the area south of Hypoluxo Road, Mae Volen Senior Center Inc. currently provides EHEAP services under a similar agreement from the AAA. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

**Background and Justification:** EHEAP is a home energy assistance program funded by the U.S. Department of Health and Human Services by way of the AAA. The program operates in accordance with the guidelines of the Low Income Home Energy Assistance Program (LIHEAP) State Plan. The EHEAP program is administered by the DOSS staff, specifically to the elderly population. Eligible households may be provided with one (1) benefit per season up to \$600 per benefit, not-to-exceed two (2) benefits per fiscal year.

**Attachments:**

Amendment No. 002

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Recommended By: \_\_\_\_\_

Department Director

5/24/10  
Date

Approved By: \_\_\_\_\_

Assistant County Administrator

5/24/10  
Date

## 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	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u> * see below	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No      
Budget Account No.: Fund 1006 Dept. 144 Unit. 1483 Obj. Var.  
Program Code Var.

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

Federal funds through the Department of Elder Affairs.

Departmental Fiscal Review: Taruna Malhotra  
5/24/10

## III. REVIEW COMMENTS

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

\* There is no fiscal impact on this item.

N. D. Singh 5/25/10  
OFMB 5/25/10

Dr. J. J. J. J. J. 5/26/10  
Contract Administration

### B. Legal Sufficiency:

J. C. D. 5/26/10  
Assistant County Attorney

**This amendment complies with  
our review requirements.**

### C. Other Department Review:

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

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

This AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Agency on Aging" and the Palm Beach County Board of County Commissioners Division of Senior Services, hereinafter referred to as the "Provider", amends Agreement No. IP009-9500.

The purpose of this amendment is extend the effective date and to revise and replace the Agreement Report Schedule.

Section I is amended to read:

**B. Effective Date**

2. This agreement shall end on June 10, 2010.

3. The service dates for this agreement are from January 1, 2009 to May 31, 2010.

ATTACHMENT II, Agreement Report Schedule, is hereby replaced with the revised Agreement Report Schedule, attached hereto.

This amendment shall be effective on the last date that the amendment is signed by both parties.

All provisions in the agreement and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

This amendment and all its attachments are hereby made a part of the agreement.

IN WITNESS THEREOF, the parties hereto have caused this 4 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.

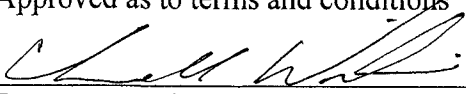
SIGNED  
BY: \_\_\_\_\_  
  
NAME: Burt Aaronson  
  
TITLE: Chair  
  
DATE: \_\_\_\_\_

SIGNED  
BY: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
  
TITLE: \_\_\_\_\_  
  
DATE: \_\_\_\_\_

SHARON R. BOCK, Clerk  
  
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

AGREEMENT REPORT SCHEDULE

Report	Report Name	Submit to the Agency on this Date
1	January Advance*	Jan 1
2	February Advance*	Jan 1
3	January Payment Transmittal Report	Feb 1 <sup>st</sup> & 16 <sup>th</sup>
4	January Case File Review	Feb 6 <sup>th</sup> & 21 <sup>st</sup>
5	February Payment Transmittal Report	Mar 1 <sup>st</sup> & 16 <sup>th</sup>
6	February Case File Review	Mar 6 <sup>th</sup> & 21 <sup>st</sup>
7	March Payment Transmittal Report	April 1 <sup>st</sup> & 16 <sup>th</sup>
8	March Case File Review	April 6 <sup>th</sup> & 21 <sup>st</sup>
9	EHEAP for the Elderly Statistical Report # 1	April 10
10	April Payment Transmittal Report	May 1 <sup>st</sup> & 16 <sup>th</sup>
11	April Case File Review	May 6 <sup>th</sup> & 21 <sup>st</sup>
12	May Payment Transmittal Report	June 1 <sup>st</sup> & 16 <sup>th</sup>
13	May Case File Review	June 6 <sup>th</sup> & 21 <sup>st</sup>
14	June Payment Transmittal Report	July 1 <sup>st</sup> & 16 <sup>th</sup>
15	June Case File Review	July 6 <sup>th</sup> & 21 <sup>st</sup>
16	EHEAP for the Elderly Statistical Report # 2	July 10
17	July Payment Transmittal Report	Aug 1 <sup>st</sup> & 16 <sup>th</sup>
18	July Case File Review	Aug 6 <sup>th</sup> & 21 <sup>st</sup>
19	August Payment Transmittal Report	Sep 1 <sup>st</sup> & 16 <sup>th</sup>
20	August Case File Review	Sep 6 <sup>th</sup> & 21 <sup>st</sup>
21	September Payment Transmittal Report	Oct 1 <sup>st</sup> & 16 <sup>th</sup>
22	September Case File Review	Oct 6 <sup>th</sup> & 21 <sup>st</sup>
23	EHEAP for the Elderly Statistical Report # 3	Oct 10
24	October Payment Transmittal Report	Nov 1 <sup>st</sup> & 16 <sup>th</sup>
25	October Case File Review	Nov 6 <sup>th</sup> & 21 <sup>st</sup>
26	November Payment Transmittal Report	Dec 1 <sup>st</sup> & 16 <sup>th</sup>
27	November Case File Review	Dec 6 <sup>th</sup> & 21 <sup>st</sup>
28	December Payment Transmittal Report	Jan 1 <sup>st</sup> & 16 <sup>th</sup>
29	December Case File Review	Jan 6 <sup>th</sup> & 21 <sup>st</sup>
30	EHEAP for the Elderly Statistical Report # 4	Jan 10
31	January Payment Transmittal Report	Feb 1 <sup>st</sup> & 16 <sup>th</sup>
32	January Case File Review	Feb 6 <sup>th</sup> & 21 <sup>st</sup>
33	February Payment Transmittal Report	Mar 1 <sup>st</sup> & 16 <sup>th</sup>
34	February Case File Review	Mar 6 <sup>th</sup> & 21 <sup>st</sup>
35	March Payment Transmittal Report	April 1 <sup>st</sup> & 16 <sup>th</sup>
36	March Case File Review	April 6 <sup>th</sup> & 21 <sup>st</sup>
37	EHEAP for the Elderly Statistical Report # 5	April 10
38	April Payment Transmittal Report	May 1 <sup>st</sup> & May 16 <sup>th</sup>
39	April Case File Review	May 6 <sup>th</sup> & 21 <sup>st</sup>
40	Final Request for Payment / Closeout Report	June 10

Note # 1: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.

Attestation Statement

Agreement Number IP009-9500

Amendment Number 002

I, \_\_\_\_\_, provider representative for Senior Resource Association, Inc., attest that no changes or revisions have been made to the content of the above referenced agreement or amendment between the Area Agency of Palm Beach Treasure Coast, Inc. and Palm Beach County Division of Senior Services. 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 effect on the agreement content.

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

\_\_\_\_\_  
Date