PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| Meeting Date: Aug Department Submitted By | ŕ | (X) Consent () Ordinance Community Services | • |) Regular) Public Hearing |
|--|---|--|---|---|
| Submitted Fo | or: <u>Di</u> | vision of Senior Serv | vices | ······································ |
| macon de de la companya de la compa | , | I. EXECUTIVE I | BRIEF | E |
| Amendment No. 001 the Elderly (HCE) p | I to Standard A rogram with th | Agreement No. IH009- ne Area Agency on A | -9500 .ging | Contract Renewal No. IH010-9500 and (R2009-1260) for the Home Care for of Palm Beach/Treasure Coast, Inc., amount not-to-exceed \$137,826. |
| original standard ag agreement amount; attachment II, the beschedule; (5) introdu as appropriate. This additional County functions. Addition 2011 budget. In the | greement. Add (2) introduce oudget summar ce section BBE s contract rend unds. Sufficier al funding require area south of | itionally, Amendment Section X.4., the use y; (4) revise and rep 3, remedies—nonconforewal is funded with at funding is available ired to meet FY 2011 of Hypoluxo Road, the grant from the AAA. | No. of solace rming \$137 e in toblig e Ma | Senior Services (DOSS) to renew the 001 will (1) amend section D., the ubcontractors; (3) revise and replace attachment IV, the agreement report services; (6) update all ancillary dates ,826 in State funds and \$61,520 in the FY 2010 budget to meet County gations is included in the proposed FY e Volen Senior Center, Inc. currently S) Countywide except for portions of |
| caregivers by encounty homes, as an alternage Agency for State for provisions of care a western Palm Beach | raging the prov native to nursir unded services is an alternativ n County. Be ge is not includ | vision of care in familying home or other inside, is responsible for one to institutional care cause this contract is | y-type titution contra for t gene | e living arrangements, such as private nal care. DOSS, a designated Lead acting with vendors to provide these the senior population in northern and erated by a State entity, the Inspector cal vendor contracts will include the IG |
| Attachment: | | | | |
| | | wal No. IH010-9500 b. 001 to Contract Ren | ewal l | No. IH010-9500 |
| Recommended By: | Department Di | a Gallania irector | | S /2/ Date |
| Approved By: | 90 | | | 8/10/10 |
| | Assistant Cou | nty Administrator | | Date |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | <u>2010</u> | <u>2011</u> | <u>2012</u> | 2013 | <u>2014</u> |
|---|--------------------|----------------------|---|----------------|-------------|
| Capital Expenditures Operating Costs External Revenue Program Income (County) In-Kind Match (County) | 49,837 (34,457) | 149,509 (103,369) | | | |
| NET FISCAL IMPACT | 15,380 | 46,140 | | | |
| # ADDITIONAL FTE POSITIONS (Cumulative) Proposed a Is Item Included in Current B Budget Account No.: Fund Progr | udget: | Yes _ Department_ | · · · · · · · · · · · · · · · · · · · | 481 Object | Var. |

The Agreement spans two (2) County fiscal years. Sufficient funding is available in the FY2010 budget to meet County obligations. County match and additional funding required to meet FY2011 obligations are included in the proposed FY2011 budget.

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

Funding sources are the State of Florida, Palm Beach County and Private Donations (Program Income). Previous resolution for Standard Agreement is R2009-1260.

| <u>Funds</u> | 10-11 HCE |
|---------------------|-----------|
| State | 137,826 |
| Program Income | 0 |
| Match (10%) | 0 |
| Addnl. County Funds | 61,520 |
| Total | 199,346 |

Departmental Fiscal Review: Towner Walliota 7/19/10

A. OFMB Fiscal and/or Contract Administration Comments:

Legal Sufficiency:

B.

Assistant County Attorney

C. Other Department Review:

Department Director

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

AREA AGENCY ON AGING

PALM BEACH/TREASURE COAST, INC.

CONTRACT RENEWAL FORM Home Care for the Elderly Program (HCE)

CONTRACT RENEWAL # IH010

ORIGINAL CONTRACT # IH009-9500

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

As stated on Page 1, Section E, of Agreement # IH009-9500, the Agency is exercising its option to renew this agreement if mutually agreed to by both parties. This renewal will begin on July 1, 2010 and end on June 30, 2011 and the contract amount for this renewal period will not exceed \$137,826.00 as stated in the original agreement.

All terms and conditions of said original agreement and any supplements and amendments thereto shall remain in force and effect for this renewal.

IN WITNESS THEREOF, the parties have executed this renewal by their undersigned officials as duly authorized.

| PROVIDER: PALM BEACH COUNTY, Beach/FLORIDA, A Political | Area Agency on Aging of Palm Treasure Coast, Inc. | | |
|--|---|--|--|
| Subdivision of the State of Florida | | | |
| SIGNED | SIGNED | | |
| BY: | BY: | | |
| Burt Aaronson, Chair | | | |
| DATE: | NAME: | | |
| SHARON R. BOCK, Clerk and Comptroller | TITLE: | | |
| BY: | 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 | |
| Federal Tax ID: | |
| Fiscal Year Ending: | |
| Original Contract Period: July 1, 2009 – June 30, 2010 | |
| RENEWAL IS NOT VALID UNTIL SIGNED AND DATED BY BOTH PARTIE | |

This AMENDMENT, entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, Inc, hereinafter referred to as the "Agency", and <u>Palm Beach County Board of County Commissioners</u>, hereinafter referred to as the "Provider" amends contract IH010-9500.

The purpose of this amendment is to: substitute the original agreement amount of \$137,826.00 as cited in agreement renewal IH010-9500 for the actual appropriated amount of \$137,826.00.

Additionally this amendment (1) amends Section D. of the Agreement; (2) introduces Section X.4., (3) revises and replaces Attachment II, Budget Summary; (4) revises and replaces Attachment IV, Agreement Report Schedule; (5) introduced Section BBB, (6) updates all ancillary dates as appropriate.

(1) Section D. of the Agreement, is hereby amended to read:

D. Agreement Amount

The agency agrees to pay for contracted services according to the statement of work, ATTACHMENT I of this agreement in an amount not to exceed \$137,826.00 subject to the availability of funds. Any costs or services paid for under any other agreement or from any other source are not eligible for payment under this agreement. The provider agrees to utilize the approved rate sheet, ATTACHMENT III for contracted services the agency agrees to pay for.

| Funding Allocation | | | | | |
|---------------------------------|---------------|-----------------|--------|--------------|--|
| Program Title | Year | Funding Sources | CFDA | Amount | |
| Home Care for the Elderly (HCE) | 2010- 2011 | General Revenue | 65.001 | \$137,826.00 | |
| TOTAL AGREEMENT AMOUNT: | | | | \$137,826.00 | |

- (2) Section X.4. of the Agreement, is hereby introduced to read:
- 4. Use of Subcontractors If this agreement involves the use of a subcontractor or third party, then the Provider shall not delay the implementation of its agreement with the subcontractor. If any circumstances occur that may result in a delay for a period of 60 days or more of the initiation of the subcontract or in the performances of the subcontractor, the Provider shall notify the Agency's Quality Improvement Manager and the Agency's Chief Financial Officer in writing of such delay.

The Provider shall not permit a subcontractor to perform services related to this agreement without having a binding subcontractor agreement executed. In accordance with Section Y of the agreement, the Agency will not be responsible or liable for any obligations or claims resulting from such action.

(3) Attachment II, Budget Summary is hereby replaced with the revised Attachment II, Budget Summary and attached hereto.

- (4) Attachment IV, Agreement Report Schedule is hereby replaced with the revised Attachment IV, Agreement Report Schedule and attached hereto.
- (5) Section BBB. of the Agreement, is hereby introduced to read:

BBB. Remedies – Nonconforming Services

The Provider shall ensure that all activities and/or benefits provided and reimbursed under this agreement are compliance with the requirements referenced in the Attachment I.

Any nonconforming activities and/or benefits shall not be eligible for reimbursement under this program. The costs associated with providing nonconforming activities and/or benefits shall be borne solely by the Provider. The Agency requires immediate notice of any significant and/or systemic infractions that compromise activities and/or benefits provided.

(6) All related attachments, exhibits, and schedules that contain ancillary dates are hereby amended as appropriate to concur with the applicable agreement period. Ancillary dates affected shall include but not be limited to the final request for payment, the final request for budget revisions and any other dates that affect specific agreement terms or provisions.

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

All provisions in the agreement and any attachments thereto in conflict with this amendment has been 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 with this amendment.

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

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

Area Agency on Aging of Palm

Treasure Coast, Inc.

IN WITNESS THEREOF, the parties hereto have caused this 5 page amendment to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,

Beach/FLORIDA, A Political

Fiscal Year Ending:

| SIGNED | SIGNED |
|---|--|
| BY: Burt Aaronson, Chair | BY: |
| Burt Adronson, Chan | |
| DATE: | NAME: |
| SHARON R. BOCK, Clerk and Comptroller | TITLE: |
| BY: | DATE: |
| DATE: | |
| FEDERAL ID NUMBER:59-6000785 | _ |
| FISCAL YEAR END DATE: | <u>. </u> |
| Approved as to form and legal sufficiency | |
| Assistant County Attorney | _ |
| Approved as to terms and conditions | |
| Department Director | _ |

IF THIS AGREEMENT ACTION IS COMPLETED SIMULTANEOUSLY WITH A ONE-PAGE RENEWAL, THEN ITS EFFECTIVE DATE SHALL BE THE SAME AS THE AGREEMENT RENEWAL DATE.

ATTACHMENT II

BUDGET SUMMARY

HCE Subsidies \$129,535.00
 HCE Case Management \$8,291.00
 Total \$137,826.00

ATTACHMENT IV

HOME CARE FOR THE ELDERLY

AGREEMENT REPORT SCHEDULE

| REPORT | BASED ON | SUBMIT TO AGENCY |
|--------|--|------------------|
| | | ON THIS DATE |
| 1 | July Expenditure Report/ Surplus Deficit Report | August 20 |
| 2 | August Expenditure Report/ Surplus Deficit Report | September 20 |
| 3 | Minority Vendor Report # 1 | October 1 |
| 4 | September Expenditure Report/ Surplus Deficit Report | October 20 |
| 5 | October Expenditure Report/ Surplus Deficit Report | November 20 |
| 6 | November Expenditure Report/ Surplus Deficit Report | December 10 |
| 7 | Minority Vendor Report # 2 | January 1 |
| 8 | December Expenditure Report/Surplus Deficit Report | January 20 |
| 9 | January Expenditure Report /Surplus Deficit Report | February 20 |
| 10 | February Expenditure Report /Surplus Deficit Report | March 20 |
| 11 | Minority Vendor Report # 3 | April 1 |
| 13 | March Expenditure Report /Surplus Deficit Report | April 20 |
| 14 | April Expenditure Report /Surplus Deficit Report | May 20 |
| 15 | May Expenditure Report/ Surplus Deficit Report | June 20 |
| 16 | Minority Vendor Report # 4 | July 1 |
| 17 | June Expenditure Report /Surplus Deficit Report | July 20 |
| 18 | Final Expenditure and Closeout Report | August 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.