

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: March 1, 2011 Consent () Regular
 Ordinance () Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior Services (DOSS)

I. EXECUTIVE BRIEF

Motion: Staff recommends motion to approve: Amendment No. 001 to Use of Facility Agreement with MorseLife, Inc. (R2009-1070), increasing the agreement amount by \$517.65 for the period April 1, 2010, through July 1, 2011, for a new total amount not-to-exceed \$37,479.65 for the cost of kosher meals.

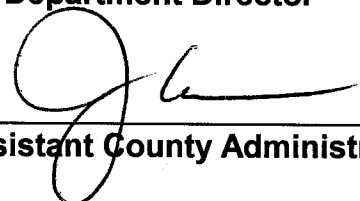
Summary: DOSS has received funds from the Older Americans' Act (OAA) to provide senior congregate meal sites. As a result, DOSS is contracting with MorseLife, Inc. to provide an additional 105 kosher meals at the rate of \$4.93 per meal/day for 2 additional days for seniors who require a kosher meal. The contract is funded through a combination of Federal grant and County funds. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

Background and Justification: In accordance with OAA, DOSS operates congregate meal sites throughout the County from Martin County line to Hypoluxo Road and coastline to Lake Okeechobee/Hendry County line. MorseLife, Inc. donates space and utilities for a kosher congregate dining site for the elderly.

Attachments:

Amendment No. 001 with MorseLife

Recommended By:  2/3/11
 Department Director Date

Approved By:  2/17/11
 Assistant County Administrator Date

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>517</u>	_____	_____	_____	_____
External Revenue	<u>(466)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>52</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	_____	_____	_____

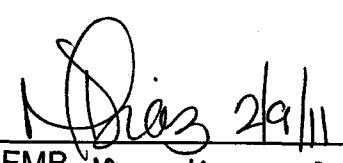
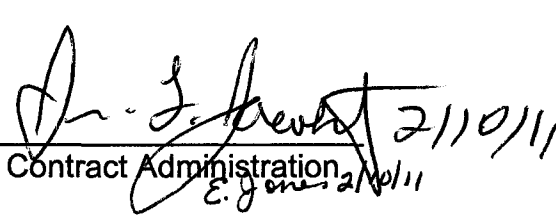
Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Dept. 144 Unit. 1458 Obj. 3419
 Program Code Various

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Federal funds are through the Department of Elder Affairs. (R2009-1070)

Departmental Fiscal Review: Tauna Malhotra
2/2/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 _____ OFMB JS VA 2/1/11 2/7/11 2/12/11	 _____ Contract Administration E. Jones 2/10/11
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This amendment complies with our review requirements.

B. Legal Sufficiency:



 Assistant County Attorney

C. Other Department Review:

 Department Director

AMENDMENT 001 TOCONSULTING/PROFESSIONAL SERVICES CONTRACT

THIS AMENDMENT 001 TO CONSULTING/PROFESSIONAL SERVICES CONTRACT dated July 7, 2009 (Document No. R2009-1070) made and entered into at West Palm Beach, Florida, on this day of _____, by and between Palm Beach County, a political subdivision of the State of Florida hereinafter referred to as COUNTY, and **Morselife, Inc.** hereinafter referred to as the CONSULTANT.

WHEREAS, to increase 105 additional kosher meals at a unite rate of \$4.93, by \$517.65 not to exceed \$37,479.65 for the cost of the kosher meals.

OTHER PROVISIONS

All provisions in the CONTRACT or exhibits to the CONTRACT in conflict with this Amendment to the CONTRACT shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the CONTRACT.

IN WITNESS THEREOF, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
SHARON R. BOCK, Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Karen T. Marcus, Chair

WITNESS:

CONSULTANT:
MorseLife, Inc.

By: Dorothy Little
Signature

By: [Signature]

Dorothy Little
Witness Name

Name: Keith A. Myers

Title: CEO

Date: _____

Reviewed and Approved As to Form
and Legal Sufficiency

By: _____
County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

BY: [Signature]
DEPARTMENT HEAD