

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: May 17, 2011

Consent () Regular
() Ordinance () Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior Services (DOSS)

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) **approve** a waiver of prohibited relationship pursuant to Palm Beach County Code, Article XIII, the Palm Beach County Code of Ethics, for AAA employee Jamie Estremera-Fitzgerald, a member of the Criminal Justice Mental Health & Substance Abuse Planning Council;
- B) **receive and file** amendment No. 003 to Contract Renewal No. IC010-9500 (R2010-1229) for Community Care for the Elderly (CCE) program with the Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc. for the period July 1, 2010 through June 30, 2011, increasing the agreement amount by \$48,000 for a new total not-to-exceed amount of \$1,070,684;
- C) **receive and file** amendment No. 003 to Contract Renewal No. IH010-9500 (R2010-1227) for Home Care for the Elderly (HCE) program with the AAA to decrease the Subsidies agreement amount by \$48,000 for a new total not-to-exceed amount of \$89,826;
- D) **receive and file** amendment No. 002 to Standard Agreement No. IA010-9500 (R2010-0188) for Older Americans Act (OAA) program with the AAA for the period January 1, 2010 through December 31, 2010, to increase the agreement amount by \$22,113.07 for a new total not-to-exceed amount of \$2,097,798.07;
- E) **receive and file** amendment No. 002 to Standard Agreement No. IP010-9500 (R2010-0842) for Emergency Home Energy Assistance Program (EHEAP) with the AAA to extend the service date to May 31, 2011 and to revise and replace the Agreement Report Schedule and the EHEAP Statistical Report; and
- F) **approve** an upward budget amendment of \$29,592 in the DOSS Administration fund to reconcile the budget to the actual grant award.


Summary: Receive and file items are being submitted in accordance with Countywide PPM No. CW-0-051 to allow the Clerk's Office to note and receive the executed agreement. Amendments were executed by the County Administrator in accordance with Resolution R2010-1942, which delegated authority to the County Administrator, or his designee, to sign documents related to DOSS/ AAA grant amendments. A prohibited relationship waiver is being recommended for an employee of AAA who serves on a County planning council. This individual disclosed this relationship and is requesting a waiver pursuant to Section 2-443(d) of the Code of Ethics. The waiver is being recommended based on a staff determination that the execution of the amendments will not create a conflict of interest with the continued service of this individual on the council. There is a cash match requirement of \$7790 which is included in the current budget. In the area south of Hypoluxo Road, the Mae Volen Senior Center, Inc. provides services under a similar grant from the AAA. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

Background and Justification: (continued on Page 3)

Attachments:

- 1. CCE Amendment No. 003
- 2. HCE Amendment No. 003
- 3. OAA Amendment No. 002
- 4. EHEAP Amendment No. 002
- 5. Budget Amendment

Recommended By:  Date: 4/26/11
Department Director Date

Approved By:  Date: 5/2/11
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

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>77,903.42</u>				
External Revenue	<u>(70,113.07)</u>				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>7,790.35</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Department 144 Unit Var. Object Var. Program Var.

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

Funding sources are the Department of Elder Affairs, State of Florida, Palm Beach County, and Private Donations (Program Income). Previous resolution for CCE is Contract Renewal No. IC010-9500 (R2010-1229), Amendment No. 001 (R2010-1230) and Amendment No. 002 (R2010-1515). Previous resolution for HCE is Contract Renewal No. IH010-9500 (R2010-1227), Amendment No. 001 (R2010-1228) and Amendment No. 002 (R2010-1516). Previous resolution for OAA is Standard Agreement No. IA010-9500 (R2010-0188) and Amendment No. 001 (R2011-0102). Previous resolution for EHEAP is Standard Agreement No. IP010-9500 (R2010-0842) and Amendment No. 001 (R2011-0355). There is no additional fiscal impact for HCE and EHEAP. Required County funds of \$5,333.34 for CCE and \$2,457.01 for OAA are included in the current budget.

Departmental Fiscal Review: Taruna Malhotra
4/20/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 4/28/11
 OFMB ^{VA}
 4/26/11 4/29/11

[Signature] 4/29/11
 Contract Administration
 Amendment
 These items comply with
 Current Contract Policies

B. Legal Sufficiency:

[Signature] 5/2/11
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

Background and Justification (continued from Page 1): CCE preserves the independence of elders and defers the need for more costly institutional care by providing services that meet their diverse needs. OAA is federally funded on a calendar year basis and delivers in-home services to low income minorities, socially isolated elders and those with functional impairments which improve quality of life. HCE and EHEAP are used to provide various services to seniors and their caregivers. Adjustments are made during the contract year to align services with need.

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

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

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 04/12/11	REMAINING BALANCE
REVENUES								
DOSS-OAA TITLE III								
144-1457-3168	Fed Grant Indirect - Human Services	713,979	713,979	7,269	0	721,248		
144-1458-3168	Fed Grant Indirect - Human Services	520,224	520,224	0	50,000	470,224		
144-1459-3168	Fed Grant Indirect - Human Services	670,851	670,851	69,866	0	740,717		
144-1461-3168	Fed Grant Indirect - Human Services	163,152	163,152	2,457	0	165,609		
	Total Receipts and Balances	7,999,236	8,013,154	79,592	50,000	8,042,746		
EXPENDITURES								
DOSS-OAA TITLE III								
144-1457-3401	Other Contractual Services	823,603	1,123,603	7,269	0	1,130,872	856,061	274,811
144-1458-3419	Contracted Food	528,108	528,108	0	50,000	478,108	482,406	-4,298
144-1459-3419	Contracted Food	1,239,031	939,031	69,866	0	1,008,897	748,761	260,136
144-1461-3401	Other Contractual Services	147,369	147,369	2,457	0	149,826	66,415	83,411
	Total Appropriations & Expenditures	7,999,236	8,013,154	79,592	50,000	8,042,746		

Signatures

Date


By Board of County Commissioners
At Meeting of May 17, 2011


OFMB

INITIATING DEPARTMENT/DIVISION

Administration/Budget Department Approval

OFMB Department - Posted





4/20/11

Deputy Clerk to the

Board of County Commissioners

This AMENDMENT, entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "agency", and Palm Beach County Board of County Commissioners, Division of Senior Services, hereinafter referred to as the "provider", amends agreement # IC010-9500.

The purpose of this amendment is to increase the agreement by \$48,000.00 and to revise ATTACHMENT II, COMMUNITY CARE FOR THE ELDERLY AGREEMENT BUDGET SUMMARY.

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 shall be and are hereby changed to conform with this amendment.

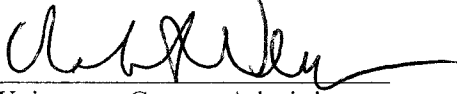
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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

IN WITNESS THEREOF, the parties hereto have caused this 4 page amendment to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,
Beach/ FLORIDA, A Political
Subdivision of the State of Florida

Area Agency on Aging of Palm
Treasure Coast, Inc.

SIGNED BY: 
Robert Weisman, County Administrator

SIGNED BY: 

DATE: 4/4/11

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

TITLE: First Vice Chair

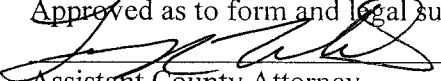
BY: _____

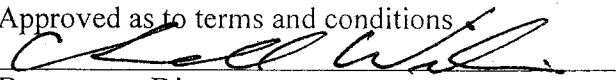
DATE: 4/8/2011

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

BUDGET SUMMARY

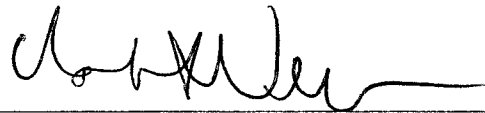
1. CCE Client Services	\$866,147.00
2. CCE Case Management	\$184,083.00
3. CCE Case Aide	\$20,454.00
4. Total	\$1,070,684.00

Attestation Statement

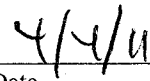
Agreement/Contract Number IC010-9500

Amendment Number 003

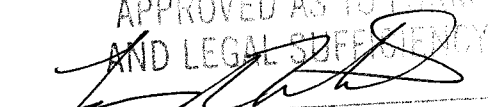
I, Robert Weisman, County Administrator, attest that no changes or revisions have been made to the
(Provider Representative)
content of the above referenced agreement/contract or amendment between the Area Agency on Aging and
Palm Beach County Board of County Commissioners, Division of Senior Services. 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 affect on the agreement/contract content.



Signature of Provider Representative



Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

THIS AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Agency" and Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider," amends Agreement Number IA010-9500.

The purpose of this amendment is increase total funding amount by \$22,113.07

1. Section I. A, is hereby amended to read:

A. Agreement Amount:

The Agency will pay the Provider for services according to the conditions of this agreement in an amount not to exceed \$2,097,798.07, subject to the availability of funds.

2. Section I. D., is hereby amended to read:

D. Source of Funds:

The costs of services paid under any other agreement or from any other source are not eligible for reimbursement under this agreement. The funds awarded to the Provider pursuant to this agreement are in the state grants and aids appropriations and consist of the following:

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Older Americans Act Title IIIB Support Services	2010	U.S Dept. of Health and Human Services	93.044	\$721,248.00
Older Americans Act Title IIIC1 Congregate Meals	2010	U.S Dept. of Health and Human Services	93.045	\$470,224.00
Older Americans Act Title IIIC2 Home Delivered Meals	2010	U.S Dept. of Health and Human Services	93.045	\$740,716.63
Older Americans Act Title IIIE Services	2010	U.S Dept. of Health and Human Services	93.052	\$165,609.44
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$2,097,798.07

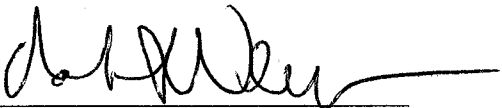
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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

IN WITNESS WHEREOF, the parties hereto have caused this 3 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: PALM BEACH COUNTY, West Palm Beach/FLORIDA, A Political Subdivision of the state of Florida

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

SIGNED BY: 
Robert Weisman, County Administrator

SIGNED BY: 

DATE: 4/4/11

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller
BY: _____

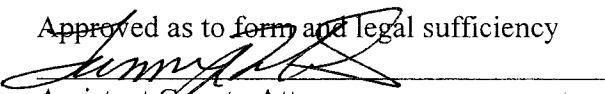
TITLE: First Vice Chair

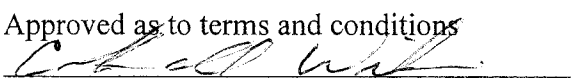
DATE: _____

DATE: 4/8/2011

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

Attestation Statement


Agreement/Contract Number IA010-9500

Amendment Number 002

I, ROBERT WEISMAN, COUNTY ADMINISTRATOR attest that no changes or revisions have been made to the
(*Provider Representative*)

content of the above referenced agreement or amendment between The Area Agency on Aging,
Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners. The only

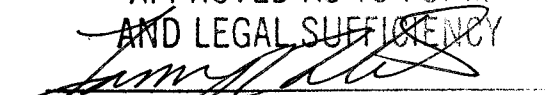
exception to this statement would be for changes in page formatting, due to the differences in electronic
data processing media, which has no effect on the agreement



4/4/11

Signature of Provider Representative

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

This AMENDMENT, entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "agency", and Palm Beach County Board of County Commissioners, Division of Senior Services, hereinafter referred to as the "provider", amends agreement # IH010-9500.

The purpose of this amendment is to decrease the agreement by \$48,000.00 and to revise ATTACHMENT II, HOME CARE FOR THE ELDERLY AGREEMENT BUDGET SUMMARY.

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 shall be and are hereby changed to conform with this amendment.

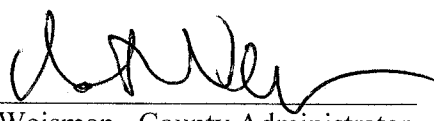
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

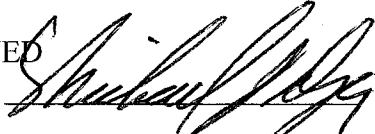
This amendment and all of its attachments are hereby made a part of this agreement.

IN WITNESS THEREOF, the parties hereto have caused this 4 page amendment to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,
Beach/ FLORIDA, A Political
Subdivision of the State of Florida

Area Agency on Aging of Palm
Treasure Coast, Inc.

SIGNED BY: 
Robert Weisman, County Administrator

SIGNED BY: 

DATE: 4/4/11

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

TITLE: First Vice Chair

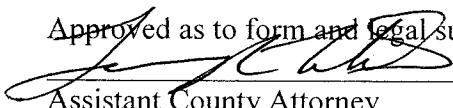
BY: _____

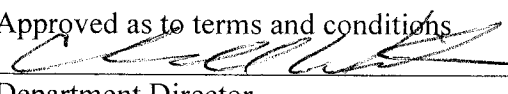
DATE: 4/8/2011

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: _____

ATTACHMENT II

BUDGET SUMMARY

1. HCE Subsidies	\$81,535.00
2. HCE Case Management	\$8,291.00
3. Total	\$89,826.00

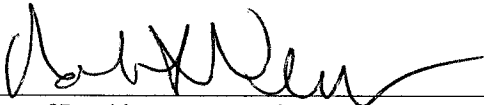
Attestation Statement

Agreement/Contract Number IH010-9500

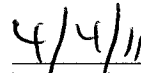
Amendment Number 003

I, Robert Weisman, County Administrator , attest that no changes or revisions have been made to the
(Provider Representative)

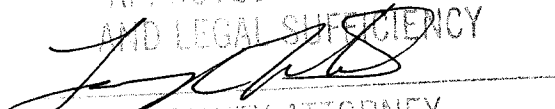
content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County Division of Senior Services. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no affect on the agreement/contract content.



Signature of Provider Representative



Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

This AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Agency" and Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider" amends Agreement Number IP010-9500.

The purpose of this amendment is to: (1) amend Paragraph I.B.3 of the Standard Agreement to extend the end date of the agreement to May 31, 2011; (2) amend ATTACHMENT II; (3) revise and replace ATTACHMENT V, EHEAP Statistical Report.

(1) Paragraph I.B.3 of the Standard Agreement is hereby amended to read:

3. The service dates for this agreement are from April 1, 2010 to May 31, 2011.

(2) ATTACHMENT II, Agreement Report Schedule is hereby replaced with the revised ATTACHMENT II, Agreement Report Schedule and attached hereto.

(3) ATTACHMENT V, EHEAP Statistical Report is hereby replaced with the revised ATTACHMENT V, EHEAP Statistical Report and attached hereto.

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 shall be and are hereby changed to conform with this amendment.

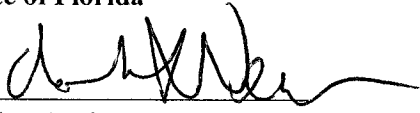
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.


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

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

**PALM BEACH COUNTY, West
Palm Beach/FLORIDA, A Political Subdivision
of the State of Florida**

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

SIGNED BY: 
Robert Weisman, County Administrator

SIGNED BY: 

DATE: 4/4/11

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

BY: _____

TITLE: First Vice Chair

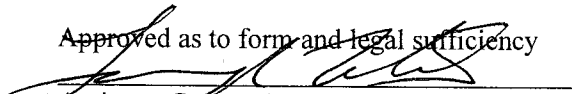
DATE: _____

DATE: 4/8/2011

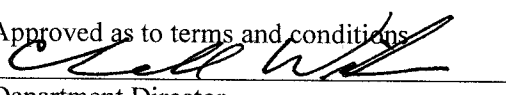
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END: _____

Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

ATTACHMENT II

AGREEMENT REPORT SCHEDULE

Report	Report Name	Submit to the Agency on this Date
1	August Payment Transmittal Report	Sep 1 st & 16 th
2	August Case File Review	Sep 6 th & 21 st
3	September Payment Transmittal Report	Oct 1 st & 16 th
4	September Case File Review	Oct 6 th & 21 st
5	EHEAP for the Elderly Statistical Report # 3	Oct 10
6	October Payment Transmittal Report	Nov 1 st & 16 th
7	October Case File Review	Nov 6 th & 21 st
8	November Payment Transmittal Report	Dec 1 st & 16 th
9	November Case File Review	Dec 6 th & 21 st
10	December Payment Transmittal Report	Jan 1 st & 16 th
11	December Case File Review	Jan 6 th & 21 st
12	EHEAP for the Elderly Statistical Report # 4	Jan 10
13	January Payment Transmittal Report	Feb 1 st & 16 th
14	January Case File Review	Feb 6 th & 21 st
15	February Payment Transmittal Report	Mar 1 st & 16 th
16	February Case File Review	Mar 6 th & 21 st
17	March Payment Transmittal Report	April 1 st & 16 th
18	March Case File Review	April 6 th & 21 st
19	EHEAP for the Elderly Statistical Report # 5	April 10
20	April Payment Transmittal Report	May 1 st & 16 th
21	April Case File Review	May 6 th & 21 st
22	May Payment Transmittal Report	June 1 st
23	May Case File Review	June 6 th
24	EHEAP for the Elderly Statistical Report # 6	June 10
25	Final Request for Payment / Closeout Report	June 17

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.

Emergency Home Energy Assistance for the Elderly Program - Statistical Report

PSA#: 9 Area Agency: Area Agency on Aging of Palm Beach/Treasure Coast, Inc. Contract Year: 3/1/2010-3/31/2011 Contract #: IP010 -9500

Check One: Crisis Weather-Related/Supply-Shortage

ASSISTED HOUSEHOLD REPORT (Required Data) *See note	March 1 -	April 1 -	July 1 -	October 1 -	January 1 -	April 1 -
	March 31 (Heating)	June 30 (Cooling)	September 30 (Cooling)	December 31 (Heating)	March 31 (Heating)	May 31 (Cooling)

ASSISTED HOUSEHOLD REPORT DIRECTIONS: Provide statistics on all households **assisted** through EHEAP. This report is due by the 10th day of the month following the end of the reporting period. For reporting purposes, use Total Gross Annualized Income from page 2, #1 of the EHEAP application.

1. Number of Households Assisted:

2. Households Assisted with Gross Income:

A. Under 75% Poverty Level						
B. 75% - 100% Poverty Level						
C. 101% - 125% Poverty Level						
D. 126% - 150% Poverty Level						
E. Over 150% Poverty Level						

3. Households with at Least One Member:

A. 60 Years or older						
B. Disabled						
C. Age 5 years or under						

4. Unduplicated Households Assisted:

During this reporting period, how many households received EHEAP assistance for the first time under this contract. (Count each household only once during the entire contract period).

APPLICANT HOUSEHOLD REPORT (Required Data) *See note	March 1 -	April 1 -	July 1 -	October 1 -	January 1 -	April 1 -
	March 31 (Heating)	June 30 (Cooling)	September 30 (Cooling)	December 31 (Heating)	March 31 (Heating)	May 31 (Cooling)

APPLICANT HOUSEHOLD REPORT DIRECTIONS: Provide statistics on all households **applying** for EHEAP assistance, whether they did or did not receive assistance.

1. Number of Applicant Households:

2. Applicant Households with Gross Income:

A. Under 75% Poverty						
B. 75% - 100% Poverty						
C. 101% - 125% Poverty						
D. 126% - 150% Poverty						
E. Over 150% Poverty						
F. No Income Data Avail.						

Signature: _____ Date: _____

*The report must include all program activities for the P010 agreement (FY 2010 funds). Do not include activities paid for with FY 2009 funds. A separate report is required for Weather-Related/Supply-Shortage, if applicable.

Attestation Statement

Agreement Number IP010-9500

Amendment Number 002

I, ROBERT WEISMAN, COUNTY ADMINISTRATOR, attest that no changes or revisions have been
(Provider Representative)

made to the content of the above referenced agreement/contract or amendment between the Area Agency
on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners.

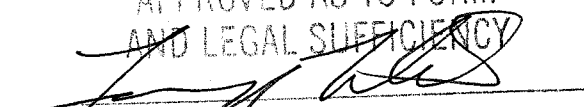
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electronic data processing media, which has no affect on the agreement/contract content.



4/4/11

Signature of Provider Representative

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY