

☐ Public Hearing

Submitted For: _____ Division of Senior Services (DOSS)

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>19,041</u>				
External Revenue	<u>(18,137)</u>				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>904</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 State of Florida, Department of Elder Affairs and County funds. Previous resolution for CCE is Contract Renewal No. IC010-9500 (R2010-1229), Amendment No. 001 (R2010-1230), Amendment No. 002 (R2010-1515) and Amendment No. 003 (R2011-0722). Previous resolution for HCE is Contract Renewal No. IH010-9500 (R2010-1227), Amendment No. 001 (R2010-1228), Amendment No. 002 (R2010-1516) and Amendment No. 003 (R2011-0723). Previous resolution for ADI is Contract Renewal No. IZ010-9500 (R2010-1231), Amendment No. 001 (R2010-1232) and Amendment No. 002 (R2010-1517). Previous resolution for RELIEF is Contract Renewal No. IR010-9500 (R2010-1233) and Amendment No. 001 (R2010-1234). Previous resolution for EHEAP is Standard Agreement No. IP010-9500 (R2010-0842), Amendment No. 001 (R2011-0355), Amendment No. 002 (R2011-0725) and Amendment No. 003 (R2011-0871). Previous resolution for NSIP is Standard Agreement No. IU011-9500 (R2011-0465). There is no additional fiscal impact for ADI, HCE, RELIEF, EHEAP and NSIP. Required County funds of \$904 for CCE are included in the current budget.

Departmental Fiscal Review: Tawana Malhotra
 7/15

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 7/22/11
 OFMB ^{VA}
 7/21/11

[Signature] 7/27/11
 Contract Administration
 7-27-11 B. Wheeler

B. Legal Sufficiency:

[Signature] 7/28/11
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

Summary: (continued from Page 1) AAA employee Jamie Estremera-Fitzgerald, serves on a County Advisory Board, the Criminal Justice Mental Health & Substance Abuse Planning Council. The Board/Council provides no regulation, oversight, management, or policy-setting recommendations regarding the AAA contract. Disclosure of this contractual relationship at a duly noticed public meeting is being provided in accordance with the provisions of Sect. 2-443, of the Palm Beach County Code of Ethics. These 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. In the area south of Hypoluxo Rd, the Mae Volen Senior Center, Inc. provides services under a similar AAA grant. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Rd (TKF)

Background and Justification: (continued from Page 1) Funds are used to provide various in-home and community based services to seniors in Palm Beach County which preserves the independence of elders and defers the need for more costly institutional care. Grant 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

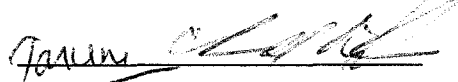
Page 1 of 1 pages

BGRV - 144 - 062711*551
BGEX - 144 - 062711*1785

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 07/01/11	REMAINING BALANCE
<u>REVENUES</u>								
<u>DOSS-CCE</u>								
144-1443-3469	State Grnt Oth Human Services	1,071,342	1,071,342	7,479	0	1,078,821		
<u>DOSS-HCE</u>								
144-1481-3469	State Grnt Oth Human Services	8,291	8,291	8,554	0	16,845		
	Total Receipts and Balances	7,999,236	8,042,746	16,033	0	8,058,779		
<u>EXPENDITURES</u>								
<u>DOSS-CCE</u>								
144-1443-3401	Other Contractual Services	1,110,983	1,111,101	7,479	0	1,118,580	1,036,116	82,464
<u>DOSS-HCE</u>								
144-1481-4412	Rent-Storage/Warehouse Space	0	0	250	0	250	23	227
144-1481-5101	Office Supplies	125	125	8,054	0	8,179	1,294	6,885
144-1481-5412	Dues & Memberships	1	1	250	0	251	59	192
	Total Appropriations & Expenditures	7,999,236	8,042,746	16,033	0	8,058,779		

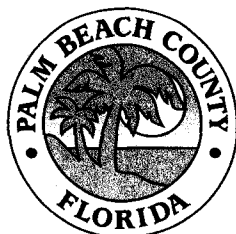
OFMB
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

Signatures


Date

By Board of County Commissioners
At Meeting of August 16, 2011

Deputy Clerk to the
Board of County Commissioners



MEMORANDUM

TO: Robert Weisman
County Administrator

FROM: Channell Wilkins, Director 
Community Services

DATE: June 23, 2011

RE: Division of Senior Services (DOSS)
Amended Contracts

**Department of Community Services
Division of Senior Services
Administration**

- ☐ Administration Office
810 Datura Street, Suite 300
West Palm Beach, FL 33401
Tel: (561) 355-4746 FAX: (561) 355-3222
- ☐ North County Senior Center
5217 Northlake Blvd.
Palm Beach Gardens, FL 33418
Tel: (561) 694-5435 FAX: (561) 694-9611
- ☐ North County Adult Day Care
5217 Northlake Blvd.
Palm Beach Gardens, FL 33418
Tel: (561) 694-5440 FAX: (561) 493-7245
- ☐ Mid County Senior Center
3680 Lake Worth Road
Lake Worth, FL 33461
Tel: (561) 357-7100 FAX: (561) 357-7114
- ☐ Mid County Adult Day Care
3680 Lake Worth Road
Lake Worth, FL 33461
Tel: (561) 357-7100 FAX: (561) 357-7133
- ☐ West County Senior Center
2916 State Road #15
Belle Glade, FL 33430
Tel: (561) 996-4808 FAX: (561) 992-1011

www.pbcgov.com


Pursuant to Resolution R-2010-1072, your signature is needed for the approval of the enclosed amended contracts. This resolution authorizes the County Administrator signatory authority on contract amendments related to DOSS/ Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) grants for no more than ten percent (10%) of the contracted amount or \$150,000, whichever is greater. Please find attachments and resolution attached.


The amendments to the agreements add contract language that was inadvertently omitted when the original agreements were drafted by the AAA.

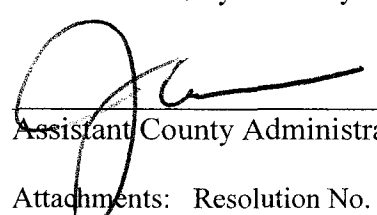
Staff will submit this item at the Board's August 16, 2011 Commission Agenda as a "Receive and File" item to allow the clerk's office to note and receive the documents in accordance with PPM CW-O-051.

If additional information is needed, please contact Faith Manfra, (561) 355-4750.

Approved:


Assistant County Attorney

 06/24
Community Services Fiscal Director


Assistant County Administrator

Attachments: Resolution No. R2010-1942

IU011-9500	Amendment 001
IH010-9500	Amendment 004
IC010-9500	Amendment 004
IP010-9500	Amendment 004
IC010-9500	Amendment 005
IH010-9500	Amendment 005
IZ010-9500	Amendment 003
IR010-9500	Amendment 002

**Palm Beach County
Board of County Commissioners**

Karen T. Marcus, Chair

Shelley Vana, Vice Chair

Paulette Burdick

Steven L. Abrams

Burt Aaronson


Jess R. Santamaria

Priscilla A. Taylor

County Administrator

Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"

 printed on recycled paper

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 contract # IU011-9500.

The purpose of this amendment is to provide updated forms for documentation of payment.

1. Attachment I Section 3.2.2, is hereby amended to read:

"3.2.2 Documentation for Payment

All requests for reimbursement shall be in accordance with policy regarding reimbursable meals and Client Information and Registration Tracking System (CIRTS) policy regarding data entry for reimbursable meals. All requests for reimbursement shall include:

(1) The request for reimbursement shall be submitted on DOEA Form 117, NSIP Request for Reimbursement, (**ATTACHMENT VII**);

(2) A CIRTS report must be submitted with DOEA Form 118 as supporting documentation for the total number of meals reported. The CIRTS report must match the number of meals reported on DOEA Form 117 and DOEA Form 118;

(3) Duplication or replication of the DOEA Form 117 and DOEA Form 118 via data processing equipment is permissible but replication must include all data elements in the same format as included on the departmental form; and

(4) The due date for the request for reimbursement and report(s) shall be no later than the 10th day of the month following the month being reported, except for the final request for reimbursement (December 2011) shall be no later than December 20, 2011.

The Provider certifies that detailed documentation is available to support each item on the itemized invoice or payment request for cost reimbursed expenses, fixed rate or deliverables contracts, including paid subcontractor invoices, and will be produced upon request by the Agency. The Provider further certifies that reimbursement requested is only for allowable expenses as defined in the laws and guiding circulars cited in Attachment III, Exhibit -2 Part II of this Agreement and that administrative expenses do not exceed amounts budgeted in the Provider's supporting budget schedule as developed in accordance with and pursuant to section 306(a) of the Older Americans Act of 1965 as amended.

The Provider shall maintain documentation to support payment requests that shall be available to the Department of Financial Services or the Agency upon request.

Any payment due by the Agency under the terms of this Agreement may be withheld pending the receipt and approval by the Agency of complete and accurate financial and programmatic reports due from the Provider and any adjustments thereto, including any disallowance not resolved as outlined in Paragraph 25 of the Standard Agreement."

2. DOEA Forms 117 and 118 (Attachment VII) are revised as outlined below.

REQUEST FOR REIMBURSEMENT Nutrition Services Incentive Program		
Provider Name, Address, Phone & FEID	Type of Report: A. Payment Request: Regular _____ Final _____ B. Method of Payment Reimbursement	This Request Period: Report # _____ Contract # _____ PSA
CERTIFICATION: I hereby certify that to the best of my knowledge the information in this report is accurate and complete and that all outlays reported herein were for the purposes set forth in the contract documents.		
Prepared By:	Date:	Approved By: _____ Date:
PART A: Reimbursement Computation:	YTD	CURRENT MONTH
1. Number of Meals Served	0.00	\$0.00
2. Line 1 Times \$ _____ Per Meal	0.00	0.00
4. Amount to be Reimbursed	0.00	0.00
PART B: Contract Summary/Status - USDA Cash		
5. Approved Contract Amount		0.00
6. Reimbursement Requested Through Last Report		0.00
7. Contract Balance Per Last Report		0.00
8. Amount to be Reimbursed this Report		0.00
9. Contract Balance		0.00

PSA/PROVIDER MONTHLY MEAL REPORT

1. PSA 09

2. Provider's Name _____

3. Month of _____

4. Number of days served _____

5. The total number of meals, regardless of funding source, served to:

- * All persons 60 years of age or older and their spouses(regardless of age) _____
- * Volunteers, regardless of age, who provide service during meal hours on a regular basis _____
- * Handicapped or disabled individuals residing in housing facilities occupied primarily by the elderly at which congregate meal services were provided. during the month _____

PROVIDER NAME / Services	CONGREGATE MEALS	HOME DELIVERED MEALS	TOTAL
			0
			0
			0
			0
TOTAL			0

I certify that the above information is accurate and complete to the best of my knowledge.

Approved By _____ Date _____

DOEA FORM 118

3. 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 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.

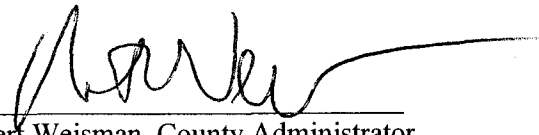
This amendment and all its attachments are hereby made a part of the agreement.

IN WITNESS THEREOF, the parties hereto have caused this 7-page agreement 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:

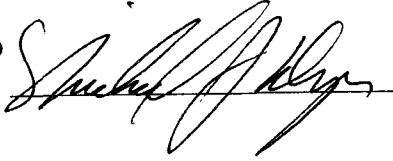

Robert Weisman, County Administrator

DATE:

JUN 27 2011

SIGNED
BY:

NAME:


Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

BY:

TITLE:

First Vice Chair

DATE:

DATE:

6/22/2011

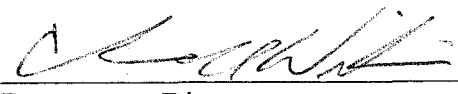
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END
(MM/DD): _____

Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

Attestation Statement

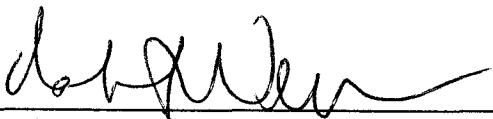
Agreement Number IU011-9500

Amendment Number 001

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 of
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 affect on the agreement/contract content.



Signature of Provider Representative

JUN 27 2011

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY

EMERGENCY CERTIFICATION FOR RETROACTIVE PAYMENT**Background**

The Area Agency is awarding the Palm Beach County Board of County Commissioners Nutrition Services Incentive Program (NSIP) funds for the 2010 -2011 program year. The purpose of these funds is to provide nutrition services for older Americans in order to help them maintain their health, independence and quality of life. Eligibility guidelines are outlined in the Department of Elder Affairs Client Services Manual.

Justification

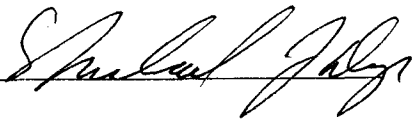
The Palm Beach County Board of County Commissioners will be providing NSIP services to eligible clients beginning October 1, 2010; however, since the contract will not be signed by that time, it will require certification for retroactive payment back to October 1, 2010. The provision of these services 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 payment of the contract between the Area Agency on Aging and the Palm Beach County Board of County Commissioners starting October 1, 2010.

BELOW TO BE FILLED OUT BY THE AREA AGENCY ON AGING

Name



First Vice Chair

Title

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

6/22/2011

Date

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, hereinafter referred to as the "provider", amends agreement # IH010-9500.

The purpose of this amendment is 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 WHEREOF, the parties hereto have caused this 4-page amendment to be executed by their officials there unto duly authorized.

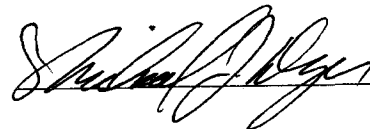
PROVIDER: **PALM BEACH COUNTY,**
FLORIDA, A Political
Subdivision of the State of
Florida

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

SIGNED BY:


Robert Weisman, County Administrator

SIGNED BY:



DATE:

JUN 27 2011

NAME:

Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

BY:

TITLE:

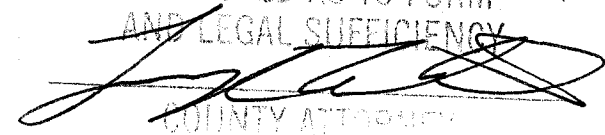
First Vice Chair

DATE:

DATE:

6/22/2011


APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

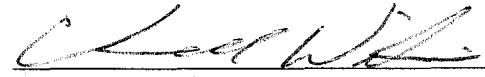
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

ATTACHMENT II

BUDGET SUMMARY

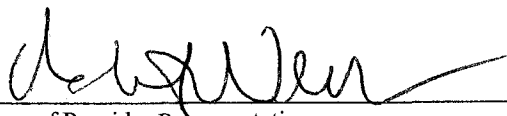
1. HCE Subsidies	\$79,111.00
2. HCE Case Management	\$10,715.00
3. Total	\$89,826.00

Attestation Statement

Agreement/Contract Number IH010-9500
Amendment Number 004

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

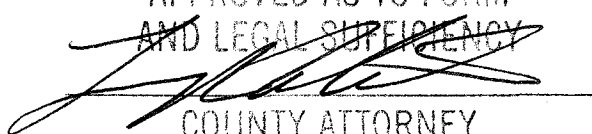
content of the above referenced agreement/contract or amendment between the Area Agency on Aging and
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS. The only exception to this statement would
be for changes in page formatting, due to the differences in electronic data processing media, which has no affect on
the agreement/contract content.



Signature of Provider Representative

JUN 27 2011

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

ORIGINAL DATE: 7/1/10
REVISED DATE: 6/27/11
REVISION NUMBER: 002, Amendment #004

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY
* (Indicate all DOE A funding sources applicable to your agency)

Funding Source Mark which one applies:
ADI
CCE
HCE X

	(Service Reference)	(6)	
DESCRIPTION	TOTAL SERVICES	Case Management	Subsidy
1. Total Budgeted Cash Costs	90,180	11,069	79,111
1. (a) Add Inkind Cost	0		0
1. (b) Total Budgeted Costs	90,180	11,069	79,111
2. Total Budgeted Units	931	209	0
2.(a) Total Cost Per Unit of Service	n/a	52.96	0.00
3. Less NSIP	0	0	0
4. Less Cash Match	0	0	0
5. Less Inkind Match	0		0
6. Less Program Income Used as Match	0		0
Sub-Total Match:	0	0	0
7. Less Program Income	0	0	0
8. Less Other Non-Matching Cash & Co-payments	354	354	0
9. Adjusted Budgeted Costs	89,826	10,715	79,111
10. Adjusted Cost Per Unit of Service	n/a	51.30	0.00
12. Estimated Number of UNDUPLICATED Clients	120	60	60

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 Commissioner, hereinafter referred to as the "provider", amends agreement # IC010-9500.

The purpose of this amendment is to increase the agreement by \$8,137.00 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.

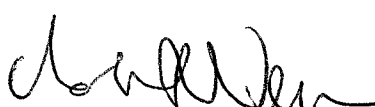
This amendment and all of its attachments are hereby made a part of this agreement.

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

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

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

SIGNED BY:


Robert Weisman, County Administrator

SIGNED BY:


Michael Dyer

DATE: _____

NAME: Michael Dyer

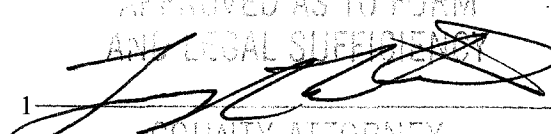
SHARON R. BOCK, Clerk and Comptroller

BY: _____

TITLE: First Vice Chair

DATE: _____

DATE: 6/22/2011

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

1
COUNTY ATTORNEY

FEDERAL ID NUMBER: 59-6000785

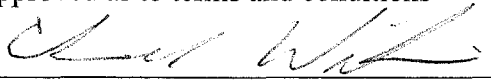
FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency



Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT II

BUDGET SUMMARY

1.	CCE Client Services	\$874,284.00
2.	CCE Case Management	\$184,083.00
3.	CCE Case Aide	\$20,454.00
4.	Total	\$1,078,821.00

Attestation StatementAgreement/Contract Number IC010-9500Amendment Number 004

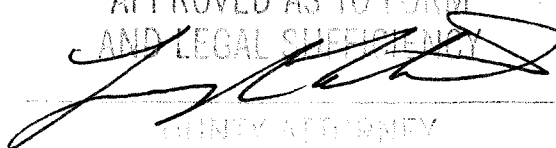
I, ROBERT WIESMAN, COUNTY ADMINISTRATOR, attest that no changes or revisions have been made to the
(*Provider Representative*)

content of the above referenced agreement/contract or amendment between the Area Agency on Aging and
Palm Beach County Board of County Commissioners 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

ORIGINAL DATE: 7/1/10
REVISED DATE: 6/27/11
REVISION NUMBER: 002, Amendment #004

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY
* (Indicate all DOE funding sources applicable to your agency)

Funding Source Mark which one applies:
ADI
CCE X
HCE

	(Service Reference)	(1)	(5)	(6)	(14)	(17)	(46)	(58)	(18)	(10)	(29)	(43)	(53)	(55)	(8)	
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Case Aid	Case Management	Counseling (Gereontological): Individual	Emergency Alert Response	Pest Control (Maintenance)	Specialized Medical Equipment, Services & Supplies	Escort	Companion ship	Homemaker	Personal Care	Respite (In-Home)	Shopping Assistance	Chore	In-Home Services Total (E,C,H,P,R,SA & CH)
1. Total Budgeted Cash Costs	1,657,819	50,451	28,907	258,126	6,420	38,088	1,156	322,284	16,350	235,892	270,170	175,264	235,608	12,975	6,128	952,387
1. (a) Add Inkind Cost	0															
1. (b) Total Budgeted Costs	1,657,819	50,451	28,907	258,126	6,420	38,088	1,156	322,284	16,350	235,892	270,170	175,264	235,608	12,975	6,128	952,387
2. Total Budgeted Units	87,988	3,000	920	4,874	45	24,000	12	4,343	386	12,718	14,967	10,142	12,134	298	149	50,794
2.(a) Total Cost Per Unit of Service	n/a	16.82	31.42	52.96	142.67	1.59	96.33	74.21	42.36	18.55	18.05	17.28	19.42	43.54	41.13	18.75
3. Less NSIP	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Less Cash Match	119,871	3,120	2,273	20,454	325	2,107	33	13,787	591	19,473	22,917	15,528	18,579	456	228	77,772
5. Less Inkind Match	0															
6. Less Program Income Used as Match	0															
Sub-Total Match:	119,871	3,120	2,273	20,454	325	2,107	33	13,787	591	19,473	22,917	15,528	18,579	456	228	77,772
7. Less Program Income	29,557							29,557								
8. Less Other Non-Matching Cash & Co-payments	429,570	19,251	6,180	53,589	3,170	17,021	823	154,860	10,440	41,165	41,004	19,985	49,822	8,413	3,847	174,676
9. Adjusted Budgeted Costs	1,078,821	28,080	20,454	184,083	2,925	18,960	300	124,080	5,319	175,254	206,249	139,751	167,207	4,106	2,053	699,939
10. Adjusted Cost Per Unit of Service	n/a	9.36	22.23	37.77	65.00	0.79	25.00	28.57	13.78	13.78	13.78	13.78	13.78	13.78	13.78	13.78
12. Estimated Number of UNDUPLICATED Clients	1,041	5	145	350	5	95	1	110	3	86	101	54	83	2	1	330

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, hereinafter referred to as the "Provider", amends Agreement No. IP010-9500.

The purpose of this amendment is to: (1) amend Paragraphs 1.A, 1.D, and Attachment I of the Standard Agreement to increase the total amount of the agreement by \$10,000.00; (2) amend paragraphs 1.B.2 and 1.B.3 of the Standard Agreement in order to extend the Agreement performance period for an additional period of three months to allow for the completion of the Agreement as provided in s. 287.057 (12) F.S.; (3) amend Paragraph 4.C of the Standard Agreement; (4) revise and replace Attachment II, Agreement Report Schedule; (5) revise and replace Attachment V, Emergency Home Energy Assistance for the Elderly Program - Statistical Report.

(1) Paragraph 1.A is 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 **\$167,038.00**, subject to the availability of funds.

Paragraph 1.D of the Standard Agreement is hereby amended to read:

D. Source of Funds:

Services rendered and paid for 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 consist of the following:

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Emergency Home Energy Assistance	2010-2011	U.S. Dept. of Health and Human Services	93.568	\$167,038.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$167,038.00

ATTACHMENT I, Budget Summary, is hereby replaced with the revised Budget Summary, attached hereto.

(2) Paragraph 1.B.2 of the Standard Agreement is hereby amended to read:

2. This Agreement shall end on November 30, 2011.

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

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

(3) Paragraph 4.C of the Standard Agreement is hereby amended to read:

C. Program Reports

The Provider shall submit to the Consumer Services Consultant the "Emergency Home Energy Assistance for the Elderly Statistical Report," Attachment V, on the due date stated on Attachment II.

The service report entitled, "EHEAP Enrollment and Exception Statistical Report," in CIRTSS, for the Provider shall be submitted to the Agency when it is made available by the Department of Elder Affairs.

(4) Attachment II, Agreement Report Schedule, is hereby replaced with the revised Attachment II, Agreement Report Schedule attached hereto.

(5) Attachment V, Emergency Home Energy Assistance for the Elderly Statistical Report, is hereby replaced with the revised Attachment V, Emergency Home Energy Assistance for the Elderly Statistical Report.

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 WHEREOF, the parties hereto have caused this 6 page amendment to be executed by their officials there unto duly authorized.

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

SIGNED BY: 
Robert Weisman, County Administrator

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

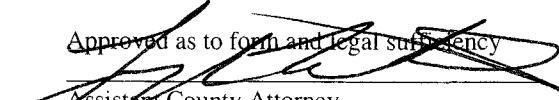
BY: _____

DATE: _____

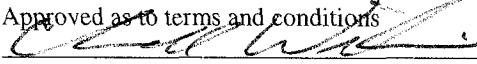
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END: _____

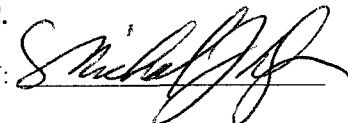
Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

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

SIGNED BY: 

NAME: Michael Dyer

TITLE: First Vice Chair

DATE: 6/22/2011

ATTACHMENT I

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY

Original _____
Amendment X

1.	Administration	\$1,800.00
2.	Crisis/Services	\$144,104.00
3.	Outreach	\$21,134.00
4.	Total	\$167,038.00
5.	Projected minimum number of Consumers to be served:	

NOTE: Eligible households may be provided with one benefit per season up to and not to exceed six hundred dollars per benefit. The minimum number of consumers may reflect multiple duplicated consumers if a consumer receives a benefit in both seasons.

ATTACHMENT II
AGREEMENT REPORT SCHEDULE

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

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.

ATTACHMENT V									
Emergency Home Energy Assistance for the Elderly Program - Statistical Report									
Provider: _____		Contract Year: <u>3/1/2010-8/31/2011</u> Contract #: <u>IP010-9500</u>							
Check One: <u>Crisis</u>		<u>Weather-Related/Supply-Shortage</u>							
ASSISTED HOUSEHOLD REPORT (Required Data) <i>note</i>	March 1 - March 31 (Heating)	April 1 - June 30 (Cooling)	July 1 - September 30 (Cooling)	October 1 - December 31 (Heating)	January 1 - March 31 (Heating)	April 1 - May 31 (Cooling)	June 1 - June 30 (Cooling)	July 1 - August 31 (Cooling)	
	ASSISTED HOUSEHOLD REPORT DIRECTIONS: Provide statistics on all households <u>assisted</u> 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) <i>note</i>	March 1 - March 31 (Heating)	April 1 - June 30 (Cooling)	July 1 - September 30 (Cooling)	October 1 - December 31 (Heating)	January 1 - March 31 (Heating)	April 1 - May 31 (Cooling)	June 1 - June 30 (Cooling)	July 1 - August 31 (Cooling)	
	APPLICANT HOUSEHOLD REPORT DIRECTIONS: Provide statistics on all households <u>applying</u> 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.									
DOEA Form 116 Revised 1/2010									

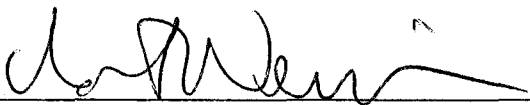
Attestation Statement

Agreement Number IP010-9500
Amendment Number 004

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

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.

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

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 revise agreement language in the, Community Care for the Elderly (CCE) Agreement.

E. Renewals

By mutual Agreement of the parties, in accordance with s. 287.058(1)(f), F.S., the Agency may renew the Agreement for a period not to exceed three years, or the term of the original Agreement, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charged. Any renewal is subject to the same terms and conditions as the original Agreement and contingent upon satisfactory performance evaluations by the Agency and the availability of funds.

In the event that a subsequent Agreement may not be executed prior to the July 1st start date, the Agency may, at its discretion, extend this Agreement upon written notice for up to 90 days to ensure continuity of service. Services provided under this extension will be paid for out of the succeeding contract amount.

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.

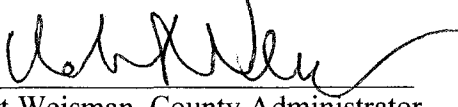
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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

IN WITNESS THEREOF, the parties hereto have caused this 3 page Agreement to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,
West Palm 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: _____

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

TITLE: First Vice Chair

BY: _____

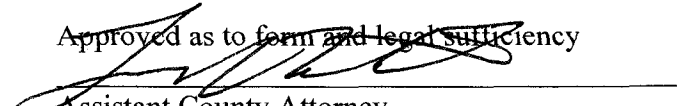
DATE: 6/22/2011

DATE: _____

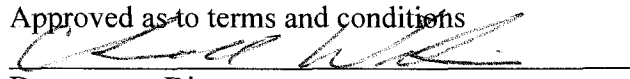
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

FEDERAL ID NUMBER: _____

FISCAL YEAR END DATE: _____

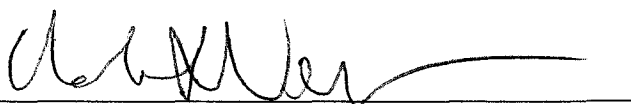
Attestation Statement

Agreement/Contract Number IC010-9500
Amendment Number 005

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 of Palm
Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners, Division of Senior Services.

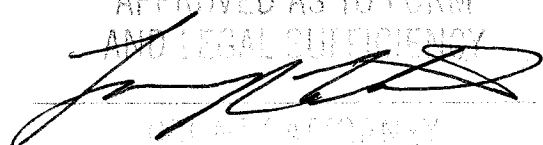
The only exception to this statement would be for changes in page formatting, due to the differences in electronic
data processing media, which has no affect on the agreement/contract content.



Signature of Provider Representative

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY



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 revise agreement language in the, Home Care for the Elderly (HCE) Agreement.

E. Renewals

By mutual Agreement of the parties, in accordance with s. 287.058(1)(f), F.S., the Agency may renew the Agreement for a period not to exceed three years, or the term of the original Agreement, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charged. Any renewal is subject to the same terms and conditions as the original Agreement and contingent upon satisfactory performance evaluations by the Agency and the availability of funds.

In the event that a subsequent Agreement may not be executed prior to the July 1st start date, the Agency may, at its discretion, extend this Agreement upon written notice for up to 90 days to ensure continuity of service. Services provided under this extension will be paid for out of the succeeding contract amount.

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.

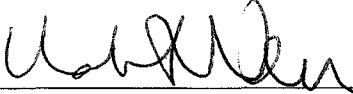
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

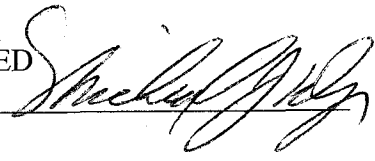
This amendment and all of its attachments are hereby made a part of this agreement.

IN WITNESS THEREOF, the parties hereto have caused this 3 page Agreement to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,
West Palm 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: _____

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

TITLE: First Vice Chair

BY: _____

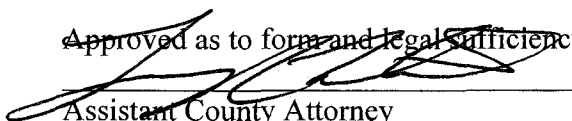
DATE: 6/22/2011

DATE: _____

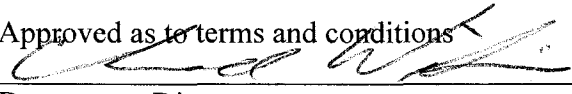
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

~~Approved as to form and legal sufficiency~~


Assistant County Attorney

Approved as to terms and conditions


Department Director

FEDERAL ID NUMBER: _____

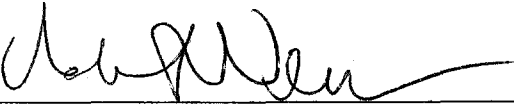
FISCAL YEAR END DATE: _____

Attestation Statement

Agreement/Contract Number IH010-9500
Amendment Number 005

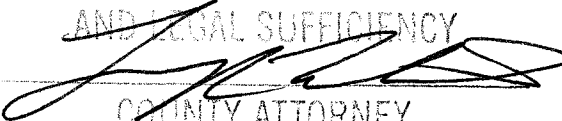
I, Robert Weisman, County Administrator, attest that no changes or revisions have been made to the
(Provider Representative)

content of the above referenced agreement/contract or amendment between the Area Agency on Aging of Palm
Beach/Treasure Coast, Inc. 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 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 # IZ010-9500.

The purpose of this amendment is to revise agreement language in the, Alzheimer's Disease Initiative (ADI) Agreement.

E. Renewals

By mutual Agreement of the parties, in accordance with s. 287.058(1)(f), F.S., the Agency may renew the Agreement for a period not to exceed three years, or the term of the original Agreement, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charged. Any renewal is subject to the same terms and conditions as the original Agreement and contingent upon satisfactory performance evaluations by the Agency and the availability of funds.

In the event that a subsequent Agreement may not be executed prior to the July 1st start date, the Agency may, at its discretion, extend this Agreement upon written notice for up to 90 days to ensure continuity of service. Services provided under this extension will be paid for out of the succeeding contract amount.

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 3 page Agreement to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,
West Palm 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: _____

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

TITLE: First Vice Chair

BY: _____

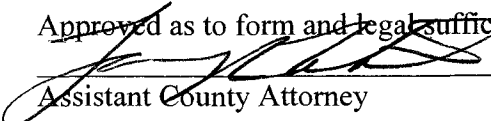
DATE: 6/22/2011

DATE: _____

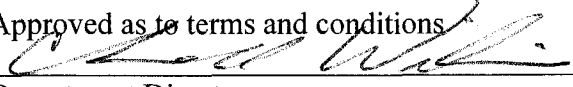
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

FEDERAL ID NUMBER: _____


FISCAL YEAR END DATE: _____

Attestation StatementAgreement/Contract Number IZ010-9500Amendment Number 003

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

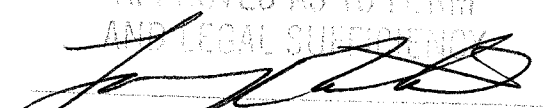
content of the above referenced agreement/contract or amendment between the Area Agency on Aging of Palm
Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners, Division of Senior Services.

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 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 # IR010-9500.

The purpose of this amendment is to revise agreement language in the, Respite for the Elderly Living in Everyday Families (RELIEF) Agreement.

E. Renewals

By mutual Agreement of the parties, in accordance with s. 287.058(1)(f), F.S., the Agency may renew the Agreement for a period not to exceed three years, or the term of the original Agreement, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charged. Any renewal is subject to the same terms and conditions as the original Agreement and contingent upon satisfactory performance evaluations by the Agency and the availability of funds.

In the event that a subsequent Agreement may not be executed prior to the July 1st start date, the Agency may, at its discretion, extend this Agreement upon written notice for up to 90 days to ensure continuity of service. Services provided under this extension will be paid for out of the succeeding contract amount.

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.

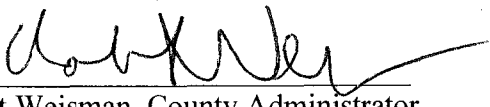
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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

IN WITNESS THEREOF, the parties hereto have caused this 3 page Agreement to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,
West Palm 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: _____

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

TITLE: First Vice Chair

BY: _____

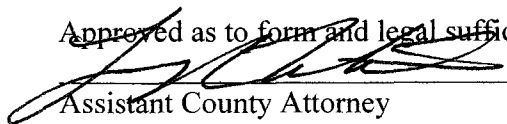
DATE: 6/22/2011

DATE: _____

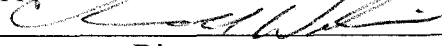
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

FEDERAL ID NUMBER: _____

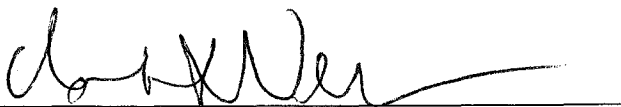
FISCAL YEAR END DATE: _____

Attestation StatementAgreement/Contract Number IR010-9500Amendment 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/contract or amendment between the Area Agency on Aging of Palm
Beach/Treasure Coast, Inc. 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

