

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>~ 0 ~</u> <i>*see below</i>	_____	_____	_____	_____
# 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:

Previous resolution for OAA is Standard Agreement No. IA111-9500 (R2011-0354) and Amendment No. 001 (R-2011-1875).

C. Departmental Fiscal Review: Taruna Hallholte
1/20/12

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

* There is no fiscal impact.

[Signature] 1/30/12
OFMB 1/24/12

[Signature] 1/30/12
Contract Dev. and Control

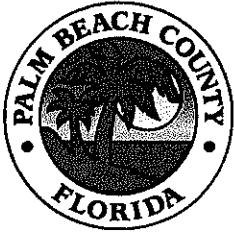
B. Legal Sufficiency:

[Signature] 1/31/12
Assistant County Attorney

C. Other Department Review:

Department Director

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



MEMORANDUM

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

- ☐ **Central Office**
810 Datura Street, Suite 300
West Palm Beach, FL 33401
Tel: (561) 355-4746
FAX: (561) 355-3222
- ☐ **North Office**
5217 Northlake Boulevard
Palm Beach Gardens, FL 33418
Tel: (561) 694-5435
FAX: (561) 694-9611
- ☐ **South Office**
3680 Lake Worth Road
Lake Worth, FL 33461
Tel: (561) 357-7100
FAX: (561) 357-7114
- ☐ **West Office**
2916 State Road #15
Belle Glade, FL 33430
Tel: (561) 996-4808
FAX: (561) 992-1011

www.pbcgov.com

**Palm Beach County
Board of County Commissioners**

Karen T. Marcus, Chair
Shelley Vana, Vice Chair

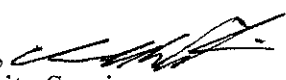
Paulette Burdick
Steven L. Abrams
Burt Aaronson
Jess R. Santamaria
Priscilla A. Taylor

County Administrator
Robert Weisman

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

TO: Robert Weisman
County Administrator

FROM: Channell Wilkins, 
Director Community Services

DATE: November 17, 2011

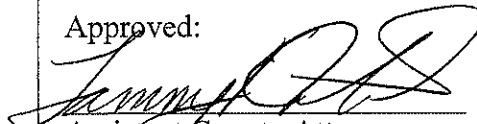
RE: **Division of Senior Services (DOSS)
Amended Contract**

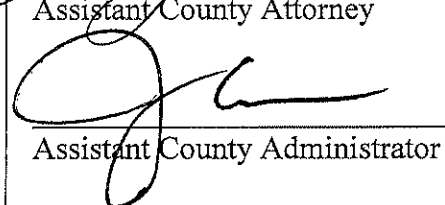
Pursuant to Resolution R-2010-1942, your signature is needed for the approval of the enclosed amended contract. This resolution authorizes the County Administrator signatory authority on contract amendments related to DOSS/Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) grants for no more than ten percent (10%) of the contracted amount or \$150,000, whichever is greater. Please find Amendment No. 002 to Standard Agreement No. R2011-0354 for the program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) and resolution attached.

Staff will submit this item at the Board's January 10, 2012 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.

For additional information, please contact Faith Manfra, (561) 355-4750.

Approved:


Assistant County Attorney


Assistant County Administrator


Community Services Fiscal Director 11/21/11

Attachments: Resolution No. R2010-1942
OAA Amendment 002

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 IA111-9500.

The purpose of this amendment is to add Attachment VIIA reflecting OAA 2011 Approved Rates and to add reference to OAA 2011 Approved Rates to sections 2.8.4 and 3.1.1. and the Index to Agreement Attachments.

The Index to Agreement Attachments is replaced with the following:

INDEX TO AGREEMENT ATTACHMENTS

ATTACHMENT	ATTACHMENT DESCRIPTION	PAGE
ATTACHMENT I	STATEMENT OF WORK	19-33
ATTACHMENT II	CERTIFICATION REGARDING LOBBYING	34
ATTACHMENT III	FINANCIAL & COMPLIANCE AUDIT	35-37
EXHIBIT 1	FEDERAL AND STATE RESOURCED AWARDS	38
EXHIBIT 2	AUDIT RELATIONSHIP DETERMINATION AND FISCAL COMPLIANCE REQUIREMENTS	39-40
ATTACHMENT IV	CERTIFICATION REGARDING DATA INTEGRITY COMPLIANCE	41
ATTACHMENT V	CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION AGREEMENTS/SUBAGREEMENTS	42
ATTACHMENT VI	ASSURANCES – NON-CONSTRUCTION PROGRAMS	43-45
ATTACHMENT VII	OLDER AMERICANS ACT PROGRAM BUDGET SUMMARY	46
ATTACHMENT VIIA	OAA 2011 APPROVED RATES	47
ATTACHMENT VIII	OLDER AMERICANS ACT CONTRACT REPORT CALENDAR	48
ATTACHMENT IX	OAA INVOICE	49-50
EXHIBIT 1	III EXPENDITURE ANALYSIS	51
ATTACHMENT X	PROGRAMMATIC REPORT SCHEDULE	52-53
ATTACHMENT XI	APPLICABILITY CHART AND DEFINITIONS	54-55
ATTACHMENT XII	OATH OF NOT FOR PROFIT STATUS/ ATTESTATION STATEMENT	56-57
ATTACHMENT A	DEPARTMENT OF ELDER AFFAIRS PROGRAMS & SERVICES HANDBOOK	58
ATTACHMENT B	CIVIL RIGHTS COMPLIANCE CHECKLIST AND INSTRUCTION	59-63
ATTACHMENT C	PROVIDER'S STATE CONTRACTS LIST	64
	EMERGENCY CERTIFICATION FOR RETROACTIVE PAYMENT	65

ATTACHMENT I Section 2.8.4 is hereby amended to read:

- 2.8.4** The Provider agrees to manage funds as detailed in the Service Provider Application; the Budget Summary, Attachment VII to this Agreement; and the OAA 2011 Approved Rates, Attachment VIIA to this Agreement. Any changes in the amounts of federal revenue funds identified on the OAA Budget Summary form, Attachment VII, require an Agreement amendment. Any changes to the Approved Rates, Attachment VIIA, require an Agreement amendment.

ATTACHMENT I Section 3.1.1 is hereby amended to read:

- 3.1.1** The Provider agrees to spend the funds as detailed in **Attachment VII, Budget Summary**, using the rates detailed in **Attachment VIIA, OAA 2011 Approved Rates**. An amendment is required to change the total amount of the Agreement or the OAA 2011 Approved Rates.

ATTACHMENT VIIA below is added.

ATTACHMENT VIIA

DIVISION OF SENIOR SERVICES OAA 2011 APPROVED RATES		
PROGRAM	SERVICE	CONTRACTED UNIT RATE
O3C1	CONGREGATE MEALS	\$3.61
	CONGREGATE MEALS (SCREENING)	\$21.17
	NUTRITION COUNSELING	\$31.56
	NUTRITION EDUCATION	\$0.18
	OUTREACH	\$4.91
O3C2	HOME DELIVERED MEALS	\$2.46
	NUTRITION COUNSELING	\$31.56
	NUTRITION EDUCATION	\$0.01
	SCREENING & ASSESSMENT	\$21.17
OA3B	ADULT DAY CARE	\$7.10
	CHORE	\$13.71
	COMPANIONSHIP	\$13.71
	ESCORT	\$13.71
	HOMEMAKER	\$13.71
	PERSONAL CARE	\$13.71
	RESPITE	\$13.71
	SCREENING & ASSESSMENT	\$21.17
OA3E	ADULT DAY CARE	\$7.10
	RESPITE	\$13.71
	SCREENING & ASSESSMENT	\$21.17
OA3ES	SUPPLIES/SERVICES	\$104.88

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 6 page amendment to be executed by their officials thereunto duly authorized.

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

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

SIGNED BY: _____

Robert Weisman, County Administrator

SIGNED BY: _____

DATE: _____

11/22/11

NAME: _____

Doreen McGunagle

SHARON R. BOCK, Clerk and Comptroller

BY: _____

TITLE: Treasurer

DATE: _____

DATE: 11/16/2011

Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions

Department Director

Attestation Statement

Agreement/Contract Number IA111-9500

Amendment Number 002

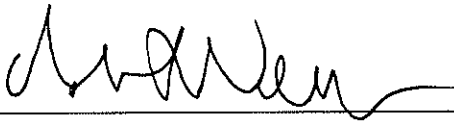
I, Robert Weisman, County Administrator attest that no changes or revisions have been made to the content of
(*Provider Representative*)

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

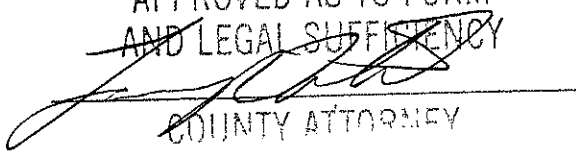
media, which has no effect on the agreement



Signature of Provider Representative

11/22/11

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY