

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	1,340.90				
External Revenue	(1,340.90)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				

# ADDITIONAL FTE POSITIONS (Cumulative)					
---	--	--	--	--	--

Is Item Included in Current Budget? Yes X No

Budget Account No.:

Fund 1006 Dept 144 Unit Var. Object Var. Program Code Var. Program Period Var.

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

Funding sources are the State of Florida Department of Elder Affairs and Palm Beach County. Previous resolution for OAA is Standard Agreement No. IA112-9500 (R2012-0421). Previous resolutions for HCE are Standard Agreement No. IH011-9500 (R2011-1316), Amendment No. 001 (R2012-0972), Amendment No. 002 (R2012-1624), Amendment No. 003 (R2012-1625).

C. Departmental Fiscal Review:

Tm
Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

M. Davis 12/4/2012
OFMB
12/3/12
cc

Joe J. Jacobson 12/7/12
Contract Development and Control
12-7-12 B. C. Wells

B. Legal Sufficiency:

[Signature] 12/10/12
Chief Assistant County Attorney

C. Other Department Review:

Department Director

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

This AMENDMENT entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, hereinafter referred to as the "Agency", and Palm Beach County Board of County Commissioners hereinafter referred to as the "Provider", amends contract IA112-9500.

The purpose of this amendment is to amend Paragraphs 8 and 8.1.

STANDARD AGREEMENT:

Revise the Standard Agreement to incorporate the following changes, and renumber all affected paragraphs accordingly:

(1) Amend Paragraphs 8, and 8.1.

(1) Paragraphs 8 and 8.1 of the Standard Agreement are hereby amended to read:

8. Background Screening

The Provider shall ensure that the requirements of s. 430.0402 and ch. 435, F.S., as amended, are met regarding background screening for all persons who meet the definition of a direct service provider and who are not excepted from the Department's level 2 background screening pursuant to s. 430.0402(2)-(3), F.S. The Provider must also comply with any applicable rules promulgated by the Department and the Agency for Health Care Administration regarding implementation of s. 430.0402 and ch. 435, F.S. To demonstrate compliance with section 8 of the Standard Agreement, the Provider shall submit ATTACHMENT XIV, Background Screening Affidavit of Compliance annually, by January 15th.

8.1 Further information concerning the procedures for background screening are found at <http://elderaffairs.state.fl.us/doea/backgroundscreening.php>.

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 of Palm Beach/Treasure
Coast, Inc.**

SIGNED
BY: _____
Chair

SIGNED
BY: _____

DATE: _____

NAME: _____

SHARON R. BOCK, Clerk and Comptroller

BY: _____

TITLE: _____

DATE: _____

DATE: _____

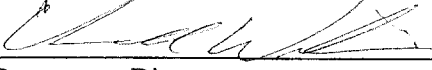
Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency

Chief Assistant County Attorney

Approved as to terms and conditions



Department Director

Attestation Statement

Agreement/Contract Number IA112-9500

Amendment Number 001

I, _____ Chair, 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

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 # IH011-9500.

The purpose of this amendment is to increase case management funding by \$1,340.90 and to revise ATTACHMENT II, HOME CARE FOR THE ELDERLY AGREEMENT BUDGET SUMMARY.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) amends Attachment I, Section III. A; (3) revises and replaces ATTACHMENT II, Budget Summary; and (4) revises and replaces Attachment VII..

STANDARD AGREEMENT:

(1) Paragraph D of the Standard Agreement, is hereby amended to read:

D. Agreement Amount

The Agency awards for services according to the statement of work, ATTACHMENT I of this Agreement in an amount not to exceed \$32,981.90 subject to the availability of funds. The Agency will provide a spending authority in the amount of \$78,685.00 for client services. Any costs or services paid for under any other contract or agreement or from any other source are not eligible for payment under this Agreement. The Provider agrees to utilize the approved rate sheet, ATTACHMENT III for contracted services the Agency agrees to pay for.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly Program(HCE) - Case Management	2011	General Revenue	65.001	\$27,131.90
Home Care for the Elderly Program(HCE) - Background Screenings for Caregivers	2011	General Revenue	65.001	5,850.00
TOTAL AGREEMENT AMOUNT:				\$32,981.90

(2) Attachment I, Section III, A of the Standard Agreement is hereby amended to read:

A. STATEMENT OF METHOD OF PAYMENT

This is a fixed rate for services agreement. The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed \$111,666.90, subject to the availability of funds.

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 5 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 OF PALM
BEACH/TREASURE COAST, INC.**

SIGNED
BY: _____
Chair

SIGNED BY: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

DATE: _____


DATE: _____

Federal Tax ID: 59-6000785
Fiscal Year Ending Date:

Approved as to form and legal sufficiency

Chief Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT II

BUDGET SUMMARY

1. HCE Subsidies	\$78,685.00
2. HCE Case Management	\$27,131.90
3. Background Screenings for Caregivers	\$5,850.00
4. Total	\$111,666.90

**ATTACHMENT VII
EXHIBIT - 1**

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL FEDERAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			\$0

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
Home Care for the Elderly	General Revenue	65.001	\$111,666.90
TOTAL AWARD			\$111,666.90

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

Attestation Statement

Agreement/Contract Number IH011-9500

Amendment Number 004

I, _____ Chair, 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

Date