

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: November 18, 2014	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing

Department
Submitted By: Community Services
Submitted For: Division of Senior Services (DOSS)

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

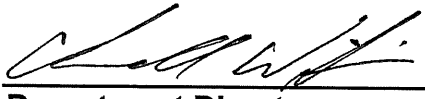
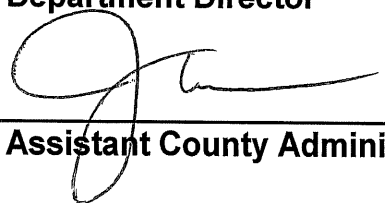
- A) ratify** the Mayor's signature on the 2014 Adult Care Food Program (ACFP) Application to Permanent Contract No. Y4119 (R2013-1543) for ACFP with the State of Florida Department of Elder Affairs (DoEA), in an amount not to exceed \$27,000 with the effective date October 1, 2014; and
- B) ratify** the Mayor's signature on Amendment 003 to Permanent Agreement No. Y4119 (R2013-1543) for ACFP with DoEA to incorporate required new changes; and
- C) approve** ACFP Vendor Contract for the period October 1, 2014, through September 30, 2015.

Summary: DOSS has a permanent contract and will not have to sign a new contract for the upcoming year. This renewal application for \$27,000 will allow DOSS reimbursement for meals and snacks served to eligible adult daycare clients. The ACFP application is now available only on-line. The on-line renewal application opened on April 18, 2014 with instructions to complete the application and submit the required documents to the DoEA by September 5, 2014. ACFP provides community-based adults with nutritious meals that improve their nutritional status and allow them to remain in their communities. The ACFP vendor contract form is part of the application and was received after the 2014 ACFP application was signed by the Mayor. Services will be funded with \$27,000 in federal funds. Sufficient funding is included in the current budget to meet County obligations. There is no required match. (DOSS) Countywide (TKF)

Background and Justification: ACFP is a component of the federally funded Child and Adult Care Food Program, operated nationally by the United States Department of Agriculture and administered at the state level by DoEA. The program targets low-income older adults receiving Medicaid, Food Stamps, and/or Supplemental Security Income.

Attachments:

1. 2014 ACFP Application and Amendment
 2. ACFP Vendor Contract
- =====

Recommended By:		
	Department Director	Date
Approved By:		11/12/14
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs	54,714				
External Revenue	(27,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	27,714				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No _____

Fund 1006 Dept 144 Unit 1479 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. Sufficient funding is included in the current budget to meet County obligations.

<u>Funds</u>	<u>14-15</u> <u>ACFP</u>
Federal	\$27,000
Program Income	-0-
Match (10%)	-0-
Addn'l. County Funds	\$27,714
Total	\$54,714

C. Departmental Fiscal Review:

TM
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

10/30/14 10/31/2014 11/17/14
OFMB 10/30/14 10/30/14 11/17/14
Contract Development and Control

B. Legal Sufficiency:

11/12/14
Chief Assistant County Attorney

C. Other Department Review:

Department Director

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



Department of Elder Affairs Adult Care Food Program

Current Application

Agreement Number 119

Federal Fiscal Year Begin Date 10/01/2014



Agreement # 119
FEID # 596000785

1. Name and mailing address of institution

Name: PALM BEACH COUNTY BOARD OF
COUNTY COMMISSIONERS

Mail 810 Datura Street Suite 300
Add:

City: West Palm Beac St: FL Zip: 33401

Street 810 Datura Street Suite 300
Add:

City: West Palm Beac St: FL Zip: 33401

Phone: 561-355-4753 Ext: na

County: Palm Beach

Fax: 561-355-3222

2. Name and address of Chairman of the Board, or equivalent

Name: Priscilla Taylor

Salutation: Ms Title: Mayor

Address: 301 N Olive, 11th Floor

City: West Palm St: FL Zip: 33401
Beach

Phone: 561-355-2207 Ext: na

Fax: 561-355-6332 DOB: 12/31/1949

3. Name and address of contact person

Name: Yvette Coursey

Salutation: Ms DOB: 07/15/1941

Mail 810 Datura Street Suite 300 West Palm
Address: Beach, FL 33401

Street 3680 Lake Worth Road na Lake Worth, FL
Address: 33461

Phone: 561-357-7135 Ext: na

Fax: 561-355-3222

Email: ycoursey@pbcgov.org

4. Food Service Annual Budget

A. Food purchases \$27,000.00

B. Food service labor costs
(block 11 total) \$29,760.00

C. Nonfood supply (items
required to support meal service) \$0.00

D. Administrative costs
(block 12 total) \$0.00

E. Other (specify) \$0.00

F. Subtotal \$56,760.00

G. Subtract Income from Food
Service (block 13 total) \$0.00

H. Total \$56,760.00

5. Media release sent?

☒ Yes ☐ No

6. Method of monthly claim submission

☒ Fax ☐ Mail ☐ Electronic

7. Are all clients served over 18 years

☒ Yes ☐ No

8. Annual Estimated Number of Enrollments

Free	Reduced	Nonneedy	Total
16	25	9	50

9. Food Service Operation Review

Sponsors with multiple sites

Scheduled Site Monitoring

1st Completed by: 01/07/2015

2nd Completed by: 04/01/2015

3rd Completed by: 07/01/2015

1st monitoring for new sites must be
completed within the initial six weeks
of contract.

10. Type of Institution

☐ Private Non-Profit Organization
☐ Proprietary Title XIX
☒ Government (military, county)

11. Organization's Food Service staffing pattern for ACFP. Complete for personnel who will be involved in Food Production for ACFP meals/snacks. Fill in hourly salary and annual salary if this cost is claimed in Block 4B

Position Type	Specific ACFP food service duties	# of Persons	Hours / Day	Hourly Salary	Days / Year	Annual Salary
Food Service	Serving and Cleaning	4	2	\$15.00	248	\$29,760.00
						\$29,760.00

12. Sponsoring organization staffing pattern for ACFP. Complete for personnel who will be involved in administering the ACFP. Administrative duties include managing and operating ACFP. Fill in hourly salary and annual salary if this cost is claimed in Block 4B

Position Type	Specific ACFP administrative duties	# of Persons	Hours / Day	Hourly Salary	Days / Year	Annual Salary
						\$0.00

13. List sources and amounts of cash income to Food Service. Include income from meal charges and other sources which provide financial support specifically designated for Food Service Operation

Income Source	Annual Amount
	\$0.00

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Report run by: MCCORMICKC

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application
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Department of Elder Affairs Adult Care Program



Institution Contact List

Fiscal Year: 10/01/2014

Order by: Provider Number

Provider Number	Institution Name	Contact Name	Phone, FAX, Email	Type of Institution	Faith Based	Institution Mailing Address	Point of Contact Address
119	PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS	Coursey, Yvette	561-357-7135 561-355-3222 ycoursey@pbcgov.org	Government (Military, county)	No	810 Datura Street Suite 300 West Palm Beach, FL, 33401	3680 Lake Worth Road na Lake Worth, FL, 33461

Count: 1



Department of Elder Affairs
Adult Care Food Program
Current Management Plan and Policy Statement



Institution Name

Agreement Number

Federal Fiscal Year Begin Date

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

119

10/01/2014

1. Type of Sponsor

☐ One site ☒ Multiple sites

2. Does your institution prefer cash in lieu of donations?

☒ Yes ☐ No

3. Institution's Fiscal Year ends on

Month: 09 Day: 30

4. Does Institution receive Title III (i.e. congregate meal) Funding? if yes, contact State Agency.

☒ Yes ☐ No

5. Did institution receive \$500,000 or more in federal funds during your fiscal year?

☒ Yes ☐ No

If yes enter last agency wide audit date.

Date: 09/30/2013

6. Type of institution

☐ Private Non-Profit Organization
☐ Proprietary Title XIX
☒ Government (military, county)

7. Does institution charge day participants separately for meals?

☐ Yes ☒ No

8. Address where ACFP records will be maintained.

Street Address

Sponsors with multiple sites: Complete #9, #10, #11. Please be specific.

9. Outline method of collecting records from each facility regarding the following.

A. The daily point of service meal counts and daily attendance.

On a daily basis, Adult Day Care staff documents each participant's attendance and meal reservations. Adult Day Care staff contacts the Nutrition program to request breakfast, lunch, and snack meal counts for the following day. The requests are then submitted on a daily basis to an approved County vendor with delivery the next day, Monday through Friday. At the end of the week, each Adult Day Care site submits attendance and the meals served reports to the Adult Day Care Manager for review. Once signed and approved by the Adult Day Care Manager, the reports are entered into DOSS's data base which is used to generate the monthly reimbursement claim to the Department of Elder Affairs ACFP.

B. ACFP food service and administrative costs claim.

Upon delivery, Adult Day Care staff verifies quantity and quality of items requested in comparison to the items received, and document information on the vendor invoice. Original vendor invoices are stored at each Adult Day Care site with a copy sent to the Fiscal Division for reimbursement. Vendor submits invoice on a weekly basis to the Nutrition Programs for review. The vendor invoices are compared for accuracy to those submitted by the Adult Day Care sites. Once invoices match with that of Adult Day Care staff documentation, the invoices are forwarded to fiscal division for claims submission and copies are kept on file. DOSS does not submit administrative cost claims.

C. Family size and income information from each client.

An ACFP application contains the family size and income information for each participant. The applications are completed by Adult Day Care staff and reviewed by Adult Day Care Manager. If a participant does not have income, the ACFP application must be updated on a monthly basis. The applications are used to create the monthly ACFP Enrollment Roster which is used to calculate monthly reimbursement. If required, the monthly update of the ACFP application is completed by the Adult Day Care staff. All ACFP applications are reviewed by Adult Day Care Manager before the start of each grant year.

D. Time frame for collecting monthly records from each site.

11. If monthly claim reimbursement is not deposited into a central institutional account, then outline systems for dispersing reimbursements to facilities under your administration within five days.

NOT APPLICABLE

12. Provide the ethnic and racial population make up of the area from which each institution draws its attendance. All entries must be whole numbers.

Ethnicity:

Hispanic or Latino 250823
Not Hispanic or Latino 1069311

Race:

American Indian or Alaskan 6043
Asian 31100
Black or African American 228690
Native Hawaiian or Other Pacific Islander 770
White 970121

13. Describe efforts to be used to ensure that minority populations have equal opportunity to participate in the food program.

Division of Senior Services (DOSS) supports all participants and are treated equally without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information. DOSS historically serves those participants with the greatest economic and/or social need with consideration to low-income older individuals, low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas of Palm Beach County such as Belle Glade, Pahokee and South Bay. DOSS conducts outreach on services and programs, including the food program via the internet, public television, quarterly newsletters and various community events throughout the year in low income minority areas. Efforts to serve those most in need includes but is not limited to providing a comprehensive continuum of care for seniors through outreach efforts with a team that consist of Case Manager, Outreach Workers, Nutrition Coordinator, Meal Site Managers, Senior Center Managers and Adult Day Care Staff. Additional efforts include: DOSS hosts a monthly aging network meeting at the Mid-County Senior Center in Lake Worth

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Department of Elder Affairs
Adult Care Food Program
Current Management Plan and Policy Statement



Institution Name

Agreement Number

Federal Fiscal Year Begin Date

Daily attendance and meal distribution reports are submitted by each site every Monday morning. These reports are reviewed by Adult Care Program Manager and entered into DOSS data base by a DOSS Clerical Specialist on a weekly basis. At the end of the month, Adult Care Program Manager runs the ACFP DOSS data base reports and compares them to the Enrollment Rosters. This information is then used to compile a monthly ACFP claim reimbursement which is forwarded for the fiscal division for review and approval. Once the monthly ACFP reimbursement report has been approved it is faxed and then entered into DOEA's web portal.

10. Outline the procedure for training administrative and food service personnel in ACFP requirements.
(Supply date(s) for training session(s), instructor's name and topics covered, key staff member's names, titles and area of business) Training topics must include completing participant application, establishing and maintaining a roster, meal pattern, menu planning, attendance, point of service meal counts and sanitation.

DOSS provides training on the Adult Care Food Program to all Adult Day Care staff. Training is provided by the Adult Day Care Manager, Nutrition Services Coordinator, food service distributors, as well as webinars offered by DOEA ACFP. Adult Care Food Program/Adult Day Care staff are kept in compliance with health code requirements by providing training and/or testing. Employees receive the Food Safety Manager Training & Certification Exam. Trainings occur for new-hire employees, as well as continuous on-the-job/in-house training. DOSS staff training is verified and documented into Palm Beach County's Training and Employee Development System database. Training topics include, but are not limited to meal preparation and distribution, daily meal reservations and ordering, invoice and attendance documentation, food safety, civil rights, DOSS internal process for record keeping, corrective action responses, and confidentiality. Adult Care Food Program/Adult Day Care Manager maintains employee training files, ensures proper supervision of trainees until training completed, and monitors employee performance to identify the need for retraining or additional continual education. Adult Care Food Program/Adult Day Care staff completes required training within specified timeframe. Adult Care Food Program staff is scheduled to receive training and review of program operations on 10/15/2014, 01/30/2015, 5/29/2015.

to discuss outreach and programming County-wide to seniors in need.

14. List Federal Agency(s) that currently provide funding for your institution.

Administration on Aging

15. Is your institution a faith-based facility?

☐

Yes

☒

No



Department of Elder Affairs
Adult Care Food Program
Current Schedule A



Agreement Number: 119 Federal Fiscal Year Begin Date: 10/01/2014

Provider #: 119	5. Is this site a Mental Health Adult Day Treatment Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes then attach current Child & Family State Contract and omit item 7.	9. Site Operation A. # of operating days per week: <input type="text" value="5"/> B. # of operating weeks per year: <input type="text" value="40"/> C. Staff Hours: From: To: <input type="text" value="8:00 AM"/> <input type="text" value="5:00 PM"/> D. Program Hours: From: To: 1st Shift: <input type="text" value="8:00 AM"/> <input type="text" value="5:00 PM"/> 2nd Shift: <input type="text"/> <input type="text"/>
1. Name and Address of Center Name: #344 Palm Beach County Board of Commissioner Mail Address: 810 Datura Street Suite 300 City: St: Zip: West Palm Beach FL 33401 Street Address: 5217 Northlake Boulevard City: St: Zip: Palm Beach Gardens FL 33418 Phone: Ext: Fax: 561-357-7135 561-355-3222	6. Is this site's program a: Adult Day Training <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vocational or Prevocational <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residential <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Social (only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Job Training <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No None <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Methods by which meals will be provided. (Choose one or more) <input checked="" type="checkbox"/> A. On site / Self Prep <input type="checkbox"/> B. Under contract with local school system (Attach Memorandum Of Agreement) <input checked="" type="checkbox"/> C. Contract with Caterer (Attach Food Service Contract) <input type="checkbox"/> D. Agency's Central Kitchen (Attach Memorandum Of Agreement) <input checked="" type="checkbox"/> E. Other <input type="text" value="No"/>
2. Name, title of person in charge of center First Name: Yvette Last Name: Coursey Title: Adult Day Care Manager Phone: Ext: 561-357-7135	7. Is this site a state approved day program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. Meals to be served Does meal site participate in Offer vs Serve meal service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Begin Time End Time Average Daily Served A. Breakfast <input type="text" value="9:00 AM"/> <input type="text" value="9:30 AM"/> <input type="text" value="15"/> B. A.M. Supp. <input type="text"/> <input type="text"/> <input type="text" value="0"/> C. Lunch <input type="text" value="12:00 PM"/> <input type="text" value="12:30 PM"/> <input type="text" value="15"/> D. P.M. Supp. <input type="text" value="2:30 PM"/> <input type="text" value="3:00 PM"/> <input type="text" value="15"/> E. Supper <input type="text"/> <input type="text"/> <input type="text" value="0"/> There must be two hours between the end of one meal/snack and the beginning of the next meal/snack.	11. Title XIX Centers Only (For profit center only) Total # of adults enrolled: <input type="text" value="0"/> Total # of Title XIX adults: <input type="text" value="0"/> Percent of Title XIX: <input type="text" value="0"/>
3. Estimated number of enrollments. Free Reduced Non-needy Total <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="15"/>	4. Is this site an Adult Day Care Center? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, then attach license, complete below and omit question 5 and 7. License Capacity: 15 Expiration Date: 12/17/2015	



Department of Elder Affairs
Adult Care Food Program
Current Schedule A



Agreement Number: 119 Federal Fiscal Year Begin Date: 10/01/2014

Provider #: 119

1. Name and Address of Center

Name:
#9082 Palm Beach Board of County Commissioners

Mail Address:
810 Datura Street
Suite300

City: St: Zip:
West Palm Beach FL 33401

Street Address:
3680 Lake Worth Road

City: St: Zip:
Lake Worth FL 33461

Phone: Ext: Fax:
561 357-7135 561 355-3222

2. Name, title of person in charge of center

First Name:
Yvette

Last Name:
Coursey

Title:
Adult Day Care Manager

Phone: Ext:
561-357-7135

3. Estimated number of enrollments.

Free Reduced Non-needy Total

10 18 7 35

4. Is this site an Adult Day Care Center?

☒ Yes ☐ No

If Yes, then attach license, complete below and omit question 5 and 7.

License Capacity: 76

Expiration Date: 03/19/2016

5. Is this site a Mental Health Adult Day Treatment Center?

☐ Yes ☒ No

If Yes then attach current Child & Family State Contract and omit item 7.

6. Is this site's program a:

Adult Day Training ☐ Yes ☒ No

Vocational or Prevocational ☐ Yes ☒ No

Residential ☐ Yes ☒ No

Social (only) ☐ Yes ☒ No

Job Training ☐ Yes ☒ No

None ☒ Yes ☐ No

7. Is this site a state approved day program?

☒ Yes ☐ No

8. Meals to be served

Does meal site participate in Offer vs Serve meal service?

☐ Yes ☒ No

	Begin Time	End Time	Average Daily Served
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A. Breakfast	9:00 AM	9:30 AM	30
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B. A.M. Supp.			0
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C. Lunch	12:00 PM	12:30 PM	35
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D. P.M. Supp.	2:30 PM	3:00 PM	35
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E. Supper			0
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There must be two hours between the end of one meal/snack and the beginning of the next meal/snack.

9. Site Operation

A. # of operating days per week: 5

B. # of operating weeks per year: 40

C. Staff Hours:

From: To:

8:00 AM 5:00 PM

D. Program Hours:

From: To:

1st Shift: 8:00 AM 5:00 PM

2nd Shift:

10. Methods by which meals will be provided. (Choose one or more)

☒ A. On site / Self Prep

☐ B. Under contract with local school system (Attach Memorandum Of Agreement)

☒ C. Contract with Caterer (Attach Food Service Contract)

☐ D. Agency's Central Kitchen (Attach Memorandum Of Agreement)

☒ E. Other No

11. Title XIX Centers Only (For profit center only)

Total # of adults enrolled: 0

Total # of Title XIX adults: 0

Percent of Title XIX: 0

**DEPARTMENT OF ELDER AFFAIRS
ADULT CARE FOOD PROGRAM
RENEWING APPLICATION CHECKLIST**

Name of Institution: Palm Beach County Board of County Commissioners

Contract Number: Y4119

MATERIALS	Number required	INSTRUCTIONS
1. Application	1	Complete form on line. Please do not mail this portion of the application to us.
2. Food Service Contract or Memorandum of Agreement*	1	<p>If self prep, this is not applicable.</p> <p>If central kitchen, print required form from the attached documents. Complete and submit the Memorandum of Agreement.</p> <p>If meals are vended from a caterer- Institution must either complete the Invitation to Bid Packet, or renew for 2nd and/or 3rd year of contract. Print required form from the attached documents. Complete and submit appropriate form.</p>
3. License or Contract or Certificate	1	<p>Submit a copy of your day care's current license, contract or certificate as applicable.</p> <ul style="list-style-type: none"> • If your center is a Licensed Adult Day Care Center, submit a copy of current ADC license. • If your center is a Mental Health Day Program, submit a copy of current Children & Families contract or current Certification to Operate. • If your center is a Developmental Services Program, submit a copy of current Home and Community-based Services Provider certificate.
4. Public News Release	1	Complete and submit to public media for broadcasting or printing. Submit completed form to state agency.
5. Cycle of menus for each reimbursable meal		Submit 4-week cycle for each type of ACFP reimbursable meal and/or snacks.
6. List of Board Members* (or equivalent)	1	May use attached form or institution's own list. Submit completed form.
7. Title XIX Enrollment Certification Statement* (N/A if non-profit)	1	<p>In accordance with Code of Federal Regulations, 226.2 A for-profit center :</p> <ol style="list-style-type: none"> 1. must receive compensation from amounts granted to the States under title XIX & 2. twenty-five percent of the adults enrolled at the center are beneficiaries of title XIX. <p>Give each referring agency a copy of the Title XIX Certification form, and allow the referring agency to fax or mail the form directly to State Agency.</p>
8. Certification of Business Integrity and Publicly Funded Program Compliance	1	Submit completed form.
9. Outside Employment Policy	1	Complete if your institution sponsors more than one facility.

CERTIFICATE #: 2234

LICENSE #: 9082

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Adult Day Care Center

Standard

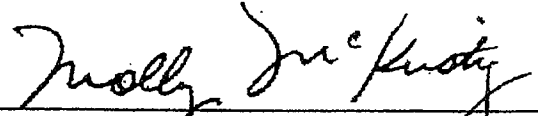
This is to confirm that PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS has complied with Chapter 429, Part III, laws of the State of Florida and with 58A-6, rules of the State of Florida and is authorized to operate the following:

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
3680 Lake Worth Road
Lake Worth, FL 33461

TOTAL CAPACITY: 76

EFFECTIVE DATE: 03/20/2014

EXPIRATION DATE: 03/19/2016


Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 2181

LICENSE #: 344

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Adult Day Care Center

Standard

This is to confirm that PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS has complied with Chapter 429, Part III, laws of the State of Florida and with 58A-6, rules of the State of Florida and is authorized to operate the following:

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

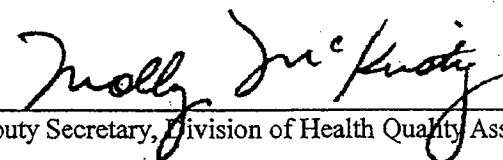
5217 Northlake Blvd

Palm Beach Gardens, FL 33418

TOTAL CAPACITY: 15

EFFECTIVE DATE: 12/18/2013

EXPIRATION DATE: 12/17/2015


Deputy Secretary, Division of Health Quality Assurance

ADULT CARE CENTERS

Palm Beach County Board of County Commissioners

Address

We announce the sponsorship of the U. S. Department of Agriculture's Child and Adult Care Food Program.

Meals will be available at no separate charge to enrolled eligible participants at the center(s) listed below and will be provided regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation.

Participants eligible for free and/or reduced-price meals must complete an application with documentation of eligibility information including number and names of all household members, Social Security Number of the head of household/primary wage earner or adult signing the application or an indication that a household member does not have one, total monthly household income or Food Stamps, SSI, or Medicaid identification number, and the signature of an adult care center participant.

Name of facility(s)**Address**

#9082 PBC Board of County Commissioners

3680 Lake Worth Road, Lake Worth, FL 33461

#344 PBC Board of County Commissioners:

5217 Northlake Blvd. Palm Beach Gardens, FL 33418

The Income Eligibility Guidelines for Free and Reduced-Price Meals, effective July 1, 2014 through June 30, 2015

GROSS INCOME

Household Size	ANNUAL	MONTHLY	WEEKLY
1	\$ 0 – \$15,171	\$ 0 – \$1,265	\$ 0 – \$292
2	\$ 0 – \$20,449	\$ 0 – \$1,705	\$ 0 – \$394
3	\$ 0 – \$25,727	\$ 0 – \$2,144	\$ 0 – \$495
4	\$ 0 – \$31,005	\$ 0 – \$2,584	\$ 0 – \$597
5	\$ 0 – \$36,283	\$ 0 – \$3,024	\$ 0 – \$698
6	\$ 0 – \$41,561	\$ 0 – \$3,464	\$ 0 – \$800
7	\$ 0 – \$46,839	\$ 0 – \$3,904	\$ 0 – \$901
8	\$ 0 – \$52,117	\$ 0 – \$4,344	\$ 0 – \$1,003
For each additional family member add	+ 5,278	+ 440	+ 102

REDUCED-PRICE MEALS

GROSS INCOME

Household Size	ANNUAL	MONTHLY	WEEKLY
1	\$ 15,172- \$21,590	\$1,266- \$1,800	\$ 293- \$416
2	\$ 20,450- \$29,101	\$ 1,706- \$2,426	\$ 395- \$560
3	\$ 25,728- \$36,612	\$ 2,145- \$3,051	\$ 496- \$705
4	\$ 31,006- \$44,123	\$ 2,585- \$3,677	\$ 598- \$849
5	\$ 36,284- \$51,634	\$ 3,025- \$4,303	\$ 699- \$993
6	\$ 41,562- \$59,145	\$ 3,465- \$4,929	\$ 801- \$1,138
7	\$ 46,840- \$66,656	\$ 3,905- \$5,555	\$ 902- \$1,282
8	\$ 52,118- \$74,167	\$ 4,345- \$6,181	\$ 1,004- \$1,427
For each additional family member add	+ 7,511	+ 626	+ 145

Name(s) and dates of public information media to which this public news release was sent:

1. Palm Beach Post Date sent: 8/16/2014
2. _____ Date sent: _____
3. _____ Date sent: _____



Public Affairs Department
P.O. Box 1989
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**Palm Beach County
Board of County
Commissioners**

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"An Equal Opportunity
Affirmative Action Employer"

Electronic Press Release

News Release

For release
Contact

August 21, 2014
Faith Manfra (561) 355-4746

Senior Services Offers Adult Care Food Program

Palm Beach County Board of County Commissioners Division of Senior Services announces the sponsorship of the U. S. Department of Agriculture's Child and Adult Care Food Program that provides free and/or reduced-price meals to eligible participants.

Meals will be available at no separate charge only to participants who are enrolled at one of the adult day care centers mentioned below and will be provided regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, or sexual orientation.

Those interested in participating in this program must complete an eligibility application that includes documentation of names of all household members, Social Security Number of the head of household/primary wage earner or adult signing the application (or an indication that a household member does not have a Social Security Number), total monthly household income or Food Stamps, SSI, or Medicaid identification number, and the signature of an adult care center participant. Please see chart below for income eligibility information.

Palm Beach County Board of County Commissioners Adult Day Care is available at two centers located at 3680 Lake Worth Road, Lake Worth, Florida 33461 and 5217 North Lake Blvd., Palm Beach Gardens, Florida 33418.

For enrollment information, please call 561-357-7135.

Income Eligibility Guidelines for Gross Income, through June 30, 2015

Household Size	FREE MEALS		
	Annual	Monthly	Weekly
1	\$0 - \$15,171	\$0 - \$1,265	\$0 - \$292
2	\$0 - \$20,449	\$0 - \$1,705	\$0 - \$394
3	\$0 - \$25,727	\$0 - \$2,144	\$0 - \$495
4	\$0 - \$31,005	\$0 - \$2,584	\$0 - \$597
5	\$0 - \$36,283	\$0 - \$3,024	\$0 - \$698
6	\$0 - \$41,561	\$0 - \$3,464	\$0 - \$800
7	\$0 - \$46,839	\$0 - \$3,904	\$0 - \$901
8	\$0 - \$52,117	\$0 - \$4,344	\$0 - \$1,003
For each additional family member add	+ \$5,278	+ \$440	+ \$102
Household Size	REDUCED-PRICE MEALS		
	Annual	Monthly	Weekly
1	\$15,172 - \$21,590	\$ 1,266 - \$1,800	\$293 - \$416
2	\$20,450 - \$29,101	\$ 1,706 - \$2,426	\$395 - \$560
3	\$25,728 - \$36,612	\$ 2,145 - \$3,051	\$496 - \$705
4	\$31,006 - \$44,123	\$ 2,585 - \$3,677	\$598 - \$849
5	\$36,284 - \$51,634	\$ 3,025 - \$4,303	\$699 - \$993
6	\$41,562 - \$59,145	\$ 3,465 - \$4,929	\$801 - \$1,138
7	\$46,840 - \$66,656	\$ 3,905 - \$5,555	\$902 - \$1,282
8	\$52,118 - \$74,167	\$ 4,345 - \$6,181	\$1,004 - \$1,427
For each additional family member add	+ \$7,511	+ \$626	+ \$145

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Breakfast Menu

REQUIREMENTS: one serving milk + one serving fruit OR vegetable + two servings grains/breads + meat is optional and NOT reimburseable

WEEK 1											
Monday			Tuesday			Wednesday			Thursday		
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	1/2 cup	Mix fruit, in juice	1/2 cup	1 (each) Orange	1/2 cup	100% Orange Juice	1/2 cup	Pears in Juice	1/2 cup	100% Apple Juice
Exhibit A (oz.) *	Grain/Bread	3 oz.	Bagel	8 oz.	Bran Flakes Cereal	1 oz.	WW English Muffin	1 c.	Toasted Oats Cereal	1 oz.	Bran Muffin
Exhibit A (oz.) *	Grain/Bread			1 oz.	Blueberry Muffin	1 oz.	Corn Flakes Cereal	.9 oz.	Whole Wheat Bread	1 oz.	Chewy Granola Bar
Optional	Meat/Alt	1/4 oz.	Cream Cheese			1 tsp.	Margarine				
Optional	Meat/Alt					1 tsp.	Sugar Free Jelly				
WEEK 2											
Monday			Tuesday			Wednesday			Thursday		
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	1/2 cup	Mix fruit, in juice	1/2 cup	Each Banana	1/2 cup	Orange Juice	1/2 cup	Peaches in Juice	1/2 cup	100% Apple Juice
Exhibit A (oz.) *	Grain/Bread	1 oz.	WW English Muffin	8 oz.	Corn Flakes	1 oz.	Muffin	8 oz.	Crispy Rice Cereal	3 oz.	Bagel
Exhibit A (oz.) *	Grain/Bread	8 oz.	Cereal	9 oz.	Whole Wheat Bread		1 hard boiled egg	9 oz.	Whole Wheat Bread	1 oz.	Cream Cheese
Optional	Meat/Alt	1 tsp.	Sugar Free Jelly	1 tsp.	Margarine			1 tsp.	Margarine		
WEEK 3											
Monday			Tuesday			Wednesday			Thursday		
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	1/2 cup	100% Orange Juice	1/2 cup	Applesauce	1 (each)	Orange	1/2 cup	Banana	1/2 cup	100% Apple Juice
Exhibit A (oz.) *	Grain/Bread	8 oz.	Shredded Mini-Wheat Cereal	1 oz.	Bran Muffin	3 oz.	Whole Wheat Bagel	8 oz.	Cheerios Cereal	1 oz.	WW English Muffin
Exhibit A (oz.) *	Grain/Bread			8 oz.	Corn Flakes Cereal			1 oz.	Blueberry Muffin	1 oz.	Rice Krispies Cereal
Optional	Meat/Alt	1 tsp.	Margarine			1 oz.	Cream Cheese	1 tsp.	Margarine	1 tsp.	Margarine
Optional	Meat/Alt	1 tsp.	Margarine			1 oz.	Cream Cheese	1 tsp.	Margarine	1 tsp.	Sugar Free Jelly
WEEK 4											
Monday			Tuesday			Wednesday			Thursday		
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	1/2 cup	100% Orange Juice	1/2 cup	Applesauce	1/2 cup	100% Apple Juice	1/2 cup	Peaches in Juice	1/2 cup	Mixed Fruit
Exhibit A (oz.) *	Grain/Bread	1 oz.	WW English Muffin	8 oz.	Cereal	1 oz.	WW English Muffin	3 oz.	Whole Wheat Bagel	8 oz.	Cereal Toasted Oats
Exhibit A (oz.) *	Grain/Bread	1 oz.	Corn Flakes Cereal	1 oz.	Bran Muffin	1 oz.	Blueberry Grain and Fruit Bar			0.9 oz.	WW Bread
Optional	Meat/Alt	1 tsp.	Margarine			1 tsp.	Margarine	1 oz.	Cream Cheese		
Optional	Meat/Alt	1 tsp.	Sugar Free Jelly			1 tsp.	Sugar Free Jelly				

* Exhibit A is from the Food Buying Guide (Section 3 Grains /Breads, p. 3-15). Follow Adult Meal Pattern, Food Buying Guide, and Crediting Guide (in the ACFP Policy Manual).

Lunch Menu REQUIREMENTS: one serving milk + one serving vegetables + one serving fruit OR vegetable + two servings grains/breads + one serving meat or alt											
WEEK 1											
		Monday		Tuesday		Wednesday		Thursday		Friday	
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Vegetable	1/2 cup	Cauliflower & Broccoli	1/2 cup	Corn	1/2 cup	Baked Potato	1/2 cup	Cabbage (cooked)	6 oz.	Key West Vegetables
1/2 cup	Fruit OR Veg.	1/2 cup	Carrots	1/2 cup	Orange Juice	1/2 cup	Four Way Blend Vegetables	1/2 cup	(Each) Orange	1/2 cup	(4 Slices) Garlic Herb Diced Potatoes
1/2 cup	Fruit OR Veg.	1/2 cup	Fruit in season	1/2 cup	Mashed Potato	1/2 cup	Mixed Fruit, in juice	1/2 cup		1/2 cup	Applesauce
Exhibit A (oz.) *	Grain/Bread	9 oz.	Whole Wheat Bread	9 oz.	Whole Wheat Bread	1.8 oz (2 sl.)	Whole Wheat Bread	9 oz.	Whole Wheat Bread	1.8 oz (2 sl.)	Whole Wheat Bread
Exhibit A (oz.) *	Grain/Bread							4 oz.	Brown Rice		
Exhibit A (oz.) *	Grain/Bread	1 tps.	Margarine			1 tps.	Margarine	1 tps.	Margarine	1 tps.	Margarine
2 oz./See Pattern	Meat/Alt.	9 oz.	Cheese Lasagna	3 oz.	Turkey w/Gravy	3 oz.	Roasted Lemon Pepper	4 oz.	Roast Beef w/2 oz. Brown Gravy	3 oz.	Egg Battered Tilapia w/2 oz. Lemon Sauce
WEEK 2											
		Monday		Tuesday		Wednesday		Thursday		Friday	
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Vegetable	1/2 cup	Four Way Mixed Vegetables	6 oz.	Garden Vegetable	1/2 cup	Italian Vegetables	1/2 cup	Mashed Potatoes	6 oz.	Green Salad
1/2 cup	Vegetable	1/2 cup		1/2 cup		1/2 cup		6 oz.	Four Way Mixed Vegetables	1/2 cup	Baked Beans
1/2 cup	Fruit OR Veg.	1/2 cup	Peaches, in juice	1/2 cup	Pineapple in juice	1/2 cup	Applesauce	1/2 cup	Fruit in season	1/2 cup	Mixed Fruit in Juice
Exhibit A (oz.) *	Grain/Bread	4 oz.	Yellow Rice	4 oz.	Egg Noodles	7 oz.	(2 each) Stuffed shells with 2/oz. Marinara Sauce			1 tps. Each	Ketchup/Mustard
Exhibit A (oz.) *	Grain/Bread	1.8 oz (2 sl.)	Whole Wheat Bread	9 oz.	Whole Wheat Roll	1.8 oz (2 sl.)	Whole Wheat Bread	1.8 oz (2 sl.)	Whole Wheat Roll	1.8 oz (Bun)	Whole Wheat Hot Dog Bun
Exhibit A (oz.) *	Grain/Bread	1 tps.	Margarine			1 tps.	Margarine	1 tps.	Margarine	1 tps.	Margarine
2 oz./See Pattern	Meat/Alt.	3 oz.	Roasted Chicken Quarter	3 oz.	Fish Florentine			3 oz.	Roast Turkey w/2 oz. gravy	3 oz.	Two 1.5 oz. Hot Dog
WEEK 3											
		Monday		Tuesday		Wednesday		Thursday		Friday	
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Vegetable	1/2 cup	Mashed Potatoes	6 oz.	Green Salad	6 oz.	Peas & Carrots	1/2 cup	Broccoli	1/2 cup	Baked Fries
1/2 cup	Vegetable	1/2 cup	Cauliflower & Broccoli	6 oz.	Minestrone Soup	1/2 cup		1/2 cup		1/2 cup	Coleslaw
1/2 cup	Fruit OR Veg.	1/2 cup	Fruit in season	1/2 cup	Applesauce	1/2 cup	Fruit in season	1/2 cup	Fruit cocktail, in juice	1/2 cup	Fruit in season
Exhibit A (oz.) *	Grain/Bread	1.8 oz (2 sl.)	Whole Wheat Bread	1.8 oz (2 sl.)	Whole Wheat Bread	4 oz.	Brown Rice	9 oz.	Whole Wheat Bread	1.8 oz (2 sl.)	Whole Wheat Bread
Exhibit A (oz.) *	Grain/Bread	1 tps.	Margarine	1 tps.	Low Fat Salad	9 oz.	Whole Wheat Bread			1 tps.	Tartar Sauce
Exhibit A (oz.) *	Grain/Bread			1 oz.	Chocolate Chip Granole Bar	1 tps.	Margarine	1 tps.	Margarine	1 tps.	Margarine
2 oz./See Pattern	Meat/Alt.	3 oz.	Salisbury Steak w/2oz. Brown Gravy	4 oz.	Tuna Salad	4 oz.	Chicken Fricassee	4 oz.	Spaghetti and Meatballs w/ 2 oz. Spaghetti Sauce	4 oz.	Fish Sticks
WEEK 4											
		Monday		Tuesday		Wednesday		Thursday		Friday	
Required Serving Size	Required Component	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food	Serving Size	Food
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Vegetable	1/2 cup	California Blend Veggies	6 oz.	Broccoli & Cauliflower	1/2 cup	Garlic Mash Potatoes	6 oz.	Key West Vegetables	1/2 cup	Potato Salad
1/2 cup	Vegetable	1/2 cup		1/2 cup		6 oz.	Broccoli	1/2 cup		1/2 cup	
1/2 cup	Fruit OR Veg.	1/2 cup	Mixed fruit cup	1/2 cup	Applesauce	1/2 cup	Fruit in season	1/2 cup	Mandarin Orange, in juice	1/2 cup	One Orange
Exhibit A (oz.) *	Grain/Bread	9 oz.	Whole Wheat Bread	1.8 oz (2 sl.)	Whole Wheat Bread	9 oz.	Whole Wheat Bread	9 oz.	Whole Wheat Bread	1.8 oz (bun)	Whole Wheat Hamburger Bun
Exhibit A (oz.) *	Grain/Bread	4 oz.	Noodles	4 oz.	Brown Rice			4 oz.	Pasta	1 tps. each	Mustard & Ketchup Packets
Exhibit A (oz.) *	Grain/Bread	1 tps.	Margarine			4 oz.	Beef Meatloaf				
2 oz./See Pattern	Meat/Alt.	4 oz.	Swedish Meatballs with 2 oz. gravy	4 oz.	Roasted Fish w/Citrus & Herbs			3 oz.	Chicken Alfredo	3 oz.	Beef Hamburger Patty

* Exhibit A is from the Food Buying Guide (Section 3 Grains/Breads, p. 3-15). Follow Adult Meal Pattern, Food Buying Guide, and Crediting Guide (in the ACP Policy Manual).

Snack Menu											
REQUIREMENTS: TWO of four must be served - one serving milk + one serving fruit OR vegetable + one serving grains/breads + one serving meat											
WEEK 1											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	1/2 cup		1/2 cup	Peaches in juice	1/2 cup	100% Apples Juice	1/2 cup		1/2 cup	
Exhibit A (oz.) *	Grain/Bread	1 OZ.	Strawberry cereal bar			1 oz.	Oatmeal Raisin Bar	1 oz.	WW English Muffin	1 oz.	Graham Crackers
Optional	Meat/Alt			1 cup	Vanilla Yogurt			1 1/2 cup	Peanut Butter/Jelly	1 oz.	Mozzarella String Cheese
WEEK 2											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	4 oz.	Mandarin Orange	1/2 cup		1/2 cup		1/2 cup		1/2 cup	Apple Sauce
Exhibit A (oz.) *	Grain/Bread			1 oz.	Graham Crackers	1 oz.	Apple Multi Grain Bar	1.1 oz.	WW Crackers	1 oz.	Graham Crackers
Optional	Meat/Alt	1 oz.	Vanilla Yogurt								
WEEK 3											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	1/2 cup	Mixed Fruit	1 (each)	Banana	1.1 oz.	Raisins	1/2 cup		1/2 cup	Mandarin orange in juice
Exhibit A (oz.) *	Grain/Bread	1 OZ.	Graham Crackers					1 oz.	W Grain Raisin Bread	1 oz.	Blueberry Muffin
Optional	Meat/Alt			1 oz.	Lowfat Fruit Yogurt	1/2 cup	Apple Sauce	1 1/2 cup	Peanut Butter		
WEEK 4											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk
1/2 cup	Fruit OR Veg.	1/2 cup		1 (each)	Banana	4 oz.	Pineapple in juice	1/2 cup	Diced Peaches	1/2 cup	
Exhibit A (oz.) *	Grain/Bread	1 OZ.	Strawberry grain & fruit bar			1 OZ.	Oatmeal Raisin Bar			1 OZ.	Graham Crackers
Optional	Meat/Alt			1 oz.	String Cheese			1 1/2 cup	Lowfat Yogurt	1 oz.	String Cheese

* Exhibit A is from the Food Buying Guide (Section 3 Grains /Breads, p. 3-15). Follow Adult Meal Pattern, Food Buying Guide, and Crediting Guide (in the ACP Policy Manual).

BREAKFAST					
	Day 1	Day 2	Day 3	Day 4	Day 5
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
F/V	4 oz. Mixed Fruit, in juice	1 (each) Orange	½ c. 100% Orange Juice	½ c. Pears in Juice	½ c. 100% Apple Juice
1 st G/B	3 oz. Bagel	1 c. Bran Flakes Cereal	1 oz. WW English Muffin	1 c. Toasted Oats Cereal	1 oz. Bran Muffin
2 nd G/B		1 oz. Blueberry Muffin	1 oz. Corn Flakes Cereal	.9 oz. Whole Wheat Bread	1 oz. Chewy Granola Bar
M/MA	1 oz. Cream Cheese				
Other Optional			1 tsp. Margarine 1 tsp. Sugar-Free Jelly		
LUNCH					
	Day 1	Day 2	Day 3	Day 4	Day 5
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
M/MA	7 oz. Cheese Lasagna w/ 2 oz. Marinara Sauce (1 oz. mozzarella Cheese, 2 oz. ricotta cheese)	3 oz. Turkey w/Gravy	3 oz. Roasted Lemon Pepper	4 oz. Roast Beef w/2 oz. Brown Gravy	3 oz. Egg Battered Tilapia w/2 oz. Lemon Sauce
1 st F/V	4 oz. Cauliflower & Broccoli	4 fl. oz. Orange Juice	4 oz. Baked Potato	4 oz. Cabbage (cooked)	4 oz. (~4 potatoes) Garlic Herb Diced Potatoes
2 nd F/V	4 oz. Carrots	4 oz. Mashed Potato	4 oz. Four Way Blend Vegetables	1 (each) Orange	6 oz. Key West Vegetables
G/B	4 oz. Lasagna Noodles 1 slice (0.9 oz.) Whole Wheat Bread	1 sl (0.9 oz.) Whole Wheat Bread	2 sl (1.8 oz.) Whole Wheat Bread	4 oz. Brown Rice 1 slice (0.9 oz.) Whole Wheat Bread	2 slice (1.8 oz.) Whole Wheat Bread
Other	1 (each) Banana Margarine	4 oz. Corn	4 oz. Mixed Fruit, in juice Margarine	Margarine	4 oz. Applesauce Margarine
SNACK					
	8 fl. oz. nonfat/skim milk 1 oz. Strawberry cereal	1 c. Vanilla Yogurt ½ c. Peaches, in juice	1 oz. Oatmeal Raisin Bar ½ c. 100% Apples Juice	1 oz. Whole Wheat English Muffin 1 TB Peanut Butter 1 tsp. Jelly	1 oz. Graham Crackers 1 oz. Mozzarella String Cheese

The above menu bar

(breakfast/lunch/dinner/snack)

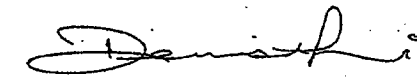
meets the requirements of the

Adult Care Food program meal pattern and is approved for use.

Adult Care Food Program Manager,

Date: 9/13/14 d.g.

Project Title: Palm Beach County Adult Day Care Menu for May to October 2014. Prepared & Approved by Denise Li, MS, RD, LD/N (ND 6453)



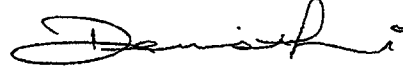
ND6453

BREAKFAST					
	Day 6	Day 7	Day 8	Day 9	Day 10
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
F/V	½ c. Mixed Fruit, in juice	1 (each) Banana	½ c. Orange Juice	½ c. Peaches in Juice	½ c. 100% Apple Juice
G/B	1 oz. WW English Muffin	1 c. Corn Flakes	1 oz. Muffin	1 c. Crispy Rice Cereal	3 oz. Bagel
2nd G/B	1 c. Cereal	.9 oz. Whole Wheat Bread		.9 oz. Whole Wheat Bread	
M/MA			1 hard boiled egg		1 oz. Cream Cheese
Other Optional	1 tsp. Sugar Free Jelly	1 tsp. Margarine		1 tsp. Margarine	
LUNCH					
	Day 6	Day 7	Day 8	Day 9	Day 10
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
M/MA	3 oz. Roasted Chicken Quarter	3 oz. Fish Florentine	7 oz. (2 each) Stuffed Shells w/2 oz. Marinara Sauce	3 oz. Roast Turkey w/ 2 oz. Gravy	3 oz. Hot Dog
1st F/V	4 oz. Four Way Mixed Vegetables	6 oz. Garden Vegetable	4 oz. Italian Vegetables	4 oz. Mashed Potatoes	
2nd F/V	4 oz. peaches, in juice	4 oz. pineapple. In juice	1 (each) Orange	6 oz. Four Way Mixed Vegetable	6 oz. Green Salad (4 oz. lettuce, 1 oz. tomato, 1 oz. cucumber) w/ 1 TB Low Fat Dressing
G/B	4 oz. Yellow Rice 2 sl (1.8 oz.) Whole Wheat Bread	4 oz. Egg Noodles 1 (0.9 oz.) Whole Wheat Roll	2 sl (1.8 oz.) Whole Wheat Bread	2 sl (1.8 oz.) Whole Wheat Bread	2 (1.8 oz.) Whole Wheat Hot Dog Bun
Other	Margarine	Margarine	Margarine 4 oz. Applesauce	1 (each) Banana Margarine	4 oz. Baked Beans Ketchup/ Mustard 4 oz. Mixed Fruit, in juice
SNACK					
1st F/V	1 oz. Mandarin Orange	1 oz. Graham Crackers	1 oz. Apple Multigrain Bar	1.1 oz. Whole Wheat Crackers	4 oz. Applesauce
2nd F/V	1 oz. Vanilla Yogurt	1 TB Peanut Butter	8 fl. oz. nonfat/skim milk	1 oz. Cheese	1 oz. Graham crackers
BEVERAGES					

Project Title: Palm Beach County Adult Day Care Menu for May to October 2014. Prepared & Approved by Denise Li, MS, RD, LD/N (ND 6453)

Adult Care Food Program Manager

Date: 8/13/14 D.G.


ND6453

	Day 11	Day 12	Day 13	Day 14	Day 15
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
F/V	½ c. 100% Orange Juice	½ c. Applesauce	1 ea. Orange	1 ea. Banana	½ c. 100% Apple Juice
G/B	1 c. Shredded Mini-Wheat Cereal	1 oz. Bran Muffin	3 oz. Whole Wheat Bagel	1 c. Cheerios Cereal	1 oz. WW English Muffin
2nd G/B	.9 oz. Whole Wheat Bread	1 c. Corn Flakes Cereal		1 oz. Blueberry Muffin	1 oz. Rice Krispies Cereal
M/MA			1 oz. Cream Cheese		
Other Optional	1 tsp. Margarine			1 tsp. Margarine	1 tsp. Margarine 1 tsp. Sugar Free Jelly

LUNCH					
	Day 11	Day 12	Day 13	Day 14	Day 15
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
M/MA	3 oz. Salisbury Steak w/ 2 oz. Brown Gravy	*Tuna Salad Sandwich* 4 oz. Tuna Salad	4 oz. Chicken Fricassee	*Spaghetti & Meatballs* 4 oz. (4 meatballs) Beef Meatballs w/ 2 oz. Spaghetti Sauce	4 oz. Fish Sticks
1st F/V	4 oz. Mashed Potatoes	6 oz. Green Salad (4 oz. lettuce, 1 oz. tomato, 1 oz. cucumber)	6 oz. Peas & Carrots	4 oz. Broccoli	4 oz. Baked Fries
2nd F/V	4 oz. Cauliflower & Broccoli	4 oz. Applesauce	1 (each) Banana	4 oz. Fruit Cocktail, in juice	4 oz. Coleslaw
G/B	2 sl (1.8 oz.) Whole Wheat Bread	2 sl (1.8 oz.) Whole Wheat Bread	4 oz. Brown Rice 1 slice (0.9 oz.) Whole Wheat Bread	4 oz. Spaghetti Noodles 1 sl (0.9 oz.) Whole Wheat Bread	2 slice (0.9 oz.) Whole Wheat Bread
Other Optional	1 (each) Orange Margarine	6 oz. Minestrone Soup 1 (each) Mustard & Mayonnaise Packet 1 TB Low Fat Salad Dressing 1(each) Chocolate Chip Granola Bar	Margarine	Margarine	1 oz. Tartar Sauce Margarine 1 (each) Orange
SNACK					
The above menu (breakfast/lunch/dinner/snack)	1 oz. Graham Crackers ½ c. Mixed Fruit	1 (each) Banana 4 oz. Low Fat Fruit Yogurt	1.1 oz. Raisins ½ c. Applesauce	1 oz. Whole Grain Raisin Bread 1 TB Peanut Butter	1 oz. Blueberry Muffin ½ c. Mandarin Orange, in juice

The above menu meets the requirements of the Adult Care Food program meal pattern and is approved for use.

Adult Care Food Program Manager,

Date: 8/13/14 *D.J.*

Denise Li

ND6453

BREAKFAST					
	Day 16	Day 17	Day 18	Day 19	Day 20
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
F/V	½ c. 100% Orange Juice	4 oz. Applesauce	½ c. 100% Apple Juice	½ c. Peaches, in Juice	½ c. Mixed Fruit
G/B	1 oz. WW English Muffin	1 c. Cereal	1 oz. WW English Muffin	3 oz. Whole Wheat Bagel	1 c. Cereal Toasted Oats
2 nd G/B	1 oz. Corn Flakes Cereal	1 oz. Bran Muffin	1 oz. Blueberry Grain and Fruit Bar		0.9 oz. WW Bread
M/MA				1 oz. Cream Cheese	
2 nd M/MA					
Other Optional	1 tsp. Margarine 1 tsp. Sugar Free Jelly		1 tsp. Margarine 1 tsp. Sugar Free Jelly		1 tsp. Sugar Free Jelly
LUNCH					
	Day 16	Day 17	Day 18	Day 19	Day 20
Milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk	8 fl. oz. nonfat/skim milk
M/MA	4 oz. (4 meatballs) Swedish Meatballs w/2 oz. Gravy	4 oz. Roasted Fish w/ Citrus & Herbs	4 oz. Beef Meatloaf	7 oz. Chicken Alfredo (3 oz. Chicken)	*Beef Hamburger* 3 oz. Hamburger Patty
1 st F/V	4 oz. California Blend Vegetables	6 oz. Broccoli & Cauliflower	4 oz. Garlic Mashed Potato	6 oz. Key West Vegetables	4 oz. Potato Salad
2 nd F/V	4 oz. Mixed Fruit Cup	4 oz. Applesauce	6 oz. Broccoli	4 oz. Mandarin Orange, in juice	1 (each) Orange
G/B	4 oz. Noodles 1 slice (0.9 oz.) Whole Wheat Bread	4 oz. Brown Rice 2 slice (1.8 oz.) Whole Wheat Bread	1 slice (0.9 oz.) Whole Wheat Bread	4 oz. Pasta 1 slice (0.9 oz.) Whole Wheat Bread	1 (1.8 oz.) Whole Wheat Hamburger Bun
Other Optional	Margarine	Margarine	Margarine 1 (each) Banana	Margarine	1(each) mustard and ketchup packet
SNACK					
	1 oz. Strawberry grain & fruit bar 8 fl. oz. nonfat/skim milk	1 (each) Banana 1 oz. String Cheese	4 oz. Pineapple, in juice 1 oz. Oatmeal Raisin Bar	1 c. low-fat yogurt ½ c. diced peaches	1 tbsp. Peanut Butter 1 oz. Graham Crackers

(breakfast/lunch/dinner/snack)

meets the requirements of the
Adult Care Food program meal

Project Title: Palm Beach County Adult Day Care Menu for May to October 2014. Prepared & Approved by Denise Li, MS, RD, LD/N (ND 6453)

Adult Care Food Program Manager,

Date: 8/13/14 *DL*

Denise Li

ND6453

Florida Department of Elder Affairs

Adult Care Food Program

ACFP Institution's Board of Directors List

Non-Profit institution list Board of Directors' Officers & Members

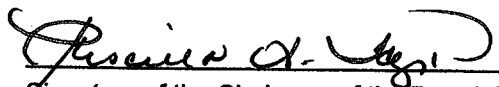
For-Profit Institutions list Main Shareholder, Corporate Officers & Members

Board Officers/Main Share Holders:

Name & Title	Complete Address	DOB
Priscilla A. Taylor, Mayor	301 North Olive Ave., 12th FL, WPB, FL 33401	12/31/49
Paulette Burdick, Vice Mayor	301 North Olive Ave., 12th FL, WPB, FL 33401	7/16/

Members:

Name	Complete Address	DOB
Hal R. Valeche	301 North Olive Ave, 12th FL, WPB, FL 33401	11/15/48
Shelley Vana	301 North Olive Ave, 12th FL, WPB, FL 33401	12/30/51
Steven L. Abrams	301 North Olive Ave, 12th FL, WPB, FL 33401	12/5/58
Mary Lou Berger	301 North Olive Ave, 12th FL, WPB, FL 33401	3/13/
Jess R. Santamaria	301 North Olive Ave, 12th FL, WPB, FL 33401	9/11/37


 Signature of the Chairman of the Board, President, Owner
 or Delegated Authority
 Priscilla A. Taylor, Mayor

9/3/14
 Date

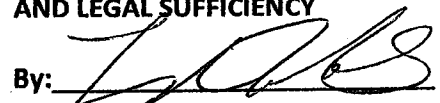
M:\acfp - current\Application\2014 Application Forms\ Board Members

Rev. 7/10/13

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

By: _____
 Deputy Clerk

**APPROVED AS TO FORM
 AND LEGAL SUFFICIENCY**

By: 
 Chief Assistant County Attorney

TO: Department of Elder Affairs
Adult Care Food Program (ACFP)
4040 Esplanade Way
Tallahassee, Florida 32399-7000
Phone: 850-414-2031

FROM: _____
Name of referral agency of Title XIX funded services

Mailing address of referral agency

City Zip _____

Title XIX Enrollment Certification Statement
One letter required from each referral agency for each ACFP administered facility

The _____'s
Name of institution participating in the Adult Care Food Program

Name of institution's adult care program facility

Located at _____
Street address of adult care program facility City

is currently approved, by this referral agency, to receive Title XIX (Medicaid

Waiver) funding for _____ of its adult care program participants.
Number

NOT APPLICABLE

Signature of referral agency's Chief Executive Officer
or Authorized Representative

8/22/14

Date

NOT APPLICABLE

(Print) Name of Chief Executive Officer of funding agency

Title XIX Certification Statement Instructions

The Title XIX Enrollment Certification Statement is required by the Department of Elder Affairs, Adult Care Food Program for all for-profit adult day care centers.

This document is completed by the Title XIX referral agency to certify the total number of Title XIX (Medicaid Waiver) participants that are referred to the for-profit institution.

Without this completed certification the for-profit institution cannot participate in the Adult Care Food Program.

This statement only verifies the number of individuals receiving Title XIX funds that have been referred to the adult day care from the Title XIX referral agency.

For question please contact the Department of Elder Affairs.

Craig McCormick, Nutrition Program Mgr.
Phone: 850-414-2031

ADULT CARE FOOD PROGRAM

CERTIFICATION STATEMENT REGARDING
BUSINESS INTEGRITY AND PUBLICLY FUNDED PROGRAM COMPLIANCE

Name of Institution: Palm Beach County Board of County Commissioners

Contract Number: Y4119

All Adult Care Food Program (ACFP) Institutions must provide a declaration of eligibility to participate in the ACFP, based on the criteria that the institution has not been disqualified, nor have any of the principals of the institution or sponsored facilities been disqualified, from any publicly funded program because of a violation of that program's requirements. "Publicly funded program" means any program or grant funded by federal, state, or local government.

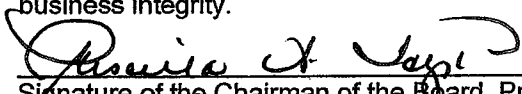
The ACFP Institutions are required to report the name of all publicly funded program(s) that the institution and the principals of the ACFP Institution and each sponsored facility have participated in within the past seven years. "Principal" means any individual who holds a management position within, or is an officer of, an ACFP Institution or sponsored facility. Principals include all members of the ACFP Institutions and/or the sponsored facility's board of directors.

List the publicly funded programs participated in within the past 7 years by: 1) the ACFP institution and 2) the principals of the ACFP institution and sponsored facilities:

1. Older American's Act	5. Adult Care Food Program
2. Community Care for the Elderly	6. RELIEF Program
3. Homecare for the Elderly	7. Senior Companion
4. Alzheimer's Disease Initiative	8. BRITE Program

To add more publicly funded programs, list on a separate page.

I certify that the ACFP Institutions and principals of the ACFP Institutions and sponsored facilities have not been disqualified from any publicly funded program because of a violation of that program's requirements within the past seven years. In addition, I certify that neither the ACFP Institution nor the principals of the ACFP Institution or sponsored facility have been convicted within the past seven years of any activity that indicated a lack of business integrity. A business-related offense includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity.


Signature of the Chairman of the Board, President, Owner
or Delegated Authority **Priscilla A. Taylor, Mayor**

9/3/14
Date

Note: Any organization or individual that provides false information on this form will be subject to applicable civil or criminal penalties and will be placed on the National Disqualified List.

Acfp/2014 Provider Application/ Certificate of Business Integrity

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: 
Chief Assistant County Attorney

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

Rev 7/10/13

By: _____
Deputy Clerk

ADULT CARE FOOD PROGRAM
OUTSIDE EMPLOYMENT POLICY STATEMENT


Name of Institution: Palm Beach County Board of County Commissioners

Contract Number: Y4119

All Adult Care Food Program (ACFP) Institutions of multiple facilities must provide a policy on outside employment. The policy must restrict other employment by employees that interferes with an employee's ACFP responsibilities/duties, including outside employment that constitutes a real or apparent conflict of interest. Other ethical and conflict of interest issues may also be addressed. (A sample of a possible outside employment policy is provided for your reference. The sample may be used in part or in its entirety to assist in development of the institution's policy)

Each institution of multiple centers is required to annually submit a blank copy of their policy statement with this certification. The statement will be kept on file with the Adult Care Food Program.

I certify that a policy is in effect as of February 6, 2007 (date of implementation) and that the institution's employees have been made aware of it.


Signature of the Chairman of the Board, President, Owner
Or Delegated Authority **Priscilla A. Taylor, Mayor**

9/3/14
Date

ATTACH A COPY OF THE INSTITUTION'S OUTSIDE EMPLOYMENT POLICY

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

By: 
Chief Assistant County Attorney

By: _____
Deputy Clerk

OUTSIDE OR NON-COUNTY EMPLOYMENT, INCLUDING SELF-EMPLOYMENT

DATE: _____
TITLE: _____

NAME: _____
POSITION: _____

Palm Beach County Merit System Rules and Regulations Rule 10, Outside Or Non-County Employment states general provisions for outside or non-county employment, including self-employment.

Outside or non-County employment, including self-employment, will not be permitted if there is a conflict of interest with County employment.

Employees who intend to undertake such employment must submit written notification to their Department Head of their intent to accept outside work.

There are restrictions: Employees permitted to work in secondary employment outside the County cannot conduct such employment on County time, on standby, or in any manner that interferes with performance of their County job. They cannot use County facilities, equipment or supplies, or wear a County uniform while employed outside the County.

No employee is permitted to work in two (2) different County positions which are funded by the Board of County Commissioners and paid for by the Payroll Section of the Finance Department.

I declare that:

_____ My only paid employment is with Palm Beach County Division of Senior Services.

_____ I am employed by the Palm Beach County Division of Senior Services, but is also an employee of the following:

Name and Address of Outside Employer _____

Date outside work is to begin _____

Type of Work _____

Number of days (or nights) per week _____

Number of hours per day (or night) _____

Specific hours of work _____

I understand that as an employee of Palm Beach County Division of Senior Services, it is my obligation to disclose other (outside) employment. I will be available to disclose other details of this employment upon request. The Department Head shall review the notification to ensure that no conflict exists.

Employee Signature

Date

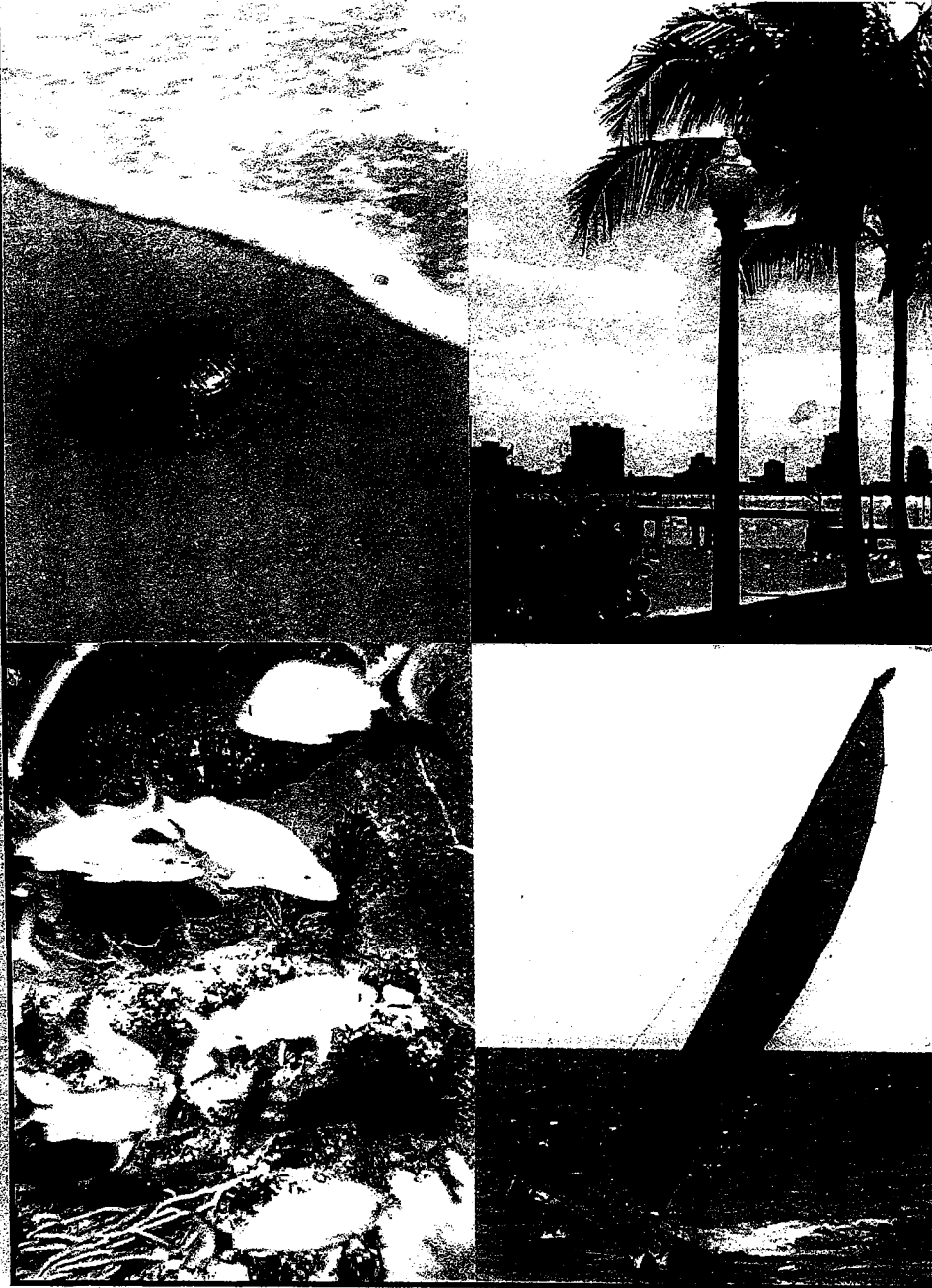
Division Head Signature

Date

Department Head Signature

Date

EMPLOYEE RELATIONS & PERSONNEL
50 SOUTH MILITARY TRAIL, SUITE 210
WEST PALM BEACH, FLORIDA 33415
(561) 233-4601



PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

EMPLOYEE HANDBOOK



recommendation for termination. Special reviews can be done any time a permanent employee's work falls below minimally acceptable standards. This is a "Needs Improvement" rating. While on "Needs Improvement," an employee is placed on a three (3) month probation to give the employee an opportunity to correct performance problems. During this time the immediate supervisor works closely with the employee on defined performance goals. If performance is not improved to a satisfactory level, the supervisor may recommend termination or demotion of the employee. This probationary period can be extended by the Department Head, but no extension should be for longer than one year.

PROMOTION, DEMOTION, TRANSFER

Job vacancies are posted in every department throughout the County every Monday. Positions advertised on green sheets are promotional opportunities for current employees only. Positions advertised on white sheets are open competitive and are included on the Job Vacancy Recording (233-4600).

When employees move from one position to another, the change is a promotion, demotion or lateral transfer. A promotion is a move to a position in a higher pay grade; a demotion is a move to a position in a lower pay grade; and, a lateral transfer indicates no change in pay grade.

A promotion generally results in a salary increase of a certain percentage or the minimum of the new pay grade, whichever is more. The policy for promotion of one pay grade is a 3% increase, two pay grades is 6%, and three or more pay grades is 10%. The reverse is true for a demotion. There is no change in base rate of pay when a lateral transfer occurs.

JOB CLASSIFICATION

All County job classifications have a designated pay grade which is determined by the Classification & Pay Section of the Department of Employee Relations & Personnel. Pay grade assignments are based on several factors including job difficulty, decision-making responsibility, level of education, skill required, and the market value of similar positions in other organizations. Requests to review individual

positions to determine whether someone is working in a higher or lower classification are initiated through the Department Head. Job audits are usually requested because of changes in job responsibility, organizational structure, or changes in work assignments. An employee recommended for a change in job title and pay grade receives the same compensation, budget permitting, as an employee who receives a promotion or demotion.

EMPLOYMENT OUTSIDE THE COUNTY

No employee is permitted to work in two different County positions which are funded by the Board of County Commissioners with salaries paid through the payroll section of the Finance Department.

An employee who has a second job outside of County government must submit written notification of this work to his/her Department Head. In order to insure that no conflict exists with County employment the following information is required:

Name & Address of Employer

Type of Work

Number of days (or nights) per week

Number of hours of work

Specific hours of work

PERSONNEL RECORDS

Although each Department/Division maintains employee personnel files on their employees, the official record of every County employee is on file in the Department of Employee Relations & Personnel. Employees have the right to review their files in Personnel and their Department/Division. Copies of any material within an employee file will be made only if requested by the employee in person. There is no charge for copies unless the total fees equal or exceed \$2.00, then each copy is \$0.15.

In accordance with the Florida Public Records law, personnel files are open to public inspection and copying.

RULE 10

OUTSIDE OR NON-COUNTY EMPLOYMENT

10.01 GENERAL PROVISIONS

- A. Outside or non-County employment, including self-employment, will not be permitted if there is a conflict of interest with County employment. Employees shall comply with the relevant provisions of Chapter 112, Florida Statutes.
- B. Employees who intend to undertake such employment must submit written notification to their Department Head of their intent to accept outside work. This notification must contain 1) Name and Address of Outside Employer, 2) When outside work is to begin, 3) Type of Work, 4) Number of days (or nights) per week, 5) Number of hours per day (or night), 6) Specific hours of work. The Department Head shall review the notification to ensure that no conflict exists.

10.02 RESTRICTIONS

- A. Employees permitted to work in secondary employment outside the County cannot conduct such employment on County time, on standby, or in any manner that interferes with performance of their County job. They cannot use County facilities, equipment or supplies, or wear a County uniform while employed outside the County.
- B. No employee is permitted to work in two(2) different County positions which are funded by the Board of County Commissioners and paid for by the Payroll Section of the Finance Department.

**Adult Care Food Program (ACFP)
Annual Information Certification**

This is to certify that Palm Beach County
Board of County Commissioners meets all of the requirements for renewing
Name of Institution

institutions contained in 7 CFR §226.6(b)(2). This means Palm Beach County Board of County Commissioners
Name of Institution
certifies that:

For Sponsoring organizations only:

The management plan on file with the State agency is complete and up to date;

No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List; and

The outside employment policy most recently submitted to the State agency remains current and in effect.

For all institutions (sponsoring organizations and independent centers):

The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency;

The online application has been updated and is correct for the upcoming fiscal year;

Any change of information for the point of contact, institution information, board president or authorized designee, center/facility information, and signature authority changes for claims has been updated and submitted to the State agency using the Change of Information form.

The current food service contract or memorandum of agreement has been approved by the State agency. This is not applicable to self-prep institutions;

The current adult day care license, mental health day program contract, or community-based services provider certificate have been submitted to the State agency;

The Public News Release form has been submitted to public media for broadcasting or printing. The completed form has been submitted to the State agency;

The cycle of menus, four week cycle, has been submitted to the State agency for each reimbursable meal and/or snack;

The Institution itself, and the Institution's principals, are not currently on the CACFP National Disqualified List;

The list of any publicly funded programs institution and principals have participated in the past seven years is current. The Certification of Business Integrity form has been submitted to the State agency;

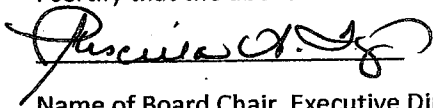
The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements in the past seven years;

No principals of the Institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity; and

The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii).

Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.

I certify that the above information is true and correct.



Name of Board Chair, Executive Director,
or individual with comparable title

9/3/14

Date

Title Priscilla A. Taylor, Mayor

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: 
Chief Assistant County Attorney

By: _____
Deputy Clerk

CHANGE OF INFORMATION

Note: Any change of information to current Provider Application package **not** listed below will be submitted by:
Mailing a copy of current Application and/or Schedule A to the ACFP office with changes denoted in **red ink**.

Instructions: Complete section #1 and any/all appropriate sections that reflect changes to current contract, obtain authorizing signature and mail.

1. PROVIDER INFORMATION Effective date of change: 8/20/14 ACFP Contract # Y4119

2. POINT OF CONTACT (POC) INFORMATION:

Current POC name with ACFP: Vianey S. Yurkovich
New authorized POC's name: Yvette Coursey
New mailing address for POC: 810 Datura Street, Suite 300, West Palm Beach, FL ZIP: 33401
POC's date of birth: 7/15/41
New street address for POC: same as mailing address
New Telephone number for POC: (561)357-7135
New Fax number for POC: (561)694-9611
New E-mail address for POC: YCoursey@pbcgov.org

3. INSTITUTION INFORMATION

Current Institution name with ACFP: Palm Beach County Board of County Commissioners
New legal name of Institution: _____
New mailing address of Institution: _____ ZIP _____
New street address of Institution: _____
New Telephone number of Institution: () _____
New Fax number of Institution: () _____
New F.E.I.D. number of Institution: _____
Please submit a copy of legal documentation of name and/or F.E.I.D. number change.
Tax exempt status. Describe: _____

4. BOARD PRESIDENT OR AUTHORIZED DESIGNEE INFORMATION

Name of new Board President or Authorized Designee: Priscilla A. Taylor, Mayor
Address of new Board President or Authorized Designee: 301 North Olive Ave. 12th
West Palm Beach, FL ZIP 33477
Tele: (561) 355-2207 Fax: (561) 355-6332 DOB: 12/31/49

5. CENTER/SITE INFORMATION:

Note: To add a new center/site, call ACFP office (850) 414-2059 or (850) 414-2122, if deleting a center, complete the following:

Name of center as appears on Schedule A: _____
New name of this center/site: _____
New mailing address of this center/site: _____ ZIP _____

New street address of this center/site: _____

This Center's/site's new/renewed ADC license capacity: _____ New/renewed license expiration date: _____

Please submit copy of new ADC license(s) or "approval letter from AHCA" until official certificate is received.

6. METHOD OF CLAIM SUBMISSION Change to: Fax or Mail

7. SIGNATURE AUTHORITY INFORMATION

The following person(s) no longer have signature authority: (Please print or type)

Vianey S. Yurkovich
Sharon Rodgers

The following person(s) are granted signature authority: (Please print or type)

Elijah Hall/Fiscal Specialist III ☒ monthly claim vouchers _____ vendor contracts
Name/Position Title ☐ other (list) _____

Yvette Coursey/Adult Day Care Center Manager III ☒ monthly claim vouchers _____ vendor contracts
Name/Position Title ☐ other (list) _____

ATTEST:

SHARON R. BOCK
CLERK AND COMPTROLLER

Priscilla A. Taylor
Signature of Institution's current Board President or
Authorized Designee

Mayor
Title

Internal Management Document used by DOEA staff, contractors and subcontractors

By: _____
Deputy Clerk
Rev. 12/27/2012

M:\ACFP\forms\2009 Change Of Information

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: [Signature]
Chief Assistant County Attorney

This AMENDMENT entered into by the State of Florida, Department of Elder Affairs (Department) and Palm Beach County Board of County Commissioners (Contractor) amends contract Y4119.

The purpose of this amendment is to (1) add section 2.5 Background Screening Affidavit of Compliance, (2) delete 18.3 subsection 2, (3) revise 18.3 subsection 3, (4) amend Table of Contents, (5) amend ATTACHMENT VI and (6) add ATTACHMENT VII *N/A*

_____ Line denotes completion of above summary _____

PERMANENT CONTRACT:

(1) 2.5 Background Screening

The Contractor 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 Contractor 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.

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

(2) Paragraph 18.3 (2) is hereby deleted.

(3) Paragraph 18.3 (3) is hereby revised and reads as follows:

Allow public access to all documents, papers, letters, or other materials related to this Contract as required by Article I, Section 24, of Florida's State Constitution and Chapter 119, Florida Statutes, 7 CFR §226 at no additional cost to the Department;

INDEX TO CONTRACT ATTACHMENTS:

- (1) The Table of Contents is hereby replaced with the revised Table of Contents, and attached hereto.
- (2) Attachment VI is hereby replaced with the revised Attachment VI, and attached hereto.
- (3) Attachment VII is hereby added 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 to this amendment.

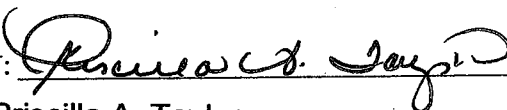
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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.

CONTRACTOR: **PALM BEACH COUNTY BOARD
OF COUNTY COMMISSIONERS**

**STATE OF FLORIDA,
DEPARTMENT OF ELDER AFFAIRS**

SIGNED BY: 

SIGNED BY: 

NAME: Priscilla A. Taylor

NAME: CHARLES T. CORLEY

TITLE: Mayor

TITLE: SECRETARY

DATE: 9/3/14

DATE: 9/15/14

FEDERAL ID NUMBER: 5960000785

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

**APPROVED AS TO TERMS
AND CONDITIONS**

By: _____
Deputy Clerk

BY: 
DEPARTMENT HEAD

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**


By: 
Chief Assistant County Attorney

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CONDITIONS FOR RETURN OF FUNDS AND DISALLOWANCE OF PROGRAM PAYMENTS

The Department of Elder Affairs will apply conditions for return of funds and procedures for disallowance of program payments in accordance with 7 CFR 226.14:

Claims against institutions

(a) State agencies shall disallow any portion of a claim for reimbursement and recover any payment to an institution not properly payable under this part. State agencies may consider claims for reimbursement not properly payable if an institution does not comply with the recordkeeping requirements contained in this part. The State agency may permit institutions to pay over claims over a period of one or more years. However, the State agency must assess interest beginning with the date stipulated in the State agency's demand letter, or 30 days after the date of the demand letter, whichever date is later. Further, when an institution requests and is granted an administrative review of the State agency's overpayment demand, the State agency is prohibited from taking action to collect or offset the overpayment until the administrative review is concluded. The State agency must maintain searchable records of funds recovery activities. If the State agency determines that a sponsoring organization of centers has spent more than 15 percent of its meal reimbursements for a budget year for administrative costs (or more than any higher limit established pursuant to a waiver granted under §226.7(g)), the State agency must take appropriate fiscal action. In addition, except with approval from the appropriate FNSRO, State agencies shall consider claims for reimbursement not payable when an institution fails to comply with the recordkeeping requirements that pertain to records directly supporting claims for reimbursement. Records that directly support claims for reimbursement include, but are not limited to, daily meal counts, menu records, and enrollment and attendance records, as required by §226.15(e). State agencies shall assert over claims against any sponsoring organization of day care homes which misclassifies a day care home as a tier I day care home unless the misclassification is determined to be inadvertent under guidance issued by FNS. However, the State agency shall notify the institution of the reasons for any disallowance or demand for repayment, and allow the institution full opportunity to submit evidence on appeal as provided for in §226.6(k). Minimum State agency collection procedures for unearned payments shall include:

(1) Written demand to the institution for the return of improper payments; (2) if, after 30 calendar days, the institution fails to remit full payment or agree to a satisfactory repayment schedule, a second written demand for the return of improper payments sent by certified mail return receipt requested; and (3) if, after 60 calendar days, the institution fails to remit full payment or agree to a satisfactory repayment schedule, the State agency shall refer the claim against the institution to appropriate State or Federal authorities for pursuit of legal remedies.

(b) In the event that the State agency finds that an institution which prepares its own meals is failing to meet the meal requirements of §226.20, the State agency need not disallow payment or collect an overpayment arising out of such failure if the institution takes such other action as, in the opinion of the State agency, will have a corrective effect. However, the State agency shall not disregard any overpayments or waive collection action arising from the findings of Federal audits.

(c) If FNS does not concur with the State agency's action in paying an institution or in failing to collect an overpayment, FNS shall notify the State agency of its intention to assert a claim against the State agency. In all such cases, the State agency shall have full opportunity to submit evidence concerning the action taken. The State agency shall be liable to FNS for failure to collect an overpayment, unless FNS determines that the State agency has conformed to this part in issuing the payment and has exerted reasonable efforts to recover the improper payment.

[47 FR 36527, Aug. 20, 1982; 47 FR 46072, Oct. 15, 1982, as amended at 50 FR 8580, Mar. 4, 1985; 53 FR 52590, Dec. 28, 1988; 62 FR 903, Jan. 7, 1997; 64 FR 72260, Dec. 27, 1999; 67 FR 43490, June 27, 2002; 69 FR 53544, Sept. 1, 2004; 76 FR 34571, June 13, 2011]

Attestation Statement

Agreement/Contract Number Y4119

Amendment Number 003

I, Priscilla A. Taylor, Mayor, attest that no changes or revisions have been made to the
(Recipient/Contractor representative)

content of the above referenced agreement/contract or amendment between the Department of Elder Affairs
and

Palm Beach County Board of County Commissioners.
(Recipient/Contractor name)

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 Recipient/Contractor representative

9/3/14
Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By:


Chief Assistant County Attorney

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

By:

Deputy Clerk

DOEA Contract Manager to initial and date indicating signatures/initials appropriate on all documents; ready
for DOEA Secretary/designee signature

initial

date

VENDOR CONTRACT ADULT CARE FOOD PROGRAM

Purpose – This is a contract to furnish meals (unitized, if applicable) to be served to adults participating in the Adult Care Food Program (ACFP), a component of the Child and Adult Care Food Program established by the United States Department of Agriculture (7 CFR, Part 226), administered by the Florida Department of Elder Affairs. It sets forth the terms and conditions applicable to the proposed procurement. Upon acceptance, this document and its required attachments shall constitute the contract between the vendor and the institution named herein.

Please Type or Print Clearly (in Ink)

ACFP Provider: Complete Parts 1, 2, 3 and 6. **Vendor:** Complete Parts 4 and 5. **DOEA/ACFP Representative:** Complete Part 7.

1. Contract Issued by: Palm Beach County Board of County Commissioners <hr/> Name of Institution/ACFP Provider 810 Datura Street <hr/> Address: <hr/> City/State: West Palm Beach, FL Zip 33401	Telephone: (561) 355 - 4753 <hr/> Fax: (561) 355 - 3222 <hr/> Email address <u>finanfra@pbcgov.org</u>
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<p style="text-align: center;">OTHER CONTRACT OPTIONS</p> 2. <input type="checkbox"/> Initial Vendor Contract <input type="checkbox"/> 1 st year Contract Renewal Option exercised <input type="checkbox"/> 2 nd year Contract Renewal Option exercised The following attachments are required: A. Debarment & Suspension Certification recently completed and signed by Vendor. B. Copy of Vendor's current food-service Inspection Report from licensing agency, with any needed explanations. C. Vendor's current license to operate a food-service facility. D. Current 28-day cycle of menus for each type of meal service vended.	<p style="text-align: center;">ATTEST: SHARON R. BOCK CLERK AND COMPTROLLER</p> <p style="text-align: center;">By: _____ Deputy Clerk</p>
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VENDOR INFORMATION	
3. Name of Approved Food Service Company ILS Group, LLC dba Classic Caterers <hr/> Address: 5201 Blue Lagoon Drive, Ste 210 <hr/> City/State: Miami, FL Zip 33126	4. Price per Meal (Including Tax) Breakfast: \$ _____ Supplement (Snack) AM: \$ _____ PM: \$ _____ Lunch: \$ _____ Supper: \$ _____
5. Contract Commence Date: 10 / 1 / 2014 Contract Expiration Date: 9 / 30 / 2015	

ACCEPTANCE BY INSTITUTION/ACFP PROVIDER # _____	
6. Signature: _____ Board President or Authorized Designee Printed Name: _____ (Typed or Printed Clearly) Date: ____ / ____ / ____	Witness: _____ Title: Mayor

FLORIDA DEPARTMENT OF ELDER AFFAIRS/ACFP APPROVAL	
7. Period of Provider Contract: 10/1/____ - 9/30/____	Approved Date: ____ / ____ / ____ Denied Date: ____ / ____ / ____
Signature of DOEA/ACFP Representative: _____	

M:\acfp - current\Application\Application Forms\Food Service Mgmt Annual Contract

**APPROVED AS TO TERMS
AND CONDITIONS**

BY: 
DEPARTMENT HEAD

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

By: _____
 Chief Assistant County Att