

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	22,400				
External Revenue	(19,768)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	2,632				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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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 and Palm Beach County. No additional funding needed for current fiscal year.

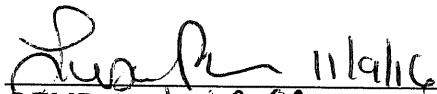
Total Funding	1443	1472	1481	Total
Funds	CCE	ADI	HCE	Funds
Grant	23,687	35,751	(39,670)	19,768
Match (10%)	<u>2,632</u>	<u>0</u>	<u>0</u>	<u>2,632</u>
Total	26,319	35,751	(39,670)	22,400

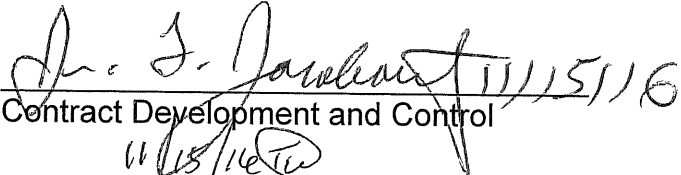
C. Departmental Fiscal Review:


Julie Dowe, Director, Financial & Support Svcs.

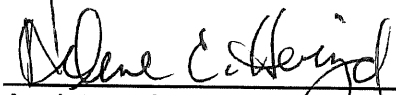
III. REVIEW COMMENTS

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


OFMB 11/19/16
11/19/16


Contract Development and Control
11/15/16

B. Legal Sufficiency:


Assistant County Attorney

C. Other Department Review:

Department Director

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

Motion and Title: (continued from page 1)

5. Amendment 002 to Standard Agreement No. IZ015-9500 (R2015-1448) for Alzheimer's Disease Initiative (ADI) with AAA, for the period July 1, 2016, through June 30, 2017, to revise and replace portions of the standard agreement to provide assistance to seniors and caregivers by ensuring that individuals afflicted with Alzheimer's disease and other forms of dementia are given essential services to help them live independently in their own homes; and
6. Amendment 003 to Standard Agreement No. IZ015-9500 (R2015-1448) for ADI with AAA, for the period July 1, 2015, through June 30, 2016, to amend, revise and replace portions of the standard agreement and increase overall total funding by \$35,750.82 to provide assistance to seniors and caregivers by ensuring that individuals afflicted with Alzheimer's disease and other forms of dementia are given essential services to help them live independently in their own homes; and

B) approve a budget amendment of \$19,768 in the FY 2016 Division of Senior Services Administration Fund to align the budget to the actual grant awards.

AMENDMENT 003

IH015-9500

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, a political subdivision of the State of Florida by and through its Board of County Commissioners, hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IH015-9500.

The purpose of this amendment is to revise and replace Attachment VI, UNIT RATE REPORT.

ATTACHMENT VI, UNIT RATE REPORT, is hereby revised and replaced with the following ATTACHMENT VI.

ATTACHMENT VI

2015 UNIT RATE REPORT

PROGRAM: HCE		
SERVICE	LOCATION	REIMBURSABLE UNIT RATE
ADULT DAYCARE VENDOR		\$8.00
BASIC SUBSIDY		\$106.00
OTHER - BACKGROUND SCREEN - VENDOR		\$85.25
OTHER - BACKGROUND SCREEN - RETENTION - VENDOR		\$6.00
OTHER SERVICES - VENDOR PAYMENT		\$85.25
CAREGIVER TRAIN/SUPPORT (INDIVIDUAL)		\$75.00
CASE AIDE VENDOR		\$23.95
CASE MANAGEMENT - VENDOR PAYMENT		\$41.26
CHORE - VENDOR PAYMENT		\$15.06
CHORE (ENHANCED) - VENDOR PAYMENT		\$18.00
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) VENDOR		\$300.00
COUNSELING (GERONTOLOGICAL) - VENDOR PAYMENT		\$75.00
HOME DELIVERED MEALS - VENDOR PAYMENT		\$3.68
HOMEMAKER - VENDOR PAYMENTS		\$15.06
PERSONAL CARE		\$15.06
RESPIRE-VENDOR PAYMENT	214	\$13.27
RESPIRE-VENDOR PAYMENT	215	\$14.17
RESPIRE-VENDOR PAYMENT	75	\$14.95
RESPIRE-VENDOR PAYMENT	83	\$12.50
RESPIRE-VENDOR PAYMENT	84	\$13.00
RESPIRE-VENDOR PAYMENT	HO	\$15.06
RESPIRE IN-FACILITY - VENDOR PAYMENT		\$9.30
SPECIALIZED MEDICAL EQUIPMENT, SERVICES AND SUPPLIES-VENDOR		COST REIMBURSEMENT

2016 UNIT RATE REPORT

SERVICE	LOCATION	REIMBURSABLE UNIT RATE
ADULT DAYCARE VENDOR	60	\$10.23
BASIC SUBSIDY		\$106.00
CAREGIVER TRAIN/SUPPORT (INDIVIDUAL)		\$76.50
CASE AIDE VENDOR		\$24.43
CASE MANAGEMENT - VENDOR PAYMENT	CE	\$42.09
CASE MANAGEMENT - VENDOR PAYMENT		\$42.09
CHORE - VENDOR PAYMENT		\$15.36
CHORE (ENHANCED) - VENDOR PAYMENT		\$18.36
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING)- VENDOR		\$306.00
COUNSELING (GERONTOLOGICAL) - VENDOR PAYMENT		\$76.50
HOME DELIVERED MEALS - VENDOR PAYMENT		\$3.75
HOMEMAKER - VENDOR PAYMENTS		\$15.36
OTHER-BACKGROUND SCREEN-RETENTION-VENDOR		\$6.12
OTHER-BACKGROUND SCREEN-VENDOR		\$86.96
OTHER SERVICES - VENDOR PAYMENT		\$85.25
PERSONAL CARE-VENDOR PAYMENT		\$15.36
RESPIRE-VENDOR PAYMENT	214	\$15.36
RESPIRE-VENDOR PAYMENT	215	\$15.36
RESPIRE-VENDOR PAYMENT	75	\$15.36
RESPIRE-VENDOR PAYMENT	83	\$15.36
RESPIRE-VENDOR PAYMENT	84	\$15.36
RESPIRE-VENDOR PAYMENT	HO	\$15.36
RESPIRE IN-FACILITY - VENDOR PAYMENT		\$9.49
SPECIALIZED MEDICAL EQUIPMENT, SERVICES AND SUPPLIES-VENDOR		COST REIMBURSEMENT
SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES		COST REIMBURSEMENT

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.

PALM BEACH COUNTY, FLORIDA,
Provider: a political subdivision of the State of
Florida, by and through its Board of
County Commissioners

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

SIGNED BY: _____
Mayor

SIGNED BY: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____
Deputy Clerk

TITLE: _____

DATE: _____

DATE: _____

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

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

Attestation Statement

Agreement/Contract Number IH015-9500

Amendment Number 003

I, _____, Mayor, attest that no changes or revisions have

(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its Board of County Commissioners. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement/contract content.

Signature of Provider Representative

Date

, Mayor

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

AMENDMENT 004

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, a political subdivision of the State of Florida by and through its Board of County Commissioners, hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IH015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2015 through June 30, 2016 by \$7,423.62.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) revises and replaces ATTACHMENT II, Funding Summary; and (3) revises and replaces ATTACHMENT III, Home Care for the Elderly Budget Summary.

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 \$140,249.62 subject to the availability of funds. The Agency will provide a spending authority in the amount of \$122,280.88 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 VI, for contracted services the Agency agrees to pay for.

These funds are allocated for the period July 1, 2015 – June 30, 2016

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly (HCE)	2015	General Revenue	65.010	\$93,155.79
TOTAL AGREEMENT AMOUNT:				\$93,155.79

(2) Attachment II, Funding Source, is replaced with the following Attachment II.

ATTACHMENT II

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

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL FEDERAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS: N/A

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

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec 215 97,F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
Home Care for the Elderly	General Revenue	65.010	\$93,155.79
TOTAL AWARD			\$93,155.79

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

STATE FINANCIAL ASSISTANCE
Section 215.97, Fla. Stat. Chapter
69I-5, Fla. Admin. Code

(3) Attachment III, Home Care for the Elderly Budget Summary, is replaced with the following Attachment III.

ATTACHMENT III

HOME CARE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY (2015 – 2016)

1. Spending Authority for HCE Subsidies	\$122,280.88
2. HCE Case Management	\$17,968.74
3. Total	\$140,249.62

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

PALM BEACH COUNTY, FLORIDA,
Provider: a political subdivision of the State of
Florida, by and through its Board of
County Commissioners

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

SIGNED BY: _____
Mayor

SIGNED BY: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

DATE: Deputy Clerk _____

DATE: _____

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

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions

[Signature]
Department Director

Attestation Statement

Agreement/Contract Number IH015-9500

Amendment Number 004

I, _____, Mayor, attest that no changes or revisions have
(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its Board of County Commissioners. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement/contract content.

_____, Mayor _____
Signature of Provider Representative Date

Approved As To Form
And Legal Sufficiency

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Assistant County Attorney

By: _____
Deputy Clerk

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, a political subdivision of the State of Florida by and through its Board of County Commissioners hereinafter referred to as the “Provider” and collectively referred to as the “Parties”, amends Agreement IC015-9500.

The purpose of this amendment is to revise and replace Attachment VI, UNIT RATE REPORT.

ATTACHMENT VI, UNIT RATE REPORT, is hereby revised and replaced with the following ATTACHMENT VI.

ATTACHMENT VI

2015 UNIT RATE REPORT

SERVICE	REIMBURSABLE UNIT RATE
ADULT DAY CARE	\$9.30
ADULT DAY HEALTH CARE	\$0.00
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$75.00
CASE AIDE	\$23.95
CASE MANAGEMENT	\$41.26
CHORE	\$15.06
CHORE (ENHANCED)	\$18.00
CHORE (ENHANCED) - VENDOR PAYMENT	\$0.00
COMPANIONSHIP	\$15.06
CONSUMABLE MEDICAL SUPPLIES	\$0.00
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$75.00
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - INDIVIDUAL	\$300.00
EMERGENCY ALERT RESPONSE - INSTALLATION	\$0.00
EMERGENCY ALERT RESPONSE	\$0.87
ESCORT	\$0.00
HEALTH SUPPORT	\$0.00
HOME DELIVERED MEALS	\$3.68
HOME HEALTH AIDE SERVICE	\$0.00
NURSING SERVICES	\$0.00

HOMEMAKER	\$15.06
HOUSING IMPROVEMENT	\$0.00
LEGAL ASSISTANCE	\$100.00
MATERIAL AID	\$0.00
MEDICATION MANAGEMENT	\$100.00
NUTRITION COUNSELING - INDIVIDUAL	\$75.00
NUTRITION EDUCATION	\$0.00
OCCUPATIONAL THERAPY	\$0.00
OTHER SERVICES	\$0.00
PERSONAL CARE	\$15.06
PEST CONTROL INITIATION	\$130.00
PEST CONTROL (ENHANCED INITIATION)	\$225.00
PEST CONTROL (RODENT CONTROL)	\$130.00
PEST CONTROL MAINTENANCE	\$50.00
PHYSICAL THERAPY	\$0.00
RESPIRE IN-HOME	\$15.06
RESPIRE IN-FACILITY	\$9.30
FINANCIAL RISK REDUCTION (ASSESSMENT)	\$0.00
FINANCIAL RISK REDUCTION (MAINTENANCE)	\$0.00
RISK REDUCTION NUTRITIONAL	\$0.00
RODENT CONTROL MAINTENANCE	\$0.00
SHOPPING ASSISTANCE	\$0.00
SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	COST REIMBURSEMENT
SPEECH THERAPY	\$0.00
TRANSPORTATION	\$0.00

2016 UNIT RATE REPORT

SERVICE	REIMBURSABLE UNIT RATE
ADULT DAY CARE	\$9.49
ADULT DAY HEALTH CARE	\$0.00
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$76.50
CASE AIDE	\$24.43
CASE MANAGEMENT	\$42.09
CHORE	\$15.36
CHORE (ENHANCED)	\$18.36
COMPANIONSHIP	\$15.36
CONSUMABLE MEDICAL SUPPLIES	\$0.00

COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$76.50
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - INDIVIDUAL	\$306.00
EMERGENCY ALERT RESPONSE - INSTALLATION	\$0.00
EMERGENCY ALERT RESPONSE	\$0.89
HEALTH SUPPORT	\$0.00
HOME DELIVERED MEALS	\$4.00
HOME HEALTH AIDE SERVICE	\$0.00
NURSING SERVICES	\$0.00
HOMEMAKER	\$15.36
HOUSING IMPROVEMENT	\$0.00
LEGAL ASSISTANCE	\$102.00
MATERIAL AID	\$0.00
MEDICATION MANAGEMENT	\$102.00
NUTRITION COUNSELING - INDIVIDUAL	\$76.50
NUTRITION EDUCATION	\$0.00
OCCUPATIONAL THERAPY	\$0.00
OTHER SERVICES	\$0.00
PERSONAL CARE	\$15.36
PEST CONTROL INITIATION	\$132.60
PEST CONTROL (ENHANCED INITIATION)	\$229.50
PEST CONTROL (RODENT CONTROL)	\$132.60
PEST CONTROL MAINTENANCE	\$51.00
PHYSICAL THERAPY	\$0.00
RESPIRE IN-HOME	\$15.36
RESPIRE IN-FACILITY	\$9.49
FINANCIAL RISK REDUCTION (ASSESSMENT)	\$0.00
FINANCIAL RISK REDUCTION (MAINTENANCE)	\$0.00
RISK REDUCTION NUTRITIONAL	\$0.00
SHOPPING ASSISTANCE	\$15.36
SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	COST REIMBURSEMENT
SPEECH THERAPY	\$0.00
TRANSPORTATION	\$0.00

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.

PALM BEACH COUNTY, FLORIDA,
Provider: a political subdivision of the State of
Florida, by and through its Board of
County Commissioners

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

SIGNED BY: _____
Mayor

SIGNED BY: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

DATE: Deputy Clerk

DATE: _____

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

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions

Tarver
Department Director

Attestation Statement

Agreement/Contract Number IC015-9500

Amendment Number 003

I, _____, Mayor, attest that no changes or revisions have

(*Provider Representative*)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its Board of County Commissioners. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement/contract content.

Signature of Provider Representative

Mayor

Date

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

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, a political subdivision of the State of Florida by and through its Board of County Commissioners, hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IC015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2015 through June 30, 2016 by \$23,686.93.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) revises and replaces ATTACHMENT II, Funding Source; and (3) revises and replaces ATTACHMENT III, Community Care for the Elderly Budget Summary.

STANDARD AGREEMENT:

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

D. Agreement Amount

The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed the Total Agreement Amount per funding year outlined below or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment II and subject to the availability of funds. 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.

These funds are allocated for the period July 1, 2015 – June 30, 2016

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Community Care for the Elderly (CCE)	2015	General Revenue	65.010	\$1,475,927.93
TOTAL AGREEMENT AMOUNT:				\$1,475,927.93

(2) Attachment II, Funding Source, is replaced with the following Attachment II.

ATTACHMENT II

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

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL FEDERAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS: N/A

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

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec 215 97,F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
Community Care for the Elderly	General Revenue	65.010	\$1,475,927.93
TOTAL AWARD			\$1,475,927.93

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

STATE FINANCIAL ASSISTANCE
Section 215.97, Fla. Stat. Chapter
69I-5, Fla. Admin. Code

(3) Attachment III, Budget Summary, is replaced with the following Attachment III.

ATTACHMENT III

COMMUNITY CARE FOR THE ELDERLY PROGRAM		
BUDGET SUMMARY		
(For the Period July 1, 2015-June 30, 2016)		
1.	CCE Client Services	\$1,186,479.93
2.	CCE Case Management	\$260,503.00
3.	CCE Case Aide	\$28,945.00
4.	Total	\$1,475,927.93

This Amendment shall be effective on the last date that the Amendment has been signed by both Parties.

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Provider: PALM BEACH COUNTY, FLORIDA,
a political subdivision of the State of
Florida, by and through its Board of
County Commissioners

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

SIGNED BY: _____, Mayor

SIGNED BY: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: Deputy Clerk

TITLE: _____

DATE: _____

DATE: _____

Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions

Talley
Department Director

Attestation Statement

Agreement/Contract Number IC015-9500

Amendment Number 004

I, _____, Mayor, attest that no changes or revisions have
(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its Board of County Commissioners . The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement/contract content.

_____, Mayor _____
Signature of Provider Representative Date

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

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The purpose of this amendment is to revise and replace Attachment VI, ADI UNIT RATE REPORT.

ATTACHMENT VI, ADI UNIT RATE REPORT, is hereby revised and replaced with the following Attachment VI.

ATTACHMENT VI

ADI 2015 UNIT RATE REPORT

SERVICE	REIMBURSABLE UNIT RATE
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$75.00
CASE AIDE	\$23.75
CASE MANAGEMENT	\$41.26
COUNSELING	\$0.00
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$75.00
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING)- INDIVIDUAL	\$300.00
MODEL DAY CARE	\$0.00
OTHER SERVICES	\$0.00
RESPIRE	\$15.06
RESPIRE IN-FACILITY	\$9.30

ADI 2016 UNIT RATE REPORT

SERVICE	REIMBURSABLE UNIT RATE
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$76.50
CASE AIDE	\$24.23
CASE MANAGEMENT	\$42.09
COUNSELING	\$0.00
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$76.50
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING)-INDIVIDUAL	\$306.00
MODEL DAY CARE	\$0.00
OTHER SERVICES	\$0.00
RESPIRE IN-HOME	\$15.36
RESPIRE IN-FACILITY	\$9.49
SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	COST REIMBURSEMENT
TRANSPORTATION	\$0.00

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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, a political subdivision of the State of Florida, by and through its Board of County Commissioners

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

SIGNED BY: _____

, Mayor

SIGNED BY: _____

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

Assistant County Attorney

Approved as to terms and conditions



Department Director

Attestation Statement

Agreement/Contract Number IZ015-9500

Amendment Number 002

I, , Mayor, attest that no changes or revisions have

(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement/contract content.

Signature of Provider Representative

 , Mayor

Date

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

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, a political subdivision of the State of Florida by and through its Board of County Commissioners hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IZ015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2015 through June 30, 2016 by \$35,750.82.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement and (2) revises and replaces ATTACHMENT II, Budget Summary.

STANDARD AGREEMENT:

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

D. Agreement Amount

The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed the Total Agreement Amount per funding year outlined below or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment II and subject to the availability of funds. 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.

These funds are allocated for the period July 1, 2015 – June 30, 2016

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2015-2016	General Revenue	65.004	\$784,069.82
TOTAL AGREEMENT AMOUNT:				\$784,069.82

(2) Attachment II, Budget Summary, is replaced with the following Attachment II.

ATTACHMENT II

BUDGET SUMMARY
(For the Period July 1, 2015-June 30, 2016)

1.	ADI Client Services	\$731,687.82
2.	ADI Case Management	\$52,382.00
3.	Total	\$784,069.82

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, a political subdivision of the State of Florida, by and through its Board of County Commissioners**

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

SIGNED BY: _____, Mayor

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

Senior Assistant County Attorney

Approved as to terms and conditions

for Tawney
Department Director

Attestation Statement

Agreement/Contract Number IZ015-9500

Amendment Number 003

I, _____, Mayor, attest that no changes or revisions have
(Provider Representative)

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

_____, Mayor _____
Signature of Provider Representative Date

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

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

Attachment 2
Page 1 of 1 pages

BGRV - 144- 101916*13
BGEX - 144- 101916*120

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

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 10/19/16	REMAINING BALANCE
REVENUES								
DOSS-CCE								
144-1443-3469	State Grant Other Human Services	1,414,054	2,919,014	23,687		2,942,701		
Home Care For The Elderly								
144-1481-3469	State Grant Other Human Services	137,826	226,549	1,669		228,218		
Alzheimer'S Disease Initiative								
144-1472-3469	State Grant Other Human Services	697,704	1,380,865	35,751		1,416,616		
	Total Receipts and Balances	8,870,388	11,453,198	61,107	0	11,514,305		
EXPENDITURES								
DOSS-CCE								
144-1443-3401	Other Contractual Services	1,514,883	26,688,685	23,687		26,712,372	1,404,351	25,308,021
Home Care For The Elderly								
144-1481-3401	Other Contractual Services	123,686	180,717	1,669		182,386	72,156	
Alzheimer'S Disease Initiative								
144-1472-3401	Other Contractual Services	703,158	1,413,652	35,751		1,449,403	724,441	724,962
	Total Appropriations & Expenditures	8,870,388	11,453,198	61,107	0	11,514,305		

Signatures

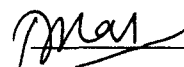
Date

By Board of County Commissioners
At Meeting of November 22, 2016

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION

Taruna Malhotra



Administration/Budget Department Approval

OFMB Department - Posted

Deputy Clerk to the
Board of County Commissioners