

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				

# 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.

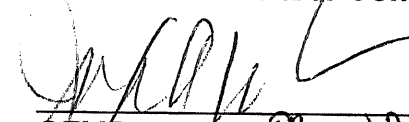
B. Recommended Sources of Funds/Summary of Fiscal Impact:

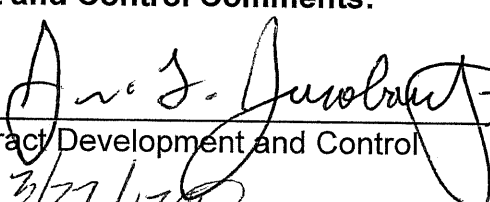
Funding sources are Federal, State, and Palm Beach County.

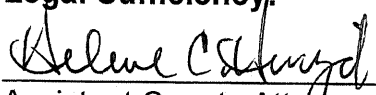
C. Departmental Fiscal Review: 
Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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


OFMB ET 3/17 EB 3/20 JD 3/20

 3/27/17
Contract Development and Control

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

AMENDMENT 003

IA016-9500

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 IA016-9500.

The purpose of this amendment is to revise and replace ATTACHMENT V, CONTRACT REPORT CALENDAR.

ATTACHMENT V, CONTRACT REPORT CALENDAR is hereby revised and replaced with the following ATTACHMENT V.

ATTACHMENT V

AGREEMENT REPORTING SCHEDULE

Invoice #	Based On	Service Period	Due Date	CIRTS Available until next Invoice Due Date
1	January Advance Invoice*	n/a	December 20	n/a
2	February Advance Invoice*	n/a	December 20	n/a
3	January Invoice	1/1-1/31	February 10	February 16
4	February Invoicet	2/1-2/28	March 10	March 16
	Minority Vendor Report # 1	1/1-3/31	April 1	
5	March Invoicet	3/1-3/31	April 10	April 16
6	April Invoice	4/1-4/30	May 10	May 16
7	May Invoice	5/1-5/31	June 10	June 16
	Minority Vendor Report # 2	4/1-6/30	July 1	
8	June Invoice	6/1-6/30	July 10	July 16
9	July Invoice	7/1-7/15	August 10	August 16
	Service Cost Report	1/1-6/30	August 15	
	Minority Vendor Report # 3	7/1-9/30	October 1	
10	August Invoice	7/16-8/15	September 10	September 16
11	September Invoice	8/16-9/15	October 10	October 16
12	October Invoice	9/16-10/15	November 10	November 16
13	November Invoice	10/16-11/15	December 10	December 16
	Minority Vendor Report # 4	10/1-12/31	January 1	
14	December Invoice	11/16-12/15	January 10	January 16
15	Final Invoice and Closeout Report	12/16-12/31	February 15	Closed February 15

Note #1: All advance payments made to the Provider shall be returned to the Agency as follows: one-tenth of the advance payment received shall be reported as an advance recoupment on each request for payment, starting with Report 5.

Note #2: Submission of Invoices may or may not generate a payment request. If the Final Invoice reflects funds due back to the agency, payment is to accompany the invoice.

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: _____
Paulette Burdick, 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: 9/30/17

Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS

BY: Jan E. H.
DEPARTMENT HEAD

Attestation Statement

Agreement/Contract Number IA016-9500

Amendment Number 003

I, Paulette Burdick, 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

Approved As To Form
And Legal Sufficiency

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Assistant County Attorney

By: _____
Deputy Clerk

AMENDMENT 005

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 IV, AGREEMENT REPORT SCHEDULE.

(1) ATTACHMENT IV, AGREEMENT REPORT SCHEDULE is hereby revised and replaced with the following ATTACHMENT IV.

ATTACHMENT IV

AGREEMENT REPORTING SCHEDULE

Invoice #	Based On	Service Period	Basic Subsidy Only Due Date	All Other Services and Reports Due Date (Includes Encumbrance Analysis Report)	CIRTS Available until next Invoice Due Date
1	July Invoice	7/1-7/15	July 25	July 25	July 31
2	August Invoice	7/16-8/15	August 25	August 25	August 31
3	September Invoice	8/16-9/15	September 25	September 25	September 30
	Minority Vendor Report # 1	7/1-9/30		October 1	
4	October Invoice	9/16-10/15	October 25	November 20	November 25
5	November Invoice	10/16-11/15	November 25	December 20	December 25
6	December Invoice	11/16-12/15	December 25	January 20	January 25
	Minority Vendor Report # 2	10/1-12/31		January 1	
7	January Invoice	12/16-1/15	January 25	February 20	February 25
8	February Invoice	1/16-2/15	February 25	March 20	March 25
	Service Cost Report	7/1-12/31		March 15	
9	March Invoice	2/16-3/15	March 25	April 20	April 25
	Minority Vendor Report # 3	1/1-3/31		April 1	
10	April Invoice	3/16-4/15	April 25	May 20	May 25
11	May Invoice	4/16-5/15	May 25	June 20	June 25
12	June Invoice	5/16-6/15	June 25	July 20	July 25
	Minority Vendor Report # 4	4/1-6/30		July 1	
13	Final Invoice and Closeout Report	6/16-6/30	July 25	August 10	Closed August 10

Submission of Invoices may or may not generate a payment request. If the Final Invoice reflects funds due back to the agency, payment is to accompany the invoice.

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 **3** page amendment to be executed by their

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: _____
Paulette Burdick, 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: 9/30/17

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 005

I, Paulette Burdick, 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

**Approved As To Form
And Legal Sufficiency**

**Attest: Sharon R. Bock
Clerk and Comptroller**

By: _____
Assistant County Attorney

By: _____
Deputy Clerk

AMENDMENT 004

IZ015-9500

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 IZ015-9500.

The purpose of this amendment is to revise and replace ATTACHMENT III, AGREEMENT REPORT SCHEDULE.

(1) ATTACHMENT III, AGREEMENT REPORT SCHEDULE is hereby revised and replaced with the following ATTACHMENT III.

ATTACHMENT III

AGREEMENT REPORTING SCHEDULE

Invoice #	Based On	Service Period	Due Date	CIRTS Available until next Invoice Due Date
1	July Advance Invoice*	n/a	June 20	n/a
2	August Advance Invoice*	n/a	June 20	n/a
3	July Invoice / Surplus Deficit Report	7/1-7/15	August 15	August 21
4	August Invoice / Surplus Deficit Report	7/16-8/15	September 15	September 21
	Minority Vendor Report # 1	7/1-9/30	October 1	
5	September Invoice / Surplus Deficit Report/Encumbrance Analysis Report	8/16-9/15	October 15	October 21
6	October Invoice / Surplus Deficit Report	9/16-10/15	November 15	November 21
7	November Invoice / Surplus Deficit Report /Encumbrance Analysis Report	10/16-11/15	December 15	December 21
	Minority Vendor Report # 2	10/1-12/31	January 1	
8	December Invoice / Surplus Deficit Report/Encumbrance Analysis Report	11/16-12/15	January 15	January 21
9	January Invoice / Surplus Deficit Report/Encumbrance Analysis Report	12/16-1/15	February 15	February 21
10	February Invoice / Surplus Deficit Report/Encumbrance Analysis Report	1/16-2/15	March 15	March 21
	Service Cost Report	7/1-12/31	March 15	
	Minority Vendor Report # 3	1/1-3/31	April 1	
11	March Invoice / Surplus Deficit Report/Encumbrance Analysis Report	2/16-3/15	April 15	April 21
12	April Invoice / Surplus Deficit Report/Encumbrance Analysis Report	3/16-4/15	May 15	May 21
13	May Invoice / Surplus Deficit Report/Encumbrance Analysis Report	4/16-5/15	June 15	June 21
	Minority Vendor Report # 4	4/1-6/30	July 1	
14	June Invoice /Surplus Deficit Report/Encumbrance Analysis Report	5/16-6/15	July 15	July 21
15	Final Invoice and Closeout Report	6/16-6/30	August 1	Closed August 1
<p>Note # 1: All advance payments made to the Provider shall be returned to the Agency as follows: one-tenth of the advance payment received shall be reported as an advance recoupment on each request for payment, starting with Report 5.</p> <p>Note #2: Submission of Invoices may or may not generate a payment request. If the Final Invoice reflects funds due back to the agency, payment is to accompany the invoice.</p>				

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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: _____
Paulette Burdick, Mayor

SIGNED BY: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

Deputy Clerk

DATE: _____

DATE: _____

Federal Tax ID: 59-6000785
Fiscal Year Ending Date: 9/30/17

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions

James E. A.

Department Director

Attestation Statement

Agreement/Contract Number IZ015-9500

Amendment Number 004

I, Paulette Burdick, 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.

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