

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

=====

Meeting Date: November 20, 2018 Consent [] Regular
 Ordinance [] Public Hearing

Department
Submitted By: Community Services
Submitted For: Division of Senior Services

=====

I. EXECUTIVE BRIEF

Motion and Title: **Staff recommends motion to approve:**

A)

1. Amendment 004 to Standard Agreement No. IU016-9500 (R2015-1608) for the Nutrition Services Incentive Program (NSIP) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), for the period January, 1, 2018, through December 31, 2018, to decrease the overall funding by \$37,548.38 and to revise, amend, and replace portions of the standard agreement to provide effective delivery of nutritious meals to older individuals;
2. Amendment 006 to Standard Agreement No. IA016-9500 (R2016-0321) for the Older Americans Act (OAA) with AAA, for the period January 1, 2018, through December 31, 2018, to increase the overall total funding for the period by \$200,356 and to revise, amend, and replace portions of the standard agreement to provide in-home and community-based services to seniors;
3. Amendment 008 to Standard Agreement No. IZ015-9500 (R2015-1448) for the Alzheimer’s Disease Initiative (ADI) with AAA, for the period July 1, 2017, through June 30, 2018, to increase the overall total funding by \$97,661.13 and to revise, amend and replace portions of the standard agreement to provide assistance to older adults and caregivers by ensuring that individuals affected with Alzheimer’s disease and other forms of dementia are offered services to help them live independently in their own homes; and
4. Amendment 008 to Standard Agreement No. IH015-9500 (R2015-1445) for the Home Care for the Elderly (HCE) with AAA, for the period July 1, 2017, through June 30, 2018, to increase the overall total funding by \$27,658.04 and to revise, amend and replace portions of the standard agreement to assist older adults and their caregivers with the provision of care in a family-type living arrangement as an alternative to institutional care.

B) FY 2018 Budget Amendment of \$229,285 in the DOSS Administration Fund to align the budget to the actual grant award.

Summary: (on page 3)

Background and Justification: (on page 3)

Attachments:

1. NSIP Amendment #004
2. OAA Amendment #006
3. ADI Amendment # 008
4. HCE Amendment # 008
5. Budget Amendment

=====

Recommended By: James E. Lher 11/16/18
 Department Director Date

Approved By: Nancy L. Bolm 11/18/18
 Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures					
Operating Costs	310,015				
External Revenue	(287,753)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	22,262				

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

Is Item Included in Current Budget? Yes X No
 Does this item include the use of federal funds Yes X No

Budget Account No.:

Fund 1006 Dept 144 Unit 1457/1458/1459/1461/1481/1472 Object Var. Program Code Var.
 Program Period Var.

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


Funding sources are Federal, State of Florida and Palm Beach County. Sufficient funding is included in the current budget to meet County obligations. No additional funds are required for these amendments.

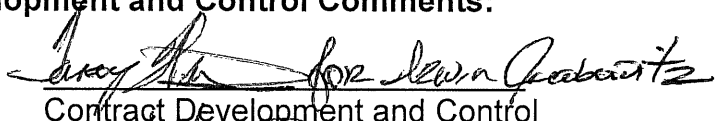
Total Funding	1457	1458	1459	1461	1481	1472	Total
Funds	3B	C1	C2	3E	HCE	ADI	Funds
Grant	196,505	0	(21,075)	24,926	27,284	97,661	325,301
Match (10%)	21,834	0	(2,342)	2,770	0	0	22,262
NSIP	0	(17,272)	(20,276)	0	0	0	(37,548)
Program Income	0	0	0	0	0	0	0
Addnl. County Funds	0	0	0	0	0	0	0
Total	218,339	(17,272)	(43,693)	27,696	27,284	97,661	310,015

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

III. REVIEW COMMENTS

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

 11/7/16
 OFMB 11/4


 Contract Development and Control
 11/8/16

B. Legal Sufficiency:


 Assistant County Attorney

C. Other Department Review:

 Department Director

(Continued from page 1)

Summary: Grant adjustments are made during the contract year to align services with need. These amendments are necessary to incorporate changes made to the standard agreements. The Division of Senior Services is responsible for providing services north of Hypoluxo Rd. The areas of service include all districts, excluding portions of Districts 3, 4, 5 and 7 south of Hypoluxo Road. The Mae Volen Senior Center, Inc. is responsible for providing services in the areas south of Hypoluxo Road. Sufficient funding is included in the current budget to meet County obligations. **No additional funds are required for these amendments.** (Division of Senior Services) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Rd (HH)

Background and Justification: Funds are used to provide various in-home and community based services to older adults in Palm Beach County, which preserves their independence and defers the need for more costly institution care.

THIS AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Agency", and Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners hereinafter referred to as the "Provider", amends Agreement IU016-9500.

The purpose of this amendment is to decrease the overall total funding for the period January 1, 2018 through December 31, 2018 by \$37,548.38. Additionally, this amendment (1) amends paragraph 4 of the Standard Agreement; and (2) revises and replaces Attachment II.

STANDARD AGREEMENT:

(1) Paragraph 4 of the Standard Agreement is hereby amended to read:

4. 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 October 1, 2015 – December 31, 2016.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Nutrition Services Incentive Program	2016	Older Americans Act	93.053	\$251,931.27
TOTAL AGREEMENT AMOUNT:				\$251,931.27

These funds are allocated for the period January 1, 2017 through December 31, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Nutrition Services Incentive Program	2017	Older Americans Act	93.053	\$203,588.49
TOTAL AGREEMENT AMOUNT:				\$203,588.49

These funds are allocated for the period January 1, 2018 through December 31, 2018.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Nutrition Services Incentive Program	2018	Older Americans Act	93.053	\$166,025.11
TOTAL AGREEMENT AMOUNT:				\$166,025.11

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2015-2016, 2017, AND 2018:	\$621,544.87
--	---------------------

<u>Service to be Provided</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Eligible Congregate And Home Delivered Meals	1 unit = 1 meal	0.72	349,905	\$251,931.27
(10/1/15 - 12/31/16)				

<u>Service to be Provided</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Eligible Congregate And Home Delivered Meals	1 unit = 1 meal	0.72	282,762 *	\$203,588.49
(1/1/17 - 12/31/17)				

<u>Service to be Provided</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Eligible Congregate And Home Delivered Meals	1 unit = 1 meal	0.72	230,590 *	\$166,025.11
(1/1/18 - 12/31/18)				

*The .xx maximum reimbursement is the difference between the two rates using 12/31/16 YTD meals.

(2) Attachment II is revised and replaced with the following Attachment II.

ATTACHMENT II

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

All provisions in the Agreement and any attachments thereto in conflict with this Amendment shall be and are hereby changed to conform with this Amendment.

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

This Amendment and all of its attachments are hereby made a part of this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this 5 page Amendment to be executed by their officials there unto duly authorized.

Provider: Palm Beach County, 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: 9/30/18

Approved as to form and legal sufficiency

Senior Assistant County Attorney

Approved as to terms and conditions
James E. Mc

Department Director

Attestation Statement

Agreement/Contract Number: IU016-9500

Amendment Number: 004

I, _____, Mayor attest that no changes or revisions have been made to the
(Provider Representative)
content of the above referenced agreement/contract or amendment between the Area Agency on Aging
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

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Senior 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 "Parties" amends Agreement IA016-9500.

The purpose of this amendment is to increase the overall total funding for the period of January 1, 2018 through December 31, 2018 by \$200,356.00. Additionally, this amendment (1) amends Paragraph 4, of the Standard Agreement; (2) revises and replaces Attachment II, Funding Source; (3) revises and replaces Attachment III, OAA Approved Rates; and (4) revises and replaces Attachment IV, Budget Summary.

(1) Paragraph 4 of the Standard Agreement is hereby amended to read:

4. 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 IV 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 January 1, 2016 – December 31, 2016

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Older Americans Act Title IIIB Support Services	2016	U.S. Dept. of Health and Human Services	93.044	\$698,000.00
Older Americans Act Title IIIB Transportation	2016	U.S. Dept. of Health and Human Services	93.044	\$0.00
Older Americans Act Title IIIC1 Congregate Meals	2016	U.S. Dept. of Health and Human Services	93.045	\$468,239.00
Older Americans Act Title IIIC2 Home Delivered Meals	2016	U.S. Dept. of Health and Human Services	93.045	\$581,107.00
Older Americans Act Title IIIE Caregiver Support Services	2016	U.S. Dept. of Health and Human Services	93.052	\$119,000.00
Older Americans Act Title IIIES Caregiver Supplemental Services	2016	U.S. Dept. of Health and Human Services	93.052	\$26,000.00
Older Americans Act Title IIIEG Grandparent or Non-Parent Relative Support Services	2016	U.S. Dept. of Health and Human Services	93.052	\$0.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,892,346.00

These funds are allocated for the period January 1, 2017 through December 31, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Older Americans Act Title IIIB Support Services	2017	U.S. Dept. of Health and Human Services	93.044	\$698,000.00
Older Americans Act Title IIIB Transportation	2017	U.S. Dept. of Health and Human Services	93.044	\$0.00
Older Americans Act Title IIIC1 Congregate Meals	2017	U.S. Dept. of Health and Human Services	93.045	\$465,839.00
Older Americans Act Title IIIC2 Home Delivered Meals	2017	U.S. Dept. of Health and Human Services	93.045	\$596,107.00
Older Americans Act Title IIIE Caregiver Support Services	2017	U.S. Dept. of Health and Human Services	93.052	\$119,000.00
Older Americans Act Title IIIES Caregiver Supplemental Services	2017	U.S. Dept. of Health and Human Services	93.052	\$26,000.00
Older Americans Act Title IIIEG Grandparent or Non-Parent Relative Support Services	2017	U.S. Dept. of Health and Human Services	93.052	\$0.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,904,946.00

These funds are allocated for the period January 1, 2018 through December 31, 2018.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Older Americans Act Title IIIB Support Services	2018	U.S. Dept. of Health and Human Services	93.044	\$894,505.00
Older Americans Act Title IIIB Transportation	2018	U.S. Dept. of Health and Human Services	93.044	\$0.00
Older Americans Act Title IIIC1 Congregate Meals	2018	U.S. Dept. of Health and Human Services	93.045	\$480,938.00
Older Americans Act Title IIIC2 Home Delivered Meals	2018	U.S. Dept. of Health and Human Services	93.045	\$560,032.00
Older Americans Act Title IIIE Caregiver Support Services	2018	U.S. Dept. of Health and Human Services	93.052	\$143,926.00
Older Americans Act Title IIIES Caregiver Supplemental Services	2018	U.S. Dept. of Health and Human Services	93.052	\$26,000.00
Older Americans Act Title IIIEG Grandparent or Non-Parent Relative Support Services	2018	U.S. Dept. of Health and Human Services	93.052	\$0.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$2,105,401.00

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2016, 2017 AND 2018:	\$5,902,693.00
--	-----------------------

(2) ATTACHMENT II of the Standard Agreement, Funding Source, is hereby replaced with the following ATTACHMENT II.

ATTACHMENT II

FEDERAL RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Program Title III	2016	U.S. Health and Human Services	93.044 93.045 93.052	\$1,892,346.00
PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Program Title III	2017	U.S. Health and Human Services	93.044 93.045 93.052	\$1,904,946.00
PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Program Title III	2018	U.S. Health and Human Services	93.044 93.045 93.052	\$2,105,401.00
TOTAL FEDERAL AWARD FOR FUNDING YEARS 2016-2017, 2017-2018, and 2018-2019:				\$65,902,693.00

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

FEDERAL FUNDS:

2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirement for Federal Awards. OMB Circular A-133 – Audit Requirements Reference Guide for State Expenditures

2. STATE RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT 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
TOTAL AWARD			

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

STATE FINANCIAL ASSISTANCE

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

(3) ATTACHMENT III of the Standard Agreement, OAA Approved Rates, is hereby replaced with the following ATTACHMENT III.

ATTACHMENT III

2016 OAA APPROVED RATES

DIVISION OF SENIOR SERVICES OAA 2016 APPROVED RATES			
COUNTY	PROGRAM	SERVICE	REIMBURSABLE UNIT RATE
PALM BEACH	OA3B	ADULT DAY CARE	\$9.30
		CHORE	\$15.06
		CHORE (ENHANCED)	\$18.00
		COMPANIONSHIP	\$15.06
		HOMEMAKER	\$15.06
		OUTREACH	\$5.71
		PERSONAL CARE	\$15.06
		RESPIRE IN-HOME	\$15.06
	*	SCREENING & ASSESSMENT	\$41.91
	O3C1	CONGREGATE MEALS	\$4.15
		CONGREGATE MEALS MANAGED CARE	\$4.15
		CONGREGATE MEALS (SCREENING)	\$23.86
		NUTRITION COUNSELING	\$36.20
		NUTRITION EDUCATION	\$0.20
		OUTREACH	\$5.64
	O3C2	HOME DELIVERED MEALS	\$3.86
		NUTRITION COUNSELING	\$36.20
		NUTRITION EDUCATION	\$0.01
		OUTREACH	\$5.71
	*	SCREENING & ASSESSMENT	\$41.91
	OA3E	ADULT DAY CARE	\$9.30
		CAREGIVER TRAIN/SUPPORT (GRP)	\$45.00
		CAREGIVER TRAIN/SUPPORT (INDV)	\$45.00
		POWERFUL TOOLS FOR CAREGIVERS	\$1,650.00

		RESPITE IN-HOME	\$15.06
	*	SCREENING & ASSESSMENT	\$41.91
	OA3ES	CHORE	15.06
		CHORE (ENHANCED)	\$18.00
		SPECIALIZED MEDICAL EQUIPMENT; SERVICES, AND SUPPLIES	*

*Reimbursement will be based on actual costs.

2017 OAA APPROVED RATES

DIVISION OF SENIOR SERVICES OAA 2017 APPROVED RATES			
COUNTY	PROGRAM	SERVICE	REIMBURSABLE UNIT RATE
PALM BEACH	OA3B	ADULT DAY CARE	\$9.49
		CHORE	\$15.36
		CHORE (ENHANCED)	\$18.36
		COMPANIONSHIP	\$15.36
		HOMEMAKER	\$15.36
		PERSONAL CARE	\$15.36
		RESPIRE IN-HOME	\$15.36
	*	SCREENING & ASSESSMENT	\$42.75
	O3C1	CONGREGATE MEALS	\$4.23
		CONGREGATE MEALS MANAGED CARE	\$4.23
		CONGREGATE MEALS (SCREENING)	\$24.34
		NUTRITION COUNSELING	\$36.92
		NUTRITION EDUCATION	\$0.21
		OUTREACH	\$5.75
	O3C2	HOME DELIVERED MEALS	\$3.86
		NUTRITION COUNSELING	\$36.92
		NUTRITION EDUCATION	\$0.01
		OUTREACH	\$5.82
	*	SCREENING & ASSESSMENT	\$42.75
	OA3E	ADULT DAY CARE	\$9.49
		CAREGIVER TRAIN/SUPPORT (GRP)	\$45.09
		CAREGIVER TRAIN/SUPPORT (INDV)	\$45.09
		POWERFUL TOOLS FOR CAREGIVERS	\$1,683.00
		RESPIRE IN-HOME	\$15.36
	*	SCREENING & ASSESSMENT	\$42.75
	OA3ES	CHORE	15.36
		CHORE (ENHANCED)	\$18.36
		SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	*

*Reimbursement will be based on actual costs.

2018 OAA APPROVED RATES

DIVISION OF SENIOR SERVICES OAA 2018 APPROVED RATES			
COUNTY	PROGRAM	SERVICE	REIMBURSABLE UNIT RATE
PALM BEACH	OA3B	ADULT DAY CARE	\$9.77
		CHORE	\$15.82
		CHORE (ENHANCED)	\$18.91
		COMPANIONSHIP	\$15.82
		HOMEMAKER	\$15.82
		PERSONAL CARE	\$15.82
		RESPIRE IN-HOME	\$15.82
		SCREENING & ASSESSMENT	\$44.03
	O3C1	CONGREGATE HOLIDAY/EMERGENCY	\$4.36
		CONGREGATE MEALS	\$4.36
		CONGREGATE MEALS (SCREENING)	\$25.07
		CONGREGATE MEALS BREAKFAST	\$4.36
		CONGREGATE MEALS MANAGED CARE	\$4.36
		CONGREGATE MEALS GUEST	\$4.36
		CONGREGATE MEALS VOLUNTEERS	\$4.36
		NUTRITION COUNSELING	\$38.03
		NUTRITION EDUCATION	\$0.22
		OUTREACH	\$5.99
	O3C2	HOME DELIVERED MEAL GUEST	\$3.98
		HOME DELIVERED MEALS	\$3.98
		HOME DELIVERED MEALS - FR4OZEN	\$3.98
		HOME DELIVERED MEALS - HOT	\$3.98
		NUTRITION COUNSELING - INDIVIDUAL	\$38.03
		NUTRITION EDUCATION	\$0.02
		OUTREACH	\$5.99
		SCREENING & ASSESSMENT	\$44.03
	OA3E	ADULT DAY CARE	\$9.77
		CAREGIVER TRAIN/SUPPORT (GRP)	\$46.44
		CAREGIVER TRAIN/SUPPORT (INDV)	\$46.44
		POWERFUL TOOLS FOR CAREGIVERS	\$1,683.00
		RESPIRE IN-HOME	\$15.82

		SCREENING & ASSESSMENT	\$44.03
	OA3ES	CHORE	15.82
		CHORE (ENHANCED)	\$18.91
		SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	*

*Reimbursement will be based on actual costs.

(4) ATTACHMENT IV of the Standard Agreement, Budget Summary, is hereby replaced with the following ATTACHMENT IV.

ATTACHMENT IV

BUDGET SUMMARY 2016

PSA: 2 Original X

Provider: Renewal

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

1.	IIB Support Services	\$698,000.00
2.	IIB Transportation	\$0.00
3.	IIC1 Congregate Meals	\$468,239.00
4.	IIC2 Home Delivered Meals	\$581,107.00
5.	IIE Caregiver Support Services	\$119,000.00
6.	IIES Caregiver Supplemental Services	\$26,000.00
7.	IIEG Grandparent or Non-Parent Relative Support Services	\$0.00
8.	Total	\$1,892,346.00

BUDGET SUMMARY 2017

PSA: 2

Original ___

Provider:

Renewal X ___

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

1.	III B Support Services	\$698,000.00
2.	III B Transportation	\$0.00
3.	III C1 Congregate Meals	\$465,839.00
4.	III C2 Home Delivered Meals	\$596,107.00
5.	III E Caregiver Support Services	\$119,000.00
6.	III ES Caregiver Supplemental Services	\$26,000.00
7.	III EG Grandparent or Non-Parent Relative Support Services	\$0.00
8.	Total	\$1,904,946.00

BUDGET SUMMARY 2018

PSA: 2

Original ___

Provider:

Amendment X

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

1.	IIIB Support Services	\$894,505.00
2.	IIIB Transportation	\$0.00
3.	IIIC1 Congregate Meals	\$480,938.00
4.	IIIC2 Home Delivered Meals	\$560,032.00
5.	IIIE Caregiver Support Services	\$143,926.00
6.	IIIES Caregiver Supplemental Services	\$26,000.00
7.	IIIEG Grandparent or Non-Parent Relative Support Services	\$0.00
8.	Total	\$2,105,401.00

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 14 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: _____

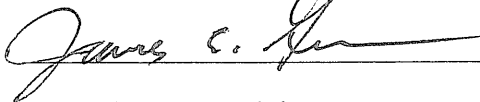
Federal Tax ID: 59-6000785

Fiscal Year Ending Date: 9/30/18

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

Attestation Statement

Agreement/Contract Number IA016-9500

Amendment Number 006

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 of Palm Beach/Treasure Coast, Inc. 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

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Senior 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 IZ015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2017 through June 30, 2018 by \$97,661.13.

Additionally, this amendment (1) revises Paragraph 4 of the Standard Agreement; (2) revises and replaces ATTACHMENT II, FUNDING SOURCE; and (3) revises and replaces ATTACHMENT IV, ALZHEIMER'S DISEASE INITIATIVE BUDGET SUMMARY.

STANDARD AGREEMENT:

(1) Paragraph 4 of the Standard Agreement is hereby amended to read:

4. 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 IV 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 through June 30, 2016.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2015	General Revenue	65.004	\$748,319.00
TOTAL AGREEMENT AMOUNT:				\$748,319.00

These funds are allocated for the period July 1, 2016 through June 30, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2016	General Revenue	65.004	\$844,090.00
TOTAL AGREEMENT AMOUNT:				\$844,090.00

These funds are allocated for the period July 1, 2017 through June 30, 2018.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2017	General Revenue	65.004	\$1,123,908.13
TOTAL AGREEMENT AMOUNT:				\$1,123,908.13

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2015-2016 , 2016-2017, and 2017-2018:	\$2,716,318.13
---	-----------------------

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

ATTACHMENT II.

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	YEAR	FUNDING SOURCE	CSFA	AMOUNT
Alzheimer's Disease Initiative	2015-2016	General Revenue	65.004	\$748,319.00
Alzheimer's Disease Initiative	2016-2017	General Revenue	65.004	\$844,090.00
Alzheimer's Disease Initiative	2017-2018	General Revenue	65.004	\$1,123,908.13
TOTAL STATE AWARD FOR FUNDING YEARS 2015-2016, 2016-2017, AND 2017-				\$2,716,319.13

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 IV, Budget Summary, is replaced with the following Attachment IV.

ATTACHMENT IV

**ALZHEIMER'S DISEASE INITIATIVE
BUDGET SUMMARY (2015-2016)**

1. ADI Client Services	\$695,937.00
2. ADI Case Management	\$52,382.00
3. Total	\$748,319.00

**ALZHEIMER'S DISEASE INITIATIVE
BUDGET SUMMARY (2016-2017)**

1. ADI Client Services	\$785,004.00
2. ADI Case Management	\$59,086.00
3. Total	\$844,090.00

**ALZHEIMER'S DISEASE INITIATIVE
BUDGET SUMMARY (2017-2018)**

1. ADI Client Services	\$1,052,071.13
2. ADI Case Management	\$71,837.00
3. Total	\$1,123,908.13

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 6 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: 9/30/18

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 008

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: _____
Senior 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 IH015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2017 through June 30, 2018 by \$27,658.04.

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 4 of the Standard Agreement is hereby amended to read:

4. Agreement Amount

The Agency awards for services according to the statement of work, **ATTACHMENT I** of this Agreement in an amount not to exceed \$181,092.04 the Total Agreement Amount per funding year outlined below, subject to the availability of funds. The Agency will provide a spending authority of \$160,585.74 as outlined in **ATTACHMENT III** 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 through June 30, 2016.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly (HCE)	2015	General Revenue	65.001	\$93,155.79
TOTAL AGREEMENT AMOUNT:				\$93,155.79

These funds are allocated for the period July 1, 2016 through June 30, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly (HCE)	2016	General Revenue	65.001	\$112,240.48
TOTAL AGREEMENT AMOUNT:				\$112,240.48

These funds are allocated for the period July 1, 2017 through June 30, 2018.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly (HCE)	2017	General Revenue	65.001	\$134,378.81
TOTAL AGREEMENT AMOUNT:				\$134,378.81

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2015-2016, 2016-2017, and 2017-2018:	\$339,775.08
--	---------------------

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

ATTACHMENT II.

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	YEAR	FUNDING SOURCE	CSFA	AMOUNT
Home Care for the Elderly	2015-2016	General Revenue	65.001	\$140,249.62
Home Care for the Elderly	2016-2017	General Revenue	65.001	\$154,273.61
Home Care for the Elderly	2017-2018	General Revenue	65.001	\$181,092.04
TOTAL STATE AWARD FOR FUNDING YEARS 2015-2016, 2016-2017, and 2017-2018				\$475,615.27

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

**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

**HOME CARE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY (2016-2017)**

1. Spending Authority for HCE Subsidies	\$135,089.16
2. HCE Case Management	\$19,184.45
3. Total	\$154,273.61

**HOME CARE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY (2017-2018)**

1. Spending Authority for HCE Subsidies	\$160,585.74
2. HCE Case Management	\$20,506.30
3. Total	\$181,092.04

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 7 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: _____

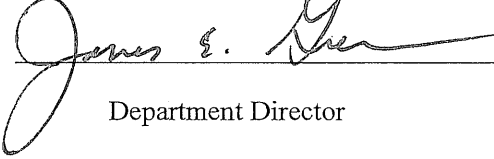
Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

Attestation Statement

Agreement/Contract Number IH015-9500

Amendment Number 008

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: _____
Senior Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGEX - 144 - 092018*1859
BGRV - 144 - 092018*464

FUND (1006) - DOSS - Administration

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 10/11/2018	REMAINING BALANCE
REVENUE								
<u>DOSS-3B</u>								
144 1457	3168 Fed Grant Indirect - Human Services	698,000	1,009,408	196,505		1,205,913		
<u>DOSS-C1</u>								
144 1458	3162 Physical Health & Nutrition	140,888	173,787		37,548	136,239		
144 1458	3168 Fed Grant Indirect - Human Services	468,239	688,182	0		688,182		
<u>DOSS-C2</u>								
144 1459	3162 Physical Health & Nutrition	144,386	117,399		0	117,399		
144 1459	3168 Fed Grant Indirect - Human Services	581,107	822,661		21,075	801,586		
<u>DOSS-3E</u>								
144 1461	3168 Fed Grant Indirect - Human Services	145,000	221,104	24,926		246,030		
<u>Alzheimer'S Disease Initiative</u>								
144 1472	3469 State Grant Other Human Services	844,090	1,946,087	39,193		1,985,280		
<u>Home Care For The Elderly</u>								
144 1481	3469 State Grant Other Human Services	96,487	229,964	27,284		257,248		
Total Revenue		9,297,554	12,330,446	287,908	58,623	12,559,731		
EXPENDITURE								
<u>DOSS-3B</u>								
144 1457	3401 Other Contractual Services	1,021,053	1,295,768	196,505		1,492,273	1,289,715	202,558
<u>DOSS-C1</u>								
144 1458	3419 Contracted Food	491,507	648,659		37,548	611,111	503,512	107,599
<u>DOSS-C2</u>								
144 1459	3419 Contracted Food	630,233	628,181		15,000	613,181	608,409	4,772
144 1459	4101 Communication Services	14,694	14,694		6,075	8,619	0	8,619
<u>DOSS-3E</u>								
144 1461	3401 Other Contractual Services	190,409	243,435	24,926		268,361	219,371	48,990
<u>Alzheimer'S Disease Initiative</u>								
144 1472	3401 Other Contractual Services	857,567	1,818,203	39,193		1,857,396	1,097,480	759,916
<u>Home Care For The Elderly</u>								
144 1481	3401 Other Contractual Services	82,318	185,144	27,284		212,428	92,995	119,433
Total Expenditures		9,297,554	12,330,446	287,908	58,623	12,559,731	3,811,482	8,748,249

Signatures

Date


By Board of County Commissioners
At Meeting on November 20, 2018

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION Julie Dowe

Administration/Budget Department Approval

OFMB Department - Posted

 _____
11/6/18

Deputy Clerk to the
Board of County Commissioners