

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 2, 2026 [X] Consent [] Regular
[] Ordinance [] Public

Hearing

Department

Submitted By: Community Services

Submitted For: Financially Assisted Agencies and Division of Human Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: First Amendment (Amendment) to the Agreement for Provision of Services (R2025-1542) (Agreement) with the Coalition for Independent Living Options, Inc. (CILO), for the period of October 1, 2025 through September 30, 2028, to amend, revise, and replace portions of the Agreement.

Summary: This Amendment revises and replaces Exhibit B with Exhibit B-1 under Article 4 to reflect the updated unit cost rate for the Learning and Educational Advocacy Program (LEAP), increasing from \$34.80 to \$57per unit, with no changes to the original total Agreement amount, in order to better align with the cost of providing services based on the number of clients served. Article 4 has also been revised to extend the payment timeframe from 30 days to 45 days.

This Amendment further includes the addition of Article 52 – Digital Accessibility Compliance, which is now required in all contracts.

Services provided under this Agreement include the LEAP, Financial Independence Need Disability (FIND), and Supports and Independent Living (SAIL), for Palm Beach County (County) residents. Under the LEAP program, CILO will serve up to 78 clients. Countywide (JBR).

Background and Justification: To address human service needs, the County augments its own service offering by providing funding programs and services delivered by community-based agencies. The Financially Assisted Agencies Program, established in the early 1980s, was created to overcome the adverse impact of reduced federal funding. Today, it remains a vital component of the federal, state, and local funding sources that support the County’s system of care.

The Board of County Commissioners (BCC) has directed staff to pursue data-driven, evidence-based programming and outcome measures to ensure meaningful and effective changes in the lives of community members. Funded organizations are closely monitored by the Community Services Department to ensure both programmatic and fiscal accountability.

Attachments:

- 1. First Amendment to Agreement for Provision of Services with CILO

Signed by: Diane Andri 4/28/2026
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Recommended By: _____ Date

[Signature] 4/30/26
Approved By: _____ Date
Deputy County Administrator

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2026	2027	2028	2029	2030
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0		


# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No
 Does this item include the use of Federal funds? Yes No X
 Does this item include the use of State funds? Yes No X

Budget Account No.:
 Fund: 001 Dept: 740 Unit: 2052 Object: 8201 Program Code: VAR Program Period: VAR

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 There is no fiscal impact on this item.

C. Departmental Fiscal Review:

DocuSigned by:

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Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

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

AFD/DA 4/24/26
 OFMB
QA 4/24
SW 4.24.26

Brandi Mack 4/29/26
 Contract Development and Control
 26 4.29.26

B. Legal Sufficiency:

BRosenthal
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE

THIS FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE (Amendment) is made on this ___ day of _____, 20__, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY, and **COALITION FOR INDEPENDENT LIVING OPTIONS, INC.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **65-0174695**.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

WHEREAS, on October 21, 2025, the above-named parties entered into an Agreement for Provision of Financial Assistance (R2025-1544) (the Agreement), in an amount not to exceed \$1,110,000 to provide certain services under the Economic Stability service category; and

WHEREAS, the need exists to amend the Agreement in accordance with the terms set forth below.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Agreement is hereby amended as follows:

- I. The foregoing recitals are true and correct, and incorporated herein by reference.
- II. The first sentence in **ARTICLE 2 SERVICES** is amended to read as follows:

The AGENCY agrees to provide Learning and Educational Advocacy Program (LEAP), Financial Independence Need Disability (FIND), and Supports And Independent Living (SAIL) services to residents of Palm Beach County as set forth in **EXHIBIT A – SCOPE OF WORK AND SERVICES, EXHIBIT B-1 – UNIT OF SERVICE RATE AND DEFINITIONS, and EXHIBIT G – ROMA LOGIC MODEL.**

- III. The second, third and fifth paragraph in **ARTICLE 4 PAYMENTS TO AGENCY** is amended to read as follows:

The AGENCY will bill the COUNTY on a quarterly basis, or as otherwise provided, at the amounts set forth in **EXHIBIT – B-1** for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

The program and unit cost definitions for this Contract year are set forth in **EXHIBIT – B-1**. All requests for payments of this Agreement shall include an original cover memo on AGENCY letterhead signed by the Chief Executive Officer, Chief Financial Officer, or their designee.

Payment of invoices shall be contingent on timely receipt of all required reports. Invoices received from the AGENCY pursuant to this Agreement will be submitted through the Services and Activities Management Information System (SAMIS) website, reviewed and approved by the COUNTY'S representative, to verify that services have been rendered in

conformity with the Agreement. Approved invoices will then be sent to the Finance Department for payment. Invoices will normally be paid within forty-five (45) days following the COUNTY representative's approval. Any payment due by COUNTY under the terms of this Agreement shall be withheld until all reports due from the AGENCY and necessary adjustments have been approved by the COUNTY. In the event that the AGENCY has drawn down all possible funds prior to the end of the fiscal year and does not comply with all reporting requirements, the COUNTY will take this into consideration during the next funding year.

- IV. A new **EXHIBIT B-1 – UNITS OF SERVICE RATE AND DEFINITIONS**, attached hereto and incorporated herein by reference, shall replace **EXHIBIT B – UNITS OF SERVICE RATE AND DEFINITIONS**, in its entirety.
- V. New **ARTICLE 52 DIGITAL ACCESSIBILITY COMPLIANCE** is added to the Agreement to read as follows:

AGENCY acknowledges that the COUNTY is a public entity subject to Title II of the Americans with Disabilities Act (ADA) and applicable federal accessibility regulations. AGENCY represents and warrants that all websites, web-based applications, digital services, electronic documents, multimedia, and other electronic content created, developed, provided, submitted, maintained, or delivered under this Agreement that may be electronically displayed, accessed, distributed, or made available to the public by the COUNTY shall conform to the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA, or any successor standard adopted by the U.S. Department of Justice.

All electronic documents submitted to the COUNTY, including not limited to PDFs, reports, forms, presentations, and public-facing materials, shall be provided in an accessible format compliant with the applicable accessibility standard at the time of delivery.

AGENCY shall ensure that any updates, revisions, or modifications to such digital content remain compliant throughout the term of this Agreement. Upon request, AGENCY shall provide documentation reasonably demonstrating accessibility compliance. If any deliverables is determined by the COUNTY to be noncompliant, AGENCY shall promptly remediate the noncompliance at no additional cost to the COUNTY and within a timeframe specified by the COUNTY. AGENCY shall ensure that any third-party digital content or platforms used in performance of this Agreement either comply with the requirements herein or that an accessible alternative acceptable to the COUNTY is provided.

Failure to comply with this subsection shall constitute a material breach of this Agreement.

- VI. All other provisions of the Agreement not modified in this First Amendment remain in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

MICHAEL A. CARUSO
CLERK of the CIRCUIT COURT & COMPTROLLER

PALM BEACH COUNTY, FLORIDA, a Political
Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY: _____
Deputy Clerk

BY: _____
Sara Baxter, Mayor

AGENCY:
Coalition for Independent Living Options,
Inc.

Signed by:
BY: *Dan Shorter*
EC30F340EC85487...
Authorized Signature

Dan Shorter

AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS
Community Services Department

Signed by:
BY: *Jessica Boher Rosenthal*
A2EF4D6BAAF5427...
Assistant County Attorney

Signed by:
BY: *James E. Green*
F84BD58BUCEE433...
Department Director

**FY 2026-2028 FINANCIAL ASSISTANCE AGREEMENT UNITS
OF SERVICE RATE AND DEFINITION**

Agency: Coalition for Independent Living Options, Inc.

Program 1 Name: Financial Independence, Need, Disability (FIND)

Description	Unit Cost	Total FY 2026	Total FY 2027	Total FY 2028	Total 3 Year Contract Amount
Service: FIND Will be reimbursed based on actual expense, as evidenced by agency general ledger	N/A	\$71,429	\$71,429	\$71,429	\$214,287
Service: CQM Unit of service is defined as one(1) hour of staff time of direct CQM services	\$35	\$3,571	\$3,571	\$3,571	\$10,713
Total Program over a three (3) year period		\$75,000	\$75,000	\$75,000	\$225,000

Program 2 Name: Supports and Independent Living (SAIL)

Description	Unit Cost	Total FY 2026	Total FY 2027	Total FY 2028	Total 3 Year Contract Amount
Service: SAIL Unit of service is defined as one (1) hour of staff time in direct client services.	\$48.84	\$190,476	\$190,476	\$190,476	\$571,428
Service: CQM Unit of service is defined as one(1) hour of staff time of direct CQM services	\$35	\$9,524	\$9,524	\$9,524	\$28,572
Total Program over a three (3) year period		\$200,000	\$200,000	\$200,000	\$600,000

Program 3 Name: Learning & Educational Advocacy Program (LEAP)

Description	Unit Cost	Total FY 2026	Total FY 2027	Total FY 2028	Total 3 Year Contract Amount
Service: LEAP Unit of service is defined as one (1) hour of staff time in direct client services.	\$57	\$90,250	\$90,250	\$90,250	\$270,750

Service: CQM					
Unit of service is defined as one(1) hour of staff time of direct CQM services	\$35	\$4,750	\$4,750	\$4,750	\$14,250
Total Contract over a three (3) year period		\$95,000	\$95,000	\$95,000	\$285,000

**To support Continuous Quality Management (CQM) activities, approved CQM expenses cannot exceed 5% of the Total Contract/Program Award.*

Unit Cost expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this Agreement, and reasonably incurred by AGENCY directly in connection with AGENCY'S performance of its duties and Scope of Work pursuant to this Agreement. AGENCY will sustain the program for the full Agreement period regardless of the rate of expenditure of above funds.

The AGENCY is allowed to expend up funds for initial Non-Profits First certification or for the annual renewal fee every year of the Agreement. This option exercised by the AGENCY will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 17 of this Agreement.

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36147

Entity Name: COALITION FOR INDEPENDENT LIVING OPTIONS, INC.

Current Principal Place of Business:

4400 N CONGRESS AVE
STE 201
WEST PALM BEACH, FL 33407

Current Mailing Address:

4400 N CONGRESS AVE
STE 201
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0174695

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIELDS, JOSEPH R ESQ
1818 SOUTH AUSTRALIAN AVE
WEST PALM BEACH, FL 33409 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FIELDS, JOSEPH ESQ.
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Title CEO
Name SHORTER, DAN
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER
Name AGUIRRE, LUCRECIA
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Title VP
Name PETERSON, LISA
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name WENGER, CHARLES
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY
Name VLAHAKIS, STEVEN G
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name STEVENSON, DENNIS
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name PARTHEMER, PHYLLIS REV.
Address 4400 N CONGRESS AVE
 STE 201
City-State-Zip: WEST PALM BEACH FL 33407

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAN SHORTER

CHIEF EXECUTIVE
OFFICER

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

