Agenda Item #: 3E-6

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

		AGENDATI	I EIVI OC	VALIALY I				
Ме	eting Date: Oct	ober 22, 2024	[X] []	Consent Ordinance	[] []	Regular Public Hearing		
Sui	Department Submitted By: <u>Community Services</u> Submitted For: <u>Division of Senior and Veteran Services</u>							
I. EXECUTIVE BRIEF								
Motion and Title: Staff recommends motion to approve:								
A)	A) approve Amendment #002 to Standard Agreement No. IA024-9500 (R2024-0283) for the Older Americans Act (OAA) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), for the period retroactive to January 1, 2024 through December 31, 2024, to increase the overall total funding by \$330,000, in an amount not to exceed \$3,519.303, and address other administrative contract requirements; and							
B)	approve an upward Budget Amendment of \$330,000 for FY 2024 in the Division of Senior and Veteran Services (DSVS) Administration Fund to align the budget to the actual grant award.							
Summary: DSVS receives grant funding from AAA to meet the needs of older adults and family caregivers. OAA funds are used to provide in-home and community-based services to eligible seniors aged 60 and older, as well as their caregivers, helping preserve their independence and delay the need for institutionalization. County matching funds of \$36,666 (10%) are required under OAA and have already been included in the budget. In FY 2023, OAA served 2,169 clients and is currently serving 1,959 active clients. The number of seniors served depends on the grant amount and client needs. The upward budget amendment is necessary to align the County budget with the actual grant award. DSVS is responsible for providing services north of Hypoluxo Road, covering all Districts except Districts 2, 4, 5, and 7 south of Hypoluxo Road. Ceuntywide except for portions of Districts 2, 4, 5, and 7 south of Hypoluxo Road. (HH)								
Background and Justification: This agenda item allows DSVS to provide community-based services within an organized continuum of care, to help functionally impaired seniors live in the least restrictive yet most cost-effective environment suitable to meet their needs.								
Attachments: 1. OAA Amendment 002 to Standard Agreement IA024-9500 2. Budget Amendment								
Red	commended By:	Signed by: Taluna Ma 5158547703583402 Department Direct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9/23/2024 Date		
Ар	proved By:	Assistant County	Admini	strator		10/15/24 Date		

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs	274,999				
External Revenue	(247,500)				
Program Income	0				
In-Kind Match (County)					
NET FISCAL IMPACT	27,499				

# ADDITIONAL FTE			
POSITIONS (Cumulative)			

Is Item Included in Current Budget?

Does this item include the use of federal funds?

Does this item include the use of state funds?

Yes ___ No _X Yes __ No _X

Budget Account No.:

Fund 1006 Dept. 144 Unit 1457/1461 Object Var Program Code Var Program Period Var

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

Funding sources are Federal and Palm Beach County. No additional County funds are needed.

We anticipate \$91,667 Operating Cost, \$82,500 External Revenue and \$9,167 NET FISCAL IMPACT in FY24.

Total Funding	1457	1461	Total
<u>Funds</u>	<u>3B</u>	<u>3E</u>	Funds
Grant	200,000	130,000	330,000
Match (10%)	22,222	14,444	36,666
NSIP	0	0	0
Program Income	0	0	0
Addnl. County Funds	<u>o</u>	<u>0</u>	<u>0</u>
Total	222,222	144,444	366.666

C.	Departmental Fiscal Review	94174C4E8A8C424
	•	Julie Dowe, Director Financial & Support Service

	III. REVIE	W COMMENTS
A.	OFMB Fiscal and/or Contract Developm	ent and Control Comments:
	ASSUAC 9/27/24 OFMB BY ANS 24	Music MacMortol 1/24 Contract Development and Control
В.	Legal Sufficiency: \\Sa\27	i ^y
о,	Deleve County Attorney	
C.	Other Department Review:	

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

Department Director

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 IA024-9500.

The purpose of this amendment is to increase the overall total funding for the period January 1, 2024 through December 31, 2024 by \$330,000.00. Additionally, this amendment (1) amends Paragraph 4, of the Standard Agreement; (2) adds Paragraph 8.2 to the Standard Agreement; (3) revises and replaces Attachment II, Exhibit 2, Funding Summary; (4) adds Attachment VII-A, Attestation of Compliance – Background Screening Program User, to the Standard Agreement; and (5) revises and replaces Attachment IX, 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 \$3,519,303.00 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.

(2) Paragraph 8.2 is hereby added to the Standard Agreement.

8.2 The Provider shall require each employee having access to the Clearinghouse program or the background screening information obtained from the program, to complete an executed Attestation of Compliance – Background Screening Program User form within sixty (60) days of execution of this Agreement for each background screening program user and annually thereafter, within forty-five (45) days of the Agreement anniversary date. The Provider shall retain copie(s) of the completed Attestation of Compliance-Background Screening Program User form(s).

(3) ATTACHMENT II – Exhibit 2, Funding Summary, of the Standard Agreement is hereby replaced with the following ATTACHMENT II, Exhibit 2.

ATTACHMENT II EXHIBIT 2 FUNDING SUMMARY

Note: Title 2 CFR, as revised, and Section 215.97, F.S. require that the information about Federal Programs and State Projects included in Attachment II, Exhibit 1 be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the contract budget.

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

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Title III B - Support Services	U.S. Health and Human Services	93.044	\$1,271,300.00
Older Americans Act Title III B -2023 Carry Forward	U.S. Health and Human Services Carry Forward	93.044	\$200,000.00
Older Americans Act Title III Cl -Congregate Meals	U.S. Health and Human Services	93.045	\$726,530.00
Older Americans Act Title III Cl -2023 Carry Forward	U.S.Health and Human Services Cany Forward	93.045	\$0.00
Older Americans Act Title Ill C2 -Home Delivered Meals	U.S. Health and Human Services	93.045	\$822,153.00
Older Americans Act Title III C2 -2023 Carry Forward	U.S. Health and Human Services Carry Forward	93.045	\$0.00
Older Americans Act Title III E -Caregiver Support Services	U.S. Health and Human Services	93.052	\$176,000.00
Older Americans Act Title IIIE – 2023 Carry Forward	U.S. Health and Human Services Carry Forward	93.052	\$130,000.00
Older Americans Act Nutrition Services Incentive Program (NSIP)	U.S. Health and Human Services	93.053	\$193,320.00
TOTAL FEDERAL AWARD		4	\$3,519,303.00

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 Requirements for Federal Awards.

2. STATE RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

-	E AWARD	

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

Sections 215.97 & 215.971, F.S., Chapter 69I-5, F.A.C, State Projects Compliance Supplement Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules, and regulations.

(4) ATTACHMENT VII-A, Attestation of Compliance – Background Screening Program User, is hereby added to the Standard Agreement.

ATTACHMENT VII-A

DEPARTMENT OF ELDER AFFAIRS

ATTESTATION OF COMPLIANCE - BACKGROUND SCREENING PROGRAM USER

ALL USERS are required to annually submit this form attesting to compliance with the provisions of the Background Screening Provider User Registration Agreement and chapter 435, Florida Statutes to doeanetwork@elderaffairs.org.

Each person with access to the Care Provider Background Screening Clearinghouse must abide by the following:

- I will not disclose or lend my USER ID AND/OR PASSWORD to anyone. They are for my use only and will serve as my "electronic signature." This means that I may be held responsible for the consequences of unauthorized or illegal transactions.
- I will not browse or use this information for unauthorized or illegal purposes.
- I will not make any disclosure of this data that is not specifically authorized.
- I will not intentionally cause corruption or disruption of these files.

If I become aware of any violation of these security requirements or suspect that someone may have used my User ID or Password, I will immediately report that information to the Department of Elder Affairs (DOEA) Background Screening Coordinator at (850) 414-2093.

I understand that as a user of the Background Screening Program, I assert that I am authorized to submit electronic requests, retrieve screening results, and maintain employment status on behalf of the provider listed below.

By accessing this system, I agree to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential information. By submitting electronic requests, I am affirming that the information contained in the request is true and the results received will be used only for determining employment eligibility in accordance with the applicable Florida Statutes.

In accordance with section 435.11(1)(b), Florida Statutes, it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.

DOEA Form 238, Attestation of Compliance — Background Screening Program User, Effective July 1, 2024. Form available at <a href="https://elderaffairs.org/about-us/background-screening/background-screening-clearinghouse-training-accessingthe-clearinghouse-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-training-accessing-acc

		ATTESTA	TION	Program V (Principle Modern Control of Contr
As an emplo	yee of:			
		(Name of Employer)	-	
Located at:				
	Street address	City	State	Zip Code
Under penalt	ty of perjury, I, _			
		(Name of Employee v Agreement)	vho has Signed the	Provider User Registration
		understand and that I a der User Registration A		vith the provisions of pter 435, Florida Statutes.
Signature of	Employee		Date	

DOEA Form 238, Attestation of Compliance — Background Screening Program User, Effective July 1, 2024. Form available at https://elderaffairs.org/about-us/background-screening/background-screening-clearinghouse-training-accessingthe-clearinghouse/

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

ATTACHMENT IX BUDGET SUMMARY

1	IIIB Support Services	\$1,121,300.00
2	IIIB Transportation	\$350,000.00
3	IIIC1 Congregate Meals	\$726,530.00
4	IIIC2 Home Delivered Meals	\$822,153.00
5	IIIE Caregiver Support Services	\$286,000.00
6	IIIES Caregiver Supplemental Services	\$20,000.00
7	IIIEG Grandparent or Non-Parent Relative Support Service	\$0.00
8	Nutrition Services Incentive Program	\$193,320.00
9	TOTAL	\$3,519,303.00

Department Director

AMENDMENT 002 IA024-9500

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 8 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	ria Sachs, Mayor	SIGNED BY:
	SEPH ABRUZZO, Clerk and Comptroller	NAME:
BY:		TITLE:
DATE:		DATE:
Federal Tax	ID: <u>59-6000785</u>	
Fiscal Year I	Ending Date:	
Approved as	to form and legal sufficiency	
Delen	e Cherry	
County Attor	ney () '	
Sign	to terms and conditions of the	
1	A F. 180	

Attestation Statement

Agreement Number <u>IA024-9500</u>	
Amendment Number <u>002</u>	
_{I,} Maria Sachs, Mayor	, attest that no changes or revisions have
(Provider Representative)	
been made to the content of the above referenced amer	ndment 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	on to this statement would be for changes in page
formatting, due to the differences in electronic data pro	ocessing media, which has no effect on the agreement
content.	
Signature of Provider Representative	Date
Approved As Ta Farra	Attest: Joseph Abruzzo
Approved As To Form And Legal Sufficiency	Clerk of the Circuit Court & Comptroller
By: Seleve Callyng 10-15-24	Ву:
County Attorney! /)	Deputy Clerk

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PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
	OTAL STATE AWARD		

ROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT

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		ATTESTA	ATION	
As an employ	ee of:	(Name of Employer)		
Located at:	Street address	City	State	Zip Code
Under penalty	of perjury, I		who has Signed the	Provider User Registration
		understand and that I a der User Registration 2		rith the provisions of oter 435, Florida Statutes.
Signature of E	Imployee		Date	

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AMENDMENT 002

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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: Maria	a Sachs, Mayor	SIGNED BY:
DATE:	TOTAL MARKET THE STATE OF THE S	
ATTEST: JOS	EPH ABRUZZO, Clerk and Comptroller	NAME:
BY:		TITLE:
DATE:		DATE:
Federal Tax II	0: <u>59-6000785</u> ding Date:	
Apprôved as to	form and legal sufficiency	
Slaned b	terms and conditions F. Ha-	

Attestation Statement

Agreement Number <u>IA024-9500</u>	
Amendment Number <u>002</u>	
_{I,} Maria Sachs, Mayor	, attest that no changes or revisions have
(Provider Representative)	
been made to the content of the above referenced ar	mendment 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 exce	ption 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
content.	
Signature of Provider Representative	Date
Approved As To Form	Attest: Joseph Abruzzo
And Legal Sufficiency	Clerk of the Circuit Court & Comptroller
By: Here Cottingo	By:
County Attorney	Deputy Clerk

ATTACHMENT 2

3E ~ 6

BOARD OF COUNTY COMMISIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

BGEX 144 - 082924*1833

BGRV 144 - 082924*530

FUND FUND (1006) - DOSS - Administration

ACCOUNT NUMBER	ACCOUNT NAME	AAN TINU	AE ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 09/09/24	REMAINING BALANCE
REVENUES									
144-1457-3168	Fed Grant Indirect - Human Services	DOSS-3B	1,415,720	2,261,773	200,000	0	2,461,773	1,928,353	533,420
144-1461-3168	Fed Grant Indirect - Human Services	DOSS-3E	175,448	320,540	130,000	0	450,540	265,540	185,000
	Total Fund Revenues		17,093,992	24,324,078	330,000	0	24,654,078		
EXPENDITURES									
144-1457-3401	Other Contractual Services	DOSS-3B	2,265,579	2,460,669	200,000	0	2,660,669	1,902,377	758,292
144-1461-3401	Other Contractual Services	DOSS-3E	337,176	949,676	130,000	0	1,079,676	757,059	322,617
	Total Fund Expenditures		17.093.992	24,324,078	330,000	0	24,654,078	14,311,738	10,342,340

DATES 9/24/2024
4444
9/27/24

BY BOARD OF	COUNTY COMMISSIONERS
At Meeting of:	10/22/2024
•	uty Clerk to the county Commissioners