1. Other Contracting Party:  
AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.

2. Proposed Action:  
[ ] New Contract  [x] Amendment, Number 1  [ ] Renewal  
[ ] Extension

3. Document Type (select one):  
Grant Agreement  Home Care for the Elderly Program

4. Purpose/Description:  
To update contract language, modify the contract term and introduce a new provision regarding renewals

5. Special Provisions (select if applicable):  
[ ] Living Wage Program  [ ] SBE Sheltered Market Program  
[ ] Workforce Investment Pilot Program  [ ] M/WBE Program  
[ ] Federal DBE/ACDBE program  [ ] In-Kind Match Required: $____ or ___%  
[ ] CBE Program  [ ] Cash Match Required: $____ or ___%  

6. Effective Dates (for new agreements only):  
Start:  
End: 

6a. Effective Dates (for new agreements only):  
[ ] No Change  
[ ] End date has changed from _____ to _____.

6b. Effective Dates (amendments only):  
[ ] No Change  
[ ] Term has from _____ to ______.

7. Contract Administrator:  
Name: Andrea Busada  
Phone: 954-357-6622

8. Contract Type:  
[ ] Cost reimbursement  [ ] Open-end  
[ ] Firm fixed price  [ ] Time and materials  
[ ] Performance-based  [ ] Other ______

9. Contract Value (new contracts)  
<table>
<thead>
<tr>
<th>Actual</th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base amount</td>
<td></td>
</tr>
<tr>
<td>Reimbursables</td>
<td></td>
</tr>
<tr>
<td>Optional Services</td>
<td></td>
</tr>
<tr>
<td>Total contract value</td>
<td></td>
</tr>
</tbody>
</table>

9a. Contract Value (new contracts):  
[ ] No change  
[ ] Original approved contract value  
[ ] Approved previous adjustments  
[ ] Value of this action  
[ ] Amended total contract value

9b. Contract Value (amendments only):  
[ ] No change  
[ ] Actual  
[ ] Estimated

10. Payment Method  
[ ] Lump Sum Payment  
[ ] Milestone or Progress-Based  
[ ] Scheduled or Time-Based  
[ ] Other

11. Payment Terms  
COUNTY BILLS AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC. MONTHLY FOR SERVICES PROVIDED.

12. Cost Adjustment  
[ ] Not Applicable  
[ ] Fixed Percentage - ___%  
[ ] Actual Cost  
[ ] CPI or other Index  
[ ] Fixed Amount - $____  
[ ] Other:

13. Equity Program Participation Summary  
a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A  
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A  
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:  
RENEWABLE

For Cause: THE COUNCIL BY WRITTEN NOTICE MAY TERMINATE AGREEMENT UPON NO LESS THAN TWENTY FOUR (24) HOURS’ NOTICE.  
For Convenience: BY EITHER PARTY UPON NO LESS THAN THIRTY (30) CALENDAR DAYS’ NOTICE, WITHOUT CAUSE, UNLESS A LESSER TIME IS MUTUALLY AGREED UPON BY BOTH PARTIES IN WRITING.

16. Deliverables, milestones or scope of this action:  
County is reimbursed for the provision of services provided to elders within the Home Care for the Elderly Program which links elders with needed financial support by way of caregiver
stipends, in-home care and medical supplies.

| 17. List terms, considerations or deviations from standard county form. | This Amendment is the in the State of Florida standard contract format. Areawide Council on Aging, acting on behalf of the State of Florida, will sign last following County’s signature. |

Rev. 1/1/15