

Amendment 002

Contract JZ116-15-2017

THIS AMENDMENT is entered into between the Areawide Council on Aging of Broward County, Inc., hereinafter referred to as the "Council," and Broward County, hereinafter referred to as the "Contractor," and collectively referred to as the "Parties," to amend Contract JZ116-15-2017.

The purpose of this amendment is to decrease the contract amount by \$20,000.00; decrease the level of services; change the total contract funding from \$746,089.88 to \$726,089.88; amend language and replace attachments.

(1) Section 4 is hereby amended to read as follows:

**4. Contract Amount:**

The Council agrees to pay for contracted services according to the terms and conditions of this contract in an amount not to exceed **\$726,089.88** or the rate schedule, subject to the availability of funds. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract.

(2) Section 5.E. is hereby amended to read as follows:

E. The name, address, and telephone number of the Contract Manager for the Council for this contract is:

Marion Connor  
Areawide Council on Aging of Broward County, Inc.  
5300 Hiatus Road  
Sunrise, FL 33351  
(954) 745-9567

(3) Attachment II is hereby replaced with the revised Attachment II.

(4) Attachment IV is hereby replaced with the revised Attachment IV.

This amendment will be effective on the last date that this amendment has been signed by both Parties.

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

This amendment and all of its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the Parties hereto have caused this 4 page amendment to be executed by their undersigned officials as duly authorized.

**CONTRACTOR: Broward County**

**Areawide Council on Aging of Broward County, Inc.**

BOARD PRESIDENT OR AUTHORIZED DESIGNEE



SIGNED BY: Alphonso Jefferson, Jr.

*aka. Bertha Henry*

NAME: Assistant County Administrator

TITLE: County Administrator

DATE: 6/30/17

FEDERAL ID NUMBER: 59-6000531  
FISCAL YEAR-END DATE: September 30



SIGNED BY:

THEODORA WILLIAMS

NAME:

PRESIDENT

TITLE:

DATE: 06-30-2017

Reviewed and approved as to form:  
Joni Armstrong Coffey, County Attorney

By K. Gordon  
Karen S. Gordon, Assistant County Attorney



**ATTACHMENT II**

**1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSISTS OF THE FOLLOWING:**

Program Title	Year	Funding Source	CFDA/ CSFA #	Amount
<b>TOTAL FUNDS CONTAINED IN THIS CONTRACT:</b>				

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

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

**MATCHING RESOURCES FOR FEDERAL PROGRAMS**

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
<b>TOTAL STATE AWARD</b>			<b>\$0</b>

**STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.**

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
Alzheimer's Disease Initiative	General Revenue/TSTF	65004	<b>\$654,647.45</b>
Alzheimer's Disease Initiative	General Revenue/TSTF	65002	<b>\$71,442.43</b>
<b>TOTAL AWARD</b>			<b>\$726,089.88</b>

ADI Project 65002, Respite 65004

**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

## ATTACHMENT IV

## ALZHEIMER'S DISEASE INITIATIVE PROGRAM

## BUDGET SUMMARY

<b>Fixed Services</b>	<b>Total Units</b>	<b>Unit Rate</b>	<b>Project Funds</b>	<b>Respite Funds</b>	<b>Total Reimbursement</b>
CASE AIDE	58.00	\$34.27	\$0.00	\$1,987.66	\$1,987.66
CASE MANAGEMENT	1,118.00	\$60.54	\$51,442.43	\$16,241.29	\$67,683.72
CAREGIVER TRAINING/ SUPPORT- GROUP	2.00	\$97.44	\$0.00	\$194.88	\$194.88
RESPITE IN-HOME	34,099.00	\$17.01	\$0.00	\$580,023.99	\$580,023.99
SPECIALIZED MEDICAL EQUIPMENT, SERVICES & SUPPLIES	N/A	N/A	\$20,000.00	\$56,199.63	\$76,199.63
<b>TOTAL ADI AGREEMENT AMOUNT</b>			<b>\$71,442.43</b>	<b>\$654,647.45</b>	<b>\$726,089.88</b>