

January 1, 2018 - September 30, 2018

Vendor Agreement Number CB00006-15-2018

**AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.
VENDOR AGREEMENT**

This six-page Agreement is made between the Areawide Council on Aging of Broward County, Inc. (hereinafter, "Council") and Broward County, Florida a political subdivision of the State of Florida (hereinafter, "Vendor").

Funding under this Vendor Agreement is provided with unrestricted local match funds and is administered by the Council.

Whereas, the Council desires to make certain services available to eligible Broward County seniors (Consumers), and

Whereas, the Vendor desires to provide such services as stipulated,

It is therefore agreed by both parties that such services will be rendered by the Vendor and reimbursed by the Council in accordance with the following provisions:

The Vendor will:

1. Provide Consumers, as identified by the Council, with Adult Day Care (ADC) services.
2. Case manage Consumers receiving ADC services;
 - a. Include assessment of Consumers using the Florida Department of Elder Affairs (DOEA) Form 701B format located on the DOEA's website:
http://elderaffairs.state.fl.us/doea/reports_pubs_afst.php;
 - b. Complete a care plan for each Consumer;
 - c. Complete the Vendor authorization form for each Consumer receiving service;
 - d. Document in a narrative format all interactions with or on behalf of the Consumer;
 - e. Maintain a complete file with all of the above documents; and
 - f. Provide case management for each Consumer for a maximum of 24 hours annually. Any additional hours must be pre-authorized by the Council prior to the provision of service.
3. Secure prior authorization from the Council for any and all other services listed in this Agreement.
4. Case manage Consumers authorized to receive any service other than ADC in the same manner as described in Paragraph 2.
5. Provide services to Consumers as identified by the Council;
 - a. Consumers eligible for this funding must be released by the Council;
 - b. Services provided under this Agreement must be in compliance with the service descriptions, delivery standards or special conditions, provider qualifications, and record keeping and reporting requirements in the most current DOEA Home and Community Based Services Handbook.
6. Submit a monthly invoice to the Council not later than the 8th of the month following the month of service using DOEA forms 105CB and 106CB (ATTACHMENT II).

7. Enter the units of service provided by the Vendor and its subcontractor(s) in the DOEA Client Information Registration and Tracking System (CIRTS).
8. Allow Vendor's records, papers, documents, facilities, goods and services that are relevant to this Agreement to be inspected by persons duly authorized by the Council, as well as to interview any Consumers, employees of the Vendor and employees of a subcontractor of the Vendor to assure the Council of the satisfactory performance of the terms and conditions of this Agreement. Following such review, the Council will deliver to the Vendor a written report of its findings and request the Vendor to develop a corrective action plan whenever appropriate. The Vendor hereby agrees to correct all deficiencies identified in the corrective action plan in a timely manner as determined by the Council.

The Council will:

1. Upon request by the Vendor, identify Consumers when funding is available for the provision of services under this Agreement.
2. Provide technical assistance and oversight on matters bearing on the provision of services or on the administration of these funds.
3. Review and evaluate the performance of the Vendor under the terms of this Agreement. Conduct monitoring through direct contact with the Vendor through telephone, in writing, or an on-site visit. The Council's determination of acceptable performance will be conclusive. The Vendor agrees to cooperate with the Council in monitoring the progress of completion of the service tasks and deliverables.
4. Provide, upon request, an electronic copy of the DOEA Programs & Services Handbook, which also is available at the DOEA Internet site.
5. Process monthly invoices and reimburse the Vendor in a timely manner.

Services rendered under this Agreement are from January 1, 2018, to September 30, 2018.

The Council agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed **\$633,596.49** subject to the availability of funds. Funds awarded pursuant to this Agreement consist of the following:

Program Title	Year	Funding Source	Fund Amounts
Non-DOEA Program (NDP)- Community Care for the Elderly	2016-2017	Unrestricted Local Match Carry Forward	\$272,920.49
Non-DOEA Program (NDP)- Community Care for the Elderly	2017-2018	Unrestricted Local Match	\$360,676.00
TOTAL FUNDS CONTAINED IN THIS CONTRACT:			\$633,596.49

Notice, Contact, and Payee Information:

1. The name, address, and telephone number of the contract manager for the Council for this Agreement is:

Edith Lederberg, Executive Director
Areawide Council on Aging of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
Voice: (954) 745-9567
Fax: (954) 745-9584

2. The name, address, and telephone number of the representative of the Vendor responsible for administration of the program under this Agreement is:

Andrea Busada, Director
Broward County Elderly and Veterans Services Division
2995 N. Dixie Highway
Ft. Lauderdale, FL 33334
Voice: (954) 357-6622

[Remainder of Page Intentionally Left Blank]

IN WITNESS THEREOF, the parties hereto have caused this 7 page Agreement to be executed by their undersigned officials as duly authorized.

VENDOR: Broward County, Florida

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

**BOARD PRESIDENT OR AUTHORIZED
DESIGNEE**

SIGNED BY:

NAME:

TITLE:

DATE:

FEDERAL ID NUMBER: 59-6000531

FISCAL YEAR-END DATE: September 30

SIGNED BY:

THEODORA WILLIAMS


NAME:

PRESIDENT

TITLE:

DATE:

Reviewed and approved as to form:
Andrew J. Meyers, County Attorney

By  4/2/18
Karen S. Gordon, Assistant County Attorney

ATTACHMENT I

LOCAL MATCH FUNDING

BUDGET SUMMARY

	UNIT RATE	MAXIMUM REIMBURSEMENT
NDP FLEXIBLE CLIENT SERVICES		
CASE MANAGEMENT*	\$60.54	N/A
ADULT DAY CARE	\$9.50	N/A
NDP FLEXIBLE CLIENT SERVICES – REQUIRES PRIOR AUTHORIZATION **		
CHORE	\$23.26	N/A
EMERGENCY ALERT RESPONSE	\$0.80	N/A
HOMEMAKER	\$17.99	N/A
PERSONAL CARE	\$17.54	N/A
RESPITE IN - HOME	\$17.01	N/A
TOTAL NDP CLIENT SERVICES		\$633,596.49

* Case Management, for each Consumer, is authorized for a maximum of 24 hours annually. Any additional hours must be pre-authorized by the Council prior to the provision of service. Unauthorized units above the maximum will not be reimbursed under this or any other Agreement.

** Units, not authorized prior to the provision of service, will not be reimbursed under this or any other Agreement.

ATTACHMENT II

NDP-CCE

CB00006-15-XXXX

RECEIPTS AND UNIT COST REPORT

PROVIDER NAME, ADDRESS, PHONE # and FEID# BROWARD COUNTY ELDERLY & VETERANS SERVICES DIVISION 2995 N DIXIE HIGHWAY FORT LAUDERDALE, FL 33334 TEL: 954-537-2805 FAX: 954-537-2927 FEID #: 59-6000531		FUNDING SOURCE: LOCAL FUNDING		THIS REPORT PERIOD PERIOD CONTRACT PERIOD: CONTRACT #: CB00006-15-XXXX REPORT #: 1 PSA #: 10			
CERTIFICATION: I certify to the best of my knowledge and belief that the report is complete and correct and all outlays herein are for purposes set forth in the contract. Further, I certify that the attached monthly and YTD service units /undup clients' report (YTDCLNT.SQL) is correct.							
Prepared By:		Date:		Approved By:			
Date:		Date:					
PART a: INCOME / RECEIPTS		A. Approved Budget	B. Actual Receipts for this	C. Total Receipts Year to Date	D. % Of Approved Budget		
1. Federal Funds							
2. State Funds							
3. Program Income							
4. Local Cash Match		\$0.00	\$0.00	\$0.00	#DIV/0!		
5. SUBTOTAL: CASH RECEIPTS		\$0.00	\$0.00	\$0.00	#DIV/0!		
6. Local In-Kind match							
7. TOTAL RECEIPTS		\$0.00	\$0.00	\$0.00	#DIV/0!		
PART b: UNIT COST REPORT							
(A)	(B)	(C)	(D)	(E)	(F)	(G)	
SERVICE	CONTRACT AMOUNT	UNITS	UNIT RATE	AMOUNT EARNED THIS PERIOD	AMOUNT PREV. EARNED	AMOUNT EARNED YTD	YTD Units
FLEXIBLE CLIENT SERVICES							
	\$0.00						NA
ADULT DAY CARE			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
CHORE			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
CASE MANAGEMENT			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
EARS			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
HOMEMAKER			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
PERSONAL CARE			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
RESPIRE IN-HOME			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
	\$0.00			\$0.00	\$0.00	\$0.00	
PART c: OTHER REVENUE / PROGRAM INCOME		A. Total - Current Month		B. Total - Year To Date			
1. CONTRIBUTIONS: (EXCLUDES CLIENT CO-PAY COLLECTIONS)		\$0.00		\$0.00			
2. CLIENT CO-PAY ASSESSED		\$0.00		\$0.00			
3. CLIENT CO-PAY COLLECTIONS		\$0.00		\$0.00			
4. INTEREST (NET AMOUNT NOT RETURNED)		\$0.00		\$0.00			
5. MATCH VALUATION (INCLUDES CASH & IN-KIND)		\$0.00		\$0.00			

PSA #10 Form 105CB

NDP-CCE

CONTRACT #: CB00006-15-XXXX

CONTRACT PAYMENT REQUEST FORM

LOCAL FUNDING

PROVIDER NAME, ADDRESS, PHONE & FEID # BROWARD COUNTY ELDERLY & VETERANS SERVICES DIVISION 2995 N DIXIE HIGHWAY FORT LAUDERDALE, FL 33334 TEL: 954-537-2805 FAX: 954-537-2927 FEID #: 59-6000531	TYPE OF REPORT: A. PAYMENT REQUEST: Regular <input checked="" type="checkbox"/> X B. METHOD OF PAYMENT: Advance Reimbursement <input checked="" type="checkbox"/> X	THIS REQUEST PERIOD: PERIOD CONTRACT PERIOD: CONTRACT #: CB00006-15-XXXX PSA #: 10 REPORT #: 1	NDP-CCE
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CERTIFICATION: I hereby certify that this request or refund conforms with the terms of the above contract.

Prepared By:

Date:

Date:

PART A: CONTRACT FUNDS SUMMARY		OTHER CLIENT SERVICES	ADULT DAY CARE	CHORE	CASE MANAGEMENT	EARS	HOMEMAKER	PERSONAL CARE	RESPIRE - IN HOME	TOTAL
1. Approved Contract Amount	\$ -	-								\$ -
2. Previous Funds Requested for Contract Period	\$ -	-								\$ -
3. Contract Funds Available	\$ -	-								\$ -
PART B: CONTRACT FUNDS REQUESTED:										
1. Cash Advances (1st-2nd Months)	\$ -	-								\$ -
2. Amount Earned This Period (= to PSA #10 Form 105Z Part B, Column E)	\$ -	-								\$ -
3. Total	\$ -	-								\$ -
PART C: NET FUNDS REQUESTED:										
1. Less Overadvance	\$0.00									\$0.00
2. Contract Funds Are Hereby Requested (Part B Line 4 minus Part C line 1) Not to exceed Part A Line 3	\$ -	-								\$ -
ADVANCE EARNED										
Advance Remaining										
PSA #10 FORM 105ZB, Dated July 97										

PSA #10 FORM 105ZB, Dated July 97

AAA Office Use Only

VENDOR ID: P-BROWARDCOUNTYELDERLY&VE

DESC: BCEYS NDP-CCE [MONTH/YEAR]

BATCH #:

ACCOUNT #: 10.10.80.CB00006.0150.126.

CHECK #

CHECK DATE:

INPUT: APPROVAL: