

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 JZ117-15-2018.

The purpose of this amendment is to amend language and introduce a new attachment.

1) Section 2 is hereby amended to read as follows:

**2. Incorporation of Documents within the Contract:**

The contract will incorporate attachments, proposal(s), area plan(s), grant agreements, relevant Department of Elder Affairs handbooks, manuals, or desk books and Master Contract number JM018-15-2020, as an integral part of the contract, except to the extent that the contract explicitly provides contrary. In the event of conflict in language among any of the documents referenced above, the specific provisions and requirements of the contract document(s) shall prevail over inconsistent provisions in the proposal(s) or other general materials not specific to this contract document and identified attachments.

2) Section 2.4.6. of Attachment I is hereby amended to read as follows:

**2.4.6.** During the term of this contract, the Contractor shall complete and retain on file a timely, complete and accurate Civil Rights Compliance Checklist, Attachment IV of Master Contract number JM018-15-2020.

3) Section 2.7.3. is hereby amended to read as follows:

**2.7.3. Cost Sharing and Co-payments**

The Contractor will establish an annual co-payment goal that will be submitted to the Council. The Council has the option to withhold a portion of the Contractor's Request for Payment if goals are not met according to the Department Elder Affairs' copayment guidelines, in accordance with the current DOEA Programs and Services Handbook, which is incorporated by reference.

The Contractor shall submit an annual co-payment collections report to the Council by August 15, 2018, using Attachment VIII, Annual Co-Pay Report.

Co-payments include only the amounts assessed consumers or the amounts consumers opt to contribute in lieu of an assessed co-payment. The contribution must be equal to or greater than the assessed co-payment.

4) Section 3.3.1. is hereby amended to read as follows:

**3.3.1.** The Contractor shall include with its request for payment documentation of services provided, the amount of units of services provided, the rates for the services provided and the unduplicated number of clients served, in conformance with the requirements as described in this Attachment I. Each deliverable must be received and accepted by the Council before payment is made.

5) Attachment VIII is hereby introduced.

This amendment will be effective on the last date it 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 3 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:  
  
\_\_\_\_\_  
NAME:  
  
\_\_\_\_\_  
TITLE:  
  
\_\_\_\_\_  
DATE:

\_\_\_\_\_  
SIGNED BY:  
  
JOHN PRIMEAU  
\_\_\_\_\_  
NAME:  
  
2<sup>ND</sup> VICE PRESIDENT  
\_\_\_\_\_  
TITLE:  
  
\_\_\_\_\_  
DATE:

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

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

By  2/1/18  
Karen S. Gordon, Assistant County Attorney

By  2/1/18  
Angela J. Wallace, Deputy County Attorney

## ATTACHMENT VIII

**ANNUAL CO-PAYMENT ASSESSMENT & COLLECTION REPORT***PROGRAM:* **Alzheimer's Disease Initiative***CONTRACT #:* **JZ117-xx-2018***CONTRACT PERIOD:* **07/01/2017 - 06/30/2018***PROVIDER NAME & ADDRESS:***Name****Address**

1. Number of persons assessed co-payments	<b>0</b>
2. Number of persons terminated for non-payment	<b>0</b>
3. Number of persons waived from termination for non-payment	<b>0</b>
4. Number of persons waived from assessment of co-payments	<b>0</b>
5. Number of persons exempt from paying co-payments	<b>0</b>
<b>6. Total amount of co-payments assessed</b>	<b>\$0.00</b>
<b>7. Total amount of co-payments/contributions/full payments collected</b>	<b>\$0.00</b>

This report is due on 8/15/2018. For further information, please contact your Contract Manager.