

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: 11-16-2011

Division: County Administrator

Bulk Item: Yes No

Department: Social Services/In-Home Services

Staff Contact Person/Phone #: Sheryl Graham/X4510

AGENDA ITEM WORDING: Approval of Amendment 004 to the Older Americans Act (OAA) Contract AA-1129 between the Alliance for Aging, Inc. (Area Agency on Aging) and the Monroe County Board of County Commissioners (Social Services/In-Home Services) for fiscal year 1/1/11 to 12/31/11.

ITEM BACKGROUND: Approval of Amendment 004 will de-obligate \$10,000.00 from Facility Respite OAA 3E. This is due to a lack of spending in Facility Respite because of clients not meeting the criteria for OAA funds.

PREVIOUS RELEVANT BOCC ACTION: Prior approval granted to Amendment 003 to the Older Americans Act (OAA) Contract #AA-1129 on 10-19-2011

CONTRACT/AGREEMENT CHANGES: De-Obligation of \$10,000.00 in funds from Title IIIE – Facility Respite

STAFF RECOMMENDATIONS: Approval

TOTAL COST: \$411,641.85

INDIRECT COST: -0- **BUDGETED:**
Yes No

COST TO COUNTY: No Cash Match required. **SOURCE OF FUNDS:** Grant
Approx. \$41,164.00 In-Kind Match

REVENUE PRODUCING: Yes No **AMOUNT PER MONTH** _____ **Year** _____

APPROVED BY: County Atty *TJA* OMB/Purchasing Risk Management *MS*

DOCUMENTATION: Included Not Required

DISPOSITION: _____

AGENDA ITEM # _____

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Alliance For Aging, Inc.

Contract # Amendment #004 for
Contract #AA-1129

Effective Date: 1/1/2011

Expiration Date: 12/31/2011

Contract Purpose/Description: Approval of Amendment #004 to the OAA Contract #AA-1129 will de-obligate \$10,000.00 from Facility Based Respite – OAA 3E. This is due to a lack of spending in Facility Respite because of clients not meeting the criteria for OAA funds

Contract Manager: Sheryl Graham
(Name)

4510
(Ext.)

Community Services/Stop 1
(Department/Stop #)

For BOCC meeting on 11/16/11

Agenda Deadline: 11/1/11

CONTRACT COSTS

Total Dollar Value of Contract: (extension) \$411,641.85

Current Year Portion: \$ _____

Budgeted? Yes No

Account Codes:

Grant: \$411,641.85

_____-_____-_____-_____-
125 - 6153411 - - - -

County Match: \$41,164.00 (In-Kind Match)

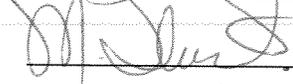
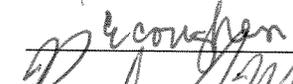
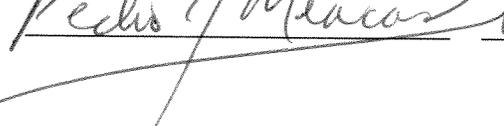
_____-_____-_____-_____-
_____-_____-_____-_____-

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ _____/yr
(Not included in dollar value above)

For: _____
(eg. Maintenance, utilities, janitorial, salaries, etc)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	11-1-11	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		11-1-11
Risk Management	10-31-11	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10-31-11
O.M.B./Purchasing		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10/31/11
County Attorney	10/28/11	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10/28/11

Comments: _____

THIS AMENDMENT is entered into between the Alliance for Aging, Inc. hereinafter referred to as the "Alliance", and Monroe County Social Services.

The purpose of this amendment is to deobligate \$10,000 from Facility Respite OAA 3E

The Budget Summary by Title for the whole fiscal year (January 1-December 31, 2011) is as follows:

Title C1 (CFDA/CSFA # 93.045): \$ 143,249.95
Title C2 (CFDA/CSFA # 93.045): \$ 210,831.90
Title III E (CFDA/CSFA # 93.052): \$ 57,560.00

The Alliance shall make payment to the provider for provision of services up to a maximum number of units of service and at the rate(s) stated below:

Table with 4 columns: Service(s) to be Provided, Service Unit Rate, Maximum Units of Service, Maximum Dollars. Rows include Congregate Meals C1, Congregate Screening C1, Nutrition Counseling C1, Nutrition Education C1, Home Delivered Meals C2, Screening & Assessment C2, Nutrition Education C2, In Home Respite 3E, Facility Respite 3E, and Total Contract.

All provisions in the contract 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 contract are hereby amended to conform with this amendment.

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

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed by their undersigned officials as duly authorized.

PROVIDER:

Monroe County Social Services.

ALLIANCE FOR AGING, INC.

SIGNED BY:

Heather Carruthers

SIGNED BY:

Max B. Rothman, JD, LL.M.

NAME:

Mayor

NAME:

President & CEO

TITLE:

11-16-2011

TITLE:

DATE:

DATE:

MONROE COUNTY ATTORNEY APPROVED AS TO FORM. Signature of Pedro J. Mercado. PEDRO J. MERCADO ASSISTANT COUNTY ATTORNEY

Date 10/28/11

THIS AMENDMENT is entered into between the Alliance for Aging, Inc. hereinafter referred to as the "Alliance", and Monroe County Social Services.

The purpose of this amendment is to reallocate the funds, modify the number of units and services under contract

The Budget Summary by Title for the whole fiscal year (January 1-December 31, 2011) is as follows:

Title C1 (CFDA/CSFA # 93.045): \$ 143,249.95
Title C2 (CFDA/CSFA # 93.045): \$ 210,831.90
Title III E (CFDA/CSFA # 93.052): \$ 67,560.00

The Alliance shall make payment to the provider for provision of services up to a maximum number of units of service and at the rate(s) stated below:

Table with 4 columns: Service(s) to be Provided, Service Unit Rate, Maximum Units of Service, Maximum Dollars. Rows include Congregate Meals C1, Congregate Screening C1, Nutrition Counseling C1, Nutrition Education C1, Home Delivered Meals C2, Screening & Assessment C2, Nutrition Education C2, In Home Respite 3E, Facility Respite 3E, and Total Contract.

All provisions in the contract 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 contract are hereby amended to conform with this amendment.

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

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed by their undersigned officials as duly authorized.

PROVIDER:

Monroe County Social Services.

ALLIANCE FOR AGING, INC.

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: Max B. Rothman, JD, LL.M.

TITLE: _____

TITLE: President & CEO

DATE: _____

DATE: _____

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:
Christine M. Limbert-Barrows
CHRISTINE M. LIMBERT-BARROWS
ASSISTANT COUNTY ATTORNEY
Date 10/3/11