

SITE AGREEMENT
On Behalf of

FLIPANY and Northwest Focal Point Senior Center Adult Day Care

Agreement made and entered into on February 4, 2026 in Dania Beach, FL by and between FLIPANY (Provider) located in Broward County and Northwest Focal Point Senior Center Adult Day Care, located at 6009 NW 10 Street, Margate, FL called Organization, located in Broward County.

WITNESSETH:

WHEREAS, FLIPANY is the agency providing meals under a payment for services operative agreement for Broward County's senior residents; and

WHEREAS, Organization sharing the concern for the nutritional welfare of Broward County's senior residents and having space suitable for use as a meal site for the Nutrition Program and desiring to make available said space to the program.

BE IT THEREFORE mutually agreed as follows:

1. That the Organization has agreed that FLIPANY will provide meals at the facility located at 6009 NW 10 Street, Margate for use deemed appropriate at the Community/Senior Center.
2. That FLIPANY will not guarantee compliance with any particular meal pattern or eligibility requirements for these purchased meals;
3. FLIPANY will provide the same meal as that provided by the Nutrition Program, not allowing for substitutions or alterations from this meal pattern;
4. That the Organization shall be responsible for the following:
 - a. Procure and carry, at its own expense, premises liability insurance up to \$1,000,000.00;
 - b. Provide space that is adequate, safe and environmentally comfortable and provide adequate time for the proper serving of the meals. The established hours of the Nutrition Service are 11 AM to 11:30 AM Monday to Friday and the space designated for the nutrition service is located in the dining area, and occupies 2132 sq. ft.
 - c. Place orders according to the weekly schedule provided by FLIPANY, (subject to change) presently required every Friday by noon, for meals requested for the following week. Orders must be placed separate from Senior Nutrition program.
 - d. Responsible for payment of all meals ordered, whether served or consumed.

- e. Provide for removal and disposal of garbage;
 - f. Provides assurance that all sanitation needs and requirements as set forth by the State of Florida Department of Elder Affairs (DOEA) will be met;
 - g. All incidents or accidents occurring outside the designated space and/or established hours will be the responsibility of the Organization;
 - h. The coordination of activities so as not to interfere with the Nutrition Program serving time.
 - i. Supplies delivered [cups, plastic ware, etc.] are for the meal service only and not the personal use of the Organization;
 - j. Organization agrees to make payments at the rate of \$8.86 per meal received according to the invoice schedule provided by FLIPANY. Invoices are due within 15 days of receipt;
 - k. Payment for any repairs, maintenance, etc. deemed necessary by any governmental agency including but not limited to, health department, fire inspections and building inspection;
 - l. The identification of FLIPANY as a service provider in written brochures and publicity materials when the meal/nutrition program is mentioned;
 - m. Must notify FLIPANY in advance of holiday schedule, site closures, and any other days the facility will not be available for the program;
 - n. Coordinate their own transportation needs with Broward County Social Services Transportation.
5. FLIPANY shall indemnify and hold harmless the Organization against any food-related claims concerning food originating from FLIPANY for daily consumption.
6. FLIPANY will provide an allocation of meals per day in accordance with its budget and the current needs of the center. Should this need change, it is the responsibility of the Organization to contact FLIPANY and discuss needs.
7. FLIPANY will provide an allocation of meals per day in accordance with its budget and the current needs of the center. Should this need change, it is the responsibility of the Organization to contact FLIPANY and discuss needs.
8. That FLIPANY further agrees to procure and carry, at its own expense, liability insurance in the sum of \$1,000,000.00.

The term of this agreement shall be for a period of one year from the date it is completely executed by both parties. The Agreement shall be automatically renewed on a year to year basis if not terminated as stated herein. Either party has the right to terminate this agreement upon thirty (30) days written notice at any time during the terms of this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement for the purpose therein expressed the day and year first above written.

Signed, sealed and delivered in the presence of:

Northwest Focal Point Adult Day Care	FLIPANY 2860 W State Road 84 Ste. 103 Dania Beach FL 33312
Organization Name	Provider Name
2/4/2026	2/4/2026
Signature Date	Signature Date