

THIS CONTRACT is entered into between the Areawide Council on Aging of Broward County, Inc, hereinafter referred to as the "Council," and **Northwest Focal Point Senior Center District**, hereinafter referred to as the "Contractor", and collectively referred to as the "Parties." This Contract is subject to all provisions contained in the MASTER CONTRACT executed between the Council and the Contractor, Contract No. JM014-08-2017, and its successor, incorporated herein by reference.

WITNESSETH THAT:

WHEREAS, the Council has determined that it is in need of certain services as described herein; and

WHEREAS, the Contractor has demonstrated that it has the requisite expertise and ability to faithfully perform such services as an independent Contractor for the Council.

NOW THEREFORE, in consideration of the services to be performed and payments to be made, together with the mutual covenants and conditions hereinafter set forth, the Parties agree as follows:

1. Purpose of Contract

The purpose of this contract is to provide services in accordance with the terms and conditions specified in this contract including all attachments, forms, exhibits and references incorporated, which constitute the contract document.

2. Incorporation of Documents within the Contract

The contract will incorporate attachments, proposal(s), service provider application(s), grant agreements, relevant Department of Elder Affairs' handbooks, manuals or desk books and Master Contract JM014-08-2017, as an integral part of the contract, except to the extent that the contract explicitly provides to the contrary. In the event of conflict in language among any of the documents reference 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.

3. Term of Contract

This contract shall begin at twelve (12:00) A.M., Eastern Standard Time January 1, 2016 or on the date the contract has been signed by the last party required to sign it, whichever is later. It shall end at eleven fifty-nine (11:59) P.M. Eastern Standard Time December 31, 2016.

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 **\$265,305.63**, subject to the availability of funds. **\$217,766.63** represents Federal Older Americans Act (OAA) Title III B funds, **\$44,205.00** represents Areawide Council on Aging (AAA) local matching funds for Title III B. **\$3,000.00** represents Federal OAA Title III E funds and **\$334.00** represents AAA local matching funds for Title III E.

5. Renewals

By mutual agreement of the Parties, in accordance with s. 287.058(1)(g), F.S., the Council may renew the contract for a period not to exceed three years, or the term of the original contract, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charge. Any renewal is subject to the same terms and conditions as the original contract and contingent upon satisfactory performance evaluations by the Council and the availability of funds.

6. Official Payee and Representatives (Names, Addresses, and Telephone Numbers):

a.	The Contractor name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:	Northwest Focal Point Senior Center District 6009 NW 10th Street Margate, FL 33063
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b.	The name of the contact person and street address where financial and administrative records are maintained is:	Karin Diaz, Project Director Northwest Focal Point Senior Center District 6009 NW 10th Street, Margate, FL 33063
c.	The name, address, and telephone number of the representative of the Contractor responsible for administration of the program under this contract is:	Karin Diaz, Project Director Northwest Focal Point Senior Center District 6009 NW 10th Street, Margate, FL 33063 954-973-0300
d.	The section and location within the Council where Request for Payment and Receipt and Expenditure forms are to be mailed is:	Areawide Council on Aging of Broward County, Inc. 5300 Hiatus Road, Sunrise, FL 33351
e.	The name, address, and telephone number of the Contract Manager for this contract is:	Lina Silva, Contract Manager Areawide Council on Aging of Broward County, Inc. 5300 Hiatus Road, Sunrise, FL 33351 (954) 745-9567
Upon change of representatives (names, address, telephone numbers) by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this contract.		

7. All Terms and Conditions Included:

This contract and its Attachments, I - VI and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the Parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations or agreements, either written or verbal between the Parties. By signing this contract, the Parties agree that they have read and agree to the entire contract.

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IN WITNESS THEREOF, the parties hereto have caused this 25 page Contract to be executed by their undersigned officials as duly authorized.

Contractor: **Northwest Focal Point Senior
Center District**

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

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: DEBORAH G. RAND

TITLE: _____

TITLE: PRESIDENT

DATE: _____

DATE: _____

SIGNED BY: _____

NAME: _____

TITLE: _____

DATE: _____

Federal Tax ID: 59-2154528

Fiscal Year Ending Date: September 30

ATTACHMENT I**OLDER AMERICANS ACT
STATEMENT OF WORK****SECTION I: SERVICES TO BE PROVIDED****1.1 DEFINITIONS OF TERMS AND ACRONYMS****1.1.1 CONTRACT ACRONYMS**

AAA – Area Agency on Aging
ACL – Administration on Community Living
ADA – Americans with Disabilities Act
ADL – Activities of Daily Living
AIDS – Acquired Immune Deficiency Syndrome
AIRS – Alliance of Information & Referral Systems
AoA – Administration on Aging
APCL – Assessed Priority Consumer List
APS – Adult Protective Services
CDSME – Chronic Disease Self-Management Education
CDSMP – Chronic Disease Self Management Program
CIRTS – Client Information and Registration Tracking System
CSP – Community Service Provider
DOEA – Florida Department of Elder Affairs
DSMP – Diabetes Self Management Program
EBDPHPP – Evidence-Based Disease Prevention and Health Promotion Program
FLAIR – Florida Accounting & Information Resource
FLAIRS – Florida Alliance of Information and Referral Services
HIV – Human Immunodeficiency Virus
I&R – Information and Referral
IADL – Instrumental Activities of Daily Living
LH – Living Healthy
MOA – Memorandum of Agreement
MOU – Memorandum of Understanding
OA3D – Older Americans Act Title III D
OAA – Older Americans Act
PSA – Planning and Service Area
SPA – Service Provider Application

1.1.2 PROGRAM SPECIFIC TERMS

Area Plan Update: A revision to the area plan wherein the Council enters Older Americans Act specific data in Client Information and Registration Tracking System (CIRTS). An update may also include other revisions to the area plan as instructed by Department of Elder Affairs.

Area Plan: A plan developed by the Council outlining a comprehensive and coordinated service delivery system in its planning and service area in accordance with the Section 306 (42 U.S.C. 3026) of the Older Americans Act and the Department of Elder Affairs instructions.

Child: An individual who is not more than 18 years of age or an individual with disability.

Criteria: A standard which the Administration on Aging/Administration on Community Living set for the Title IIID program.

Description of Event: A description of what took place during the activity.

Direct Elders Served: The number of elders who participated in the program.

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Frail: When an older individual is unable to perform at least two activities of daily living (ADLs) without substantial human assistance, including verbal reminding, physical cueing or supervision; or due to cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Grandparent: A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage or adoption and who lives with the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

Living Healthy: Also known as Chronic Disease Self-Management Program (CDSMP) for the State of Florida.

Provider: A provider is the organization/individual actually conducting the direct service to the clients. CIRTS entries where provider is listed should be the actual organization conducting the service. On the Monthly Programmatic Report, this should be the same provider.

Service Provider Application: A plan developed by the contractor outlining a comprehensive and coordinated service delivery system, in the respective service area, in accordance with the Section 306 of the Older Americans Act (42 U.S.C. 3026), and the Council instructions.

1.2 GENERAL DESCRIPTION

1.2.1 General Statement

The Older Americans Act (OAA) Program is a federal program initiative that provides assistance to older persons and caregivers and is the only federal supportive services program directed solely toward improving the lives of older people. The program provides a framework for a partnership among the different levels of government and the public and private sectors with a common objective, improving the quality of life for all older individuals by helping them to remain independent and productive. The primary purpose of the OAA program is to foster the development and implementation of comprehensive and coordinated systems to serve older individuals. The OAA program uses these systems to assist older individuals to attain and maintain maximum independence and dignity in a home environment and allows for the capability of self-care with appropriate supportive services.

1.2.2 Authority

The relevant references authority governing the OAA program are:

- (1) Older Americans Act of 1965, as amended;
- (2) Rule 58A-1, Florida Administrative Code; and
- (3) Section 430.101, Florida Statutes.

1.2.2.1 Incorporation of Reference Memoranda

In accordance with Ch. 287 F.S., as amended and Department of Financial Services', Chief Financial Officer Memoranda, the following memoranda are provided for informational purchases and incorporated by reference:

- (1) CFO Memo No. 02: Release date, October 3, 2012;
- (2) CFO Memo No. 06: Release date, July 27, 2012;
- (3) CFO Memo No. 01: Release date, July 26, 2012; and
- (4) CFO Memo No. 04: Release date, June 30, 2006.

1.2.3 Scope of Service

The Contractor is responsible for the programmatic, fiscal, and operational management of the Title IIIB, Title IIIC1, Title IIIC2, Title IIID and Title IIIE programs of the OAA within its designated sector outlined in the Contractor's Service Provider Application (SPA). The scope of service includes planning, coordinating and assessing the needs of older persons, and assuring the availability and quality of services. The services shall be provided in a manner consistent with and described in both the current Contractor's Service Provider Application and the current Department of Elder Affairs Programs and Services Handbook.

1.2.4 Major Program Goals

The major goals of the OAA program are to improve the quality of life for older individuals, preserve their independence and prevent or delay more costly institutional care. These goals are achieved through the implementation of a comprehensive and coordinated service system that provides a continuum of service alternatives that meet the diverse needs of elders and their caregivers.

1.3 INDIVIDUALS TO BE SERVED**1.3.1 OAA Title III, General**

Consumers shall not be dually enrolled in an OAA program and a Medicaid capitated long-term care program, with the exception of consumers in need of OAA Legal Assistance and Congregate Meals (See NOI #032515-1-PC-SCBS) services.

1.3.2 OAA Title IIIB, Supportive Services

Eligibility for OAA Title IIIB, Supportive Services, are as follows:

- (1) Individuals must be age 60 or older; and
- (2) Information and Referral/Assistance services are provided to individuals regardless of age.

1.3.3 OAA Titles IIIC1 and C2, Nutrition Services, General

General factors that should be considered in establishing priority for Nutrition Services, both C1 and C2, include those older persons who meet the following:

- (1) Cannot afford to eat adequately;
- (2) Lack the skills or knowledge to select and prepare nourishing and well-balanced meals;
- (3) Have limited mobility which may impair their capacity to shop and cook for themselves; or
- (4) Have a disabling illness or physical condition requiring nutritional support or have been screened at a high nutritional risk

1.3.3.1 Title IIIC1, Congregate Nutrition Services

In addition to meeting the general nutrition services eligibility requirements listed in Attachment I, Section 1.3.3, individuals must be mobile, not homebound and physically, mentally and medically able to attend a congregate nutrition program. Individuals eligible to receive congregate meals include the following:

- (1) Individuals age 60 or older; and
- (2) Any spouse (regardless of age) who attends the dining center with his/her eligible spouse;
- (3) Persons with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;

- (4) Disabled persons who reside at home with and accompany an eligible person to the dining center; and
- (5) Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.

1.3.3.2 OAA Title IIIC2, Home Delivered Nutrition Services

In addition to meeting the general nutrition services eligibility requirements listed in Attachment I, Section 1.3.3, individuals must be homebound and physically, mentally or medically unable to attend a congregate nutrition program. Individuals eligible to receive home delivered meals include:

- (1) Individuals age 60 or older who are homebound by reason of illness, disability or isolation;
- (2) The spouse of a homebound eligible individual, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
- (3) Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and
- (4) Persons at nutritional risk who have physical, emotional or behavioral conditions, which would make their presence at the congregate site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.

1.3.4 OAA Title IIID, Disease Prevention and Health Promotion Services

Eligibility for OAA Title IIID, Disease Prevention and Health Promotion Services, is as follows:

- (1) Target individuals age 60 or older; and
- (2) Priority will be given to individuals residing in medically underserved areas.

1.3.5 OAA Title IIIE, Caregiver Support Services

Eligibility for OAA Title IIIE, Caregiver Support Services, are as follows:

- (1) Family caregivers of individuals age 60 or older;
- (2) Grandparents (age 55 or older) or older individuals (age 55 or older) who are relative caregivers;
- (3) Priority will be given to family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and for grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities; and
- (4) For respite and supplemental services, a family caregiver must be providing care for an older individual who meets the definition of the term "frail" in OAA, Section 102 Paragraph 22.

1.3.6 Targeted Groups

Preference shall be given to those with the greatest economic and social need, with particular attention to low-income older individuals, including those that are low-income minorities, have limited English proficiency, and older individuals residing in rural areas.

SECTION II – MANNER OF SERVICE PROVISION

2.1 SERVICE TASKS

In order to achieve the goals of the OAA Titles IIIB, IIIC1, IIIC2 and IIIE programs, the Contractor shall ensure the following tasks are performed:

- (1) Client eligibility determination;
- (2) Targeting and screening of service delivery for new clients;
- (3) Delivery of services to eligible clients;
- (4) Use of volunteers to expand the provision of available services;
- (5) Monitoring the performance of its subcontractors;
- (6) Grievance and Complaint Procedures; and
- (7) Monitoring the performance of its subcontractors.

2.1.1 Client Eligibility Determination

The Contractor shall ensure that applicant data is evaluated to determine eligibility. Eligibility to become a client based on meeting the requirements described in this ATTACHMENT I, Section 1.3.

2.1.2 Targeting and Screening of Service Delivery for New Clients

The Contractor shall develop and implement policies and procedures consistent with OAA targeting and screening criteria.

2.1.3 Delivery of Services to Eligible Clients

The contractor shall ensure the provision of a continuum of services that meets the diverse needs of elders and their caregivers. The Contractor shall ensure the performance and report performance of the following services in accordance with the current Department of Elder Affairs Programs and Services Handbook. The services funded pursuant to this contract are in accordance with the OAA, Title III, sections 321, 331, 336, 361, and 373 as follows:

- (1) Section 321, Title IIIB Supportive Services;
- (2) Section 331, Title IIIC1 Congregate Nutrition Services;
- (3) Section 336, Title IIIC2 Home Delivered Nutrition Services;
- (4) Section 361, Title IIID Disease Prevention and Health Promotion Services; and
- (5) Section 373, Title IIIE Caregiver Support Services.

2.1.3.1 Supportive Services (IIIB Program)

Supportive services include a variety of community-based and home-delivered services that support the quality of life for older individuals by helping them remain independent and productive. Services include the following:

- | | |
|--|-------------------------------------|
| (1) Adult Day Care/Adult Day Health Care; | (17) Material Aid; |
| (2) Caregiver Training/Support; | (18) Occupational Therapy; |
| (3) Case Aid/Case Management; | (19) Outreach; |
| (4) Chore Services; | (20) Personal Care; |
| (5) Companionship; | (21) Physical Therapy; |
| (6) Counseling (Gerontological and Mental Health); | (22) Recreation; |
| (7) Education/Training; | (23) Respite Services; |
| (8) Emergency Alert Response; | (24) Screening/Assessment; |
| (9) Escort; | (25) Shopping Assistance; |
| (10) Health Support; | (26) Skilled Nursing; |
| (11) Home Health Aid; | (27) Specialized Medical Equipment, |
| (12) Homemaker; | Services and Supplies; |
| (13) Housing Improvement; | (28) Speech Therapy; |
| (14) Intake; | (29) Telephone Reassurance; and |
| (15) Interpreter/Translating; | (30) Transportation. |
| (16) Legal Assistance; | |

2.1.3.2 Congregate Nutrition Services (IIIC1 Program)

Nutrition services are provided in congregate settings and are designed to reduce hunger and food insecurity, promote socialization and the health and well being of older individuals by assisting them to gain access to nutrition and other disease prevention and health promotion services. Services include the following:

- (1) Congregate meals;
- (2) Congregate meals screening;
- (3) Nutrition education and nutrition counseling; and
- (4) Outreach.

2.1.5.3 Home Delivered Nutrition Services (IIIC2 Program)

In-home nutrition services are provided to reduce hunger and food insecurity; promote socialization and the health and well being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services. Services include the following:

- (1) Home delivered meals;
- (2) Nutrition education and counseling; and
- (3) Outreach.

2.1.5.4 Disease Prevention and Health Promotion Services (IIID Program)

The following are Evidence-Based Disease Prevention and Health Promotion (EBDPHP) which have been demonstrated through rigorous evaluation to be evidence-based and effective in assisting older adults maintain a healthy lifestyle. The Administration on Community Living (ACL) defines EBDPHP services as meeting minimal, intermediate, or highest-level criteria. Only services that meet the criteria are allowable under the IIID Program. The goal is for all Title III D activities to include only services that meet the highest-level criteria. EBDPHP services must be delivered in accordance with the fidelity of the program, as described in the DOEA Programs and Services Handbook Attachment A.

- (1) A Matter of Balance;
- (2) Active Living Every Day;
- (3) Arthritis Foundation Exercise Program;
- (4) Arthritis Self-Management (Self-Help) Program – (Stanford) (English);
- (5) Brief Intervention & Treatment for Elders (BRITE);
- (6) Living Healthy (CDSMP) (Stanford);
- (7) Diabetes Self-Management Program – (Stanford) (English);
- (8) Enhance Fitness;
- (9) Enhance Wellness;
- (10) Fit and Strong!;
- (11) Healthy Eating Every Day;
- (12) Healthy Ideas;
- (13) Healthy Moves for Aging Well;
- (14) HomeMeds;
- (15) Powerful Tools for Caregivers;
- (16) Program to Encourage Active, Rewarding Lives for Seniors (PEARLS);
- (17) Programa de Manejo Personal de la Artritis (Stanford) (Spanish Arthritis Self Management (Self-Help) Program);
- (18) Programa de Manejo Personal de la Diabetes –(Stanford) (Spanish Diabetes Self-Management Program);
- (19) Stay Active and Independent for Life;
- (20) Stepping On;
- (21) Tai Chi: Moving for Better Balance –(Oregon Research Institute);
- (22) Tomando Control de su Salud – Stanford;
- (23) Un Asunto de Equilibrio (Spanish);
- (24) Walk with Ease.

The Contractor must request in writing the use of any evidence-based disease prevention and health promotion programs which are not listed in the Department of Elder Affairs Programs and Service Handbook (or Notice of Instruction) to the Council's Contract Manager or designee **prior** to delivering the service. If this supporting documentation is not submitted and approved by the Council then the Council will not provide reimbursement for services.

2.1.3.5 Caregiver Support Services (IIIE Program)

The following services are intended to provide direct help to caregivers, assist in the areas of health, nutrition and financial literacy and assist caregivers in making decisions and problem solving related to their caregiving roles and responsibilities:

- | | |
|--|---------------------------------|
| (1) Adult Day Care/Adult Day Health Care; | (2) Caregiver Training/Support; |
| (3) Counseling (Gerontological and Mental Health); | (4) Education/Training; |
| (5) Financial Risk Reduction (Assessment and Maintenance); | (6) ; Intake; |
| (7) Outreach; | (8) Respite Services;. |
| (9); Screening/Assessment; and | (10) Transportation. |

2.1.3.6 Caregiver Support Supplemental Services (IIIES Program): The following services are provided to complement the care provided by caregivers.

- (1) Chore Services;
- (2) Housing Improvement;
- (3) Legal Assistance;
- (4) Material Aid; and
- (5) Specialized Medical Equipment, Services and Supplies.

2.1.3.7 Caregiver Support Grandparent Services (IIIEG Program): Services for grandparents or older individuals who are relative caregivers designed to help meet their caregiving obligations include:

- (1) Caregiver Training/Support;
- (2) Child Day Care;
- (3) Counseling (Gerontological and Mental Health);
- (4) Education/Training;
- (5) Information;
- (6) Legal Assistance;
- (7) Outreach;
- (8) Referral/Assistance;
- (9) Screening/Assessment;
- (10) Sitter; and
- (11) Transportation

2.1.4 Use of Volunteers to Expand the Provision of Available Services

The Contractor shall ensure the use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services. If possible, the Contractor shall work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out federal service programs administered by the Corporation for National and Community Service), in community service settings. The Contractor shall provide a quarterly report of volunteer activities and services in a format provided by the Council.

The Contractor shall involve community centers, faith based-institutions, hospitals, libraries, or community sites in its Evidence-Based Disease Prevention and Health Promotion Programs coordination efforts. If the program allows lay individuals, to be facilitators, the Contractor shall aim to use volunteers vs. paid staff for Evidence-Based Disease Prevention and Health Promotion Programs services.

2.1.4.1 The Contractor shall submit a quarterly report of volunteer activities and services in a format provided by the Council. The quarterly report schedule is as follows:

<u>Report Period</u>	<u>Report Due Date</u>
January 1 - March 31	April 13, 2016
April 1- June 30	July 13, 2016
July 1- September 30	October 13, 2016
October 1 - December 31	January 11, 2017

2.1.5 Use of Subcontractors

If this contract involves the use of a subcontractor or third party, then the Contractor shall not delay the implementation of its agreement with the subcontractor. If any circumstances occur that may result in a delay for a period of 60 days or more of the initiation of the subcontract or in the performance of the subcontractor, the Contractor shall notify the Council's Contract Manager and the Council's Finance Director in writing of such delay.

The Contractor shall not permit a subcontractor to perform services related to this agreement without having a binding subcontractor agreement executed. In accordance with Section 23 of the Master Contract, the Council will not be responsible or liable for any obligations or claims resulting from such action.

The Contractor shall submit a copy of all subcontracts to the Council's Contract Manager within thirty days of the subcontract being executed.

2.1.5.1 Monitoring Performance of Subcontractors

The Contractor shall monitor at least once per year each of its subcontractors. The Contractor shall perform fiscal, administrative and programmatic monitoring of each subcontractor to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations. The Contractor shall monitor to ensure that time schedules are met, the budget and scope of work are accomplished within the specified time periods and other performance goals stated in this contract are achieved.

2.1.6 Development of Partnerships and Collaborations (IID Program)

The Contractor shall collaborate and partner with organizations to extend the reach of EBDPHP services. Partnership and Collaboration may be developed with Florida Department of Health; the Florida Department of Children and Families; the Department of Agriculture's Nutrition Program; insurance companies, Centers for Disease Control and Prevention; Area Health Education Centers; local health councils; public and private universities; federally qualified health clinics, county health departments, and local Communities for a Lifetime initiative participants. Partnerships shall be designed to stimulate innovation of new approaches and activities in EBDPHP services programs, development of greater capacity, and leverage other funding sources. Partnerships shall also address building and sustaining an infrastructure for the dissemination of EBDPHP services. This includes, but not limited to recruitment of trainers, and participants, covering costs for licenses if programs require, and replicating program fidelity.

The contractor shall document, and provide upon request, evidence of partnerships created formally through Memorandums of Agreement or Understanding or informally through emails and phone calls. Contractor will be required to keep track of partnerships in the Monthly Programmatic Report. Each month the Contractor should review and provide updates as necessary.

2.1.7 Contractor Outreach Reporting Requirements

The Contractor shall document its performance of outreach activities, by establishing a uniform reporting format that includes the following: number and type of provider events or activities; date and location; total number of participants at each event or activity; individual service needs identified; and referral sources or information provided. The Contractor shall provide a report on outreach activities semi-annually. The first report, for outreach activities from 01/01/2016 through 06/30/2016, is due on August 21, 2016. The second report, for outreach activities from 07/01/2016 through 12/31/2016 is due on February 15, 2017.

2.1.8 Grievance and Complaint Procedures

2.1.8.1 Grievance Procedures

The Contractor shall comply with and ensure compliance with the Minimum Guidelines for Recipient Grievance Procedures, Appendix D, Department of Elder Affairs Programs and Services Handbook, to address complaints regarding the termination, suspension or reduction of services, as required for receipt of funds.

2.1.8.2 Complaint Procedures

The Contractor shall develop and implement complaint procedures to process and resolve client dissatisfaction with services. Complaint procedures shall address the quality and timeliness of services, provider and direct service worker complaints, or any other advice related to complaints other than termination, suspension or reduction in services that require the grievance process as described in Appendix D, Department of Elder Affairs Programs and Services Handbook. The complaint procedures shall include notification to all clients of the complaint procedure and include tracking the date, nature and the determination of each complaint.

2.1.8.3 Legal Provider Grievance Procedures

Legal Providers must have an internal grievance procedure that addresses both denial of service and complaints by clients about manner or quality of legal assistance. Grievance policies that comport with

requirements of the Legal Services Corporation are sufficient to meet this standard. At a minimum, the procedure must provide applicants with:

- i. Adequate notice of the grievance procedures;
- ii. Information on how to file a grievance or complaint, and;
- iii. An opportunity for review of the complaint by the Legal Provider's Executive Director or the Executive Director's designee.

The Council may not serve in an appellate capacity or otherwise interfere in the grievance review process for legal providers. However, the Council may request that legal providers maintain a file of complaints and statements of disposition of complaints, with redacted client identifying information, for examination by the Council during monitoring.

2.2 SERVICE TIMES

The Contractor shall ensure the provision of the services listed in the contract during normal business hours unless other times are more appropriate to meet the performance requirements of the contract, and it shall monitor its subcontractors to ensure they are available to provide services during hours responsive to client needs and during those times which best meet the needs of the relevant service community. Normal business hours are defined as Monday through Friday, 8:00am to 5:00pm.

The Contractor shall ensure all services are completed by the end of the contract year. Therefore, services cannot cross calendar years.

2.3.1 Changes in Title IIID Service Delivery Locations or Service Times

The Contractor shall provide the Council's Contract Manager with 30 days notice of any plan temporarily or permanently changing any Title IIID service delivery location or service times. Any changes to the service delivery location or service times must have the approval of the Council's Contract Manager.

2.3 DELIVERABLES

2.3.1 Programmatic Operations and Administration

The Contractor shall ensure the provision of services outlined in Sections II – MANNER OF SERVICE PROVISION in accordance with the Department of Elder Affairs Programs and Services Handbook through its review of reports outlined in Section 2.4 of this agreement at least as follows:

- 1) monthly review of surplus/deficit reports and CIRTIS data accuracy reports.
- 2) semi-annual review of service cost reports.

2.3.2 Service Unit

The Contractor shall ensure the provision of the services described in the contract in accordance with the current Department of Elder Affairs Programs and Services Handbook at the unit rate specified in Attachment IV, Budget Summary, and the services tasks described in Section 2.1. Contractor's performance will be measured on compliance with the Handbook and program guidelines.

The chart below lists the services allowed and the units of measurement. Units of services will be paid pursuant to the rate established in the 2016 Service Provider Application and approved by the Council.

Service		Unit of Service
Adult Day Care Caregiver Training/Support Case Aid/Case Management Child Day Care Chore Services Companionship	Housing Improvement Intake Interpreter/Translating Legal Assistance Nutrition Counseling Occupational Therapy	Hour

Service		Unit of Service
Congregate Meals Screening Counseling Services Enhance Fitness Enhance Wellness Escort Financial Risk Reduction Services Health Support Home Health Aide HomeMeds Homemaker	Personal Care Physical Fitness Physical Therapy Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) Recreation Respite Services Screening/Assessment Sitter Skilled Nursing Services SpeechTherapy	
Emergency Alert Response		Day
A Matter of Balance Active Living Every Day Arthritis Foundation Exercise Program Arthritis Foundation Tai Chi Program (Tai Chi for Arthritis) Arthritis Self-Management Program Brief Intervention & Treatment for Elders (BRITE) Chronic Disease Self-Management Program Diabetes Empowerment Educations Program (DEEP) Education/Training Fit and Strong! Healthy Ideas	Material Aid Nutrition Education Outreach Program de Manejo Personal de la Artritis Programa de Manejo Personal de la Diabetes Specialized Medical Equipment, Services and Supplies Stepping On Tai Chi Moving for Better Balance Telephone Reassurance Tomando Control de su Salud Un Asunto de Equilibrio Walk with Ease	Episode
Escort Shopping Assistance Transportation		One-Way Trip
Congregate and Home Delivered Meals		Meal

Each unit of service has a unit cost. The analysis of the costs and rates is an ongoing process, and is subject to change based on further analysis. A written request is required by the Contractor for any unit cost changes. The following supporting documentation is necessary for this request:

- (1) Service Provider Application Update,
- (2) Justification for unit cost changes and/or units of service changes.

2.4 REPORTS

The Contractor shall respond to additional routine and/or special requests for information and reports required by the Council in a timely manner as determined by the Contract Manager.

The Contractor must establish due dates for any subcontractors that permit the Contractor to meet the Council's reporting requirements.

2.4.1 Service Provider Application Update and All Revisions Thereto

The Contractor is required to submit a Service Provider Application update wherein the Council enters OAA specific data in CIRTS.

2.4.2 Client Information and Registration Tracking System (CIRTS) Reports

The Contractor shall input OAA specific data into CIRTS to ensure CIRTS data accuracy. The Contractor shall use CIRTS generated reports which include the following:

- | | |
|----------------------------------|--|
| (1) Client Reports; | (2) Monitoring Reports; |
| (3) Services Reports; | (4) Miscellaneous Reports; |
| (5) Fiscal Reports; | (6) Aging Resource Center Reports; and |
| (7) Outcome Measurement Reports. | |

2.4.3 Service Costs Reports

The Contractor is required to submit semi-annual and annual service cost reports that reflect actual costs of providing each service by program. This report provides information for planning and negotiating unit rates. The first semi-annual report encompassing the six months ending 06/30/2016 is due on August 22, 2016. The second semi-annual report encompassing the twelve months ending 12/31/2016 is due on February 17, 2017.

2.4.4 Surplus/Deficit Report

The Contractor will submit a consolidated surplus/deficit report in a format provided by the Council's Contract Manager by the 5th of each month. This report is for all agreements and/or contracts between the Contractor and the Council. The report will include the following:

- (1) A list of all services and their current status regarding surplus or deficit;
- (2) The contractor's detailed plan on how the surplus or deficit spending exceeding the threshold of plus or minus one percent (+/- 1%) will be resolved;
- (3) Recommendations to transfer funds to resolve surplus/deficit spending;
- (4) Input from the contractor's Board of Directors on resolution of spending issues, if applicable
- (5) Number of clients currently on Assessed Priority Consumer List (APCL) that receive a priority ranking score of 4 or 5; and
- (6) Number of clients currently on the APCL designated as Imminent Risk.

2.4.5 Evidence-based Disease Prevention and Health Promotion Programmatic Reports

The Contractor must respond to additional routine and/or special requests for information and reports required by the Council. The Contractor must establish due dates for any subcontractors that permit the Contractor to meet the Council's reporting requirements. The Monthly Programmatic Report must be submitted to the Contract Manager or designee electronically prior to submitting the request for payment.

Data collected for the Monthly Programmatic Reports need to be reported during the appropriate months and subject to the following schedule:

<u>Report #</u>	<u>Reports Due Date on or before</u>	<u>Report #</u>	<u>Reports Due Date on or before</u>
Report 1	February 1, 2016	Report 7	August 5, 2016
Report 2	March 5, 2016	Report 8	September 5, 2016
Report 3	April 5, 2016	Report 9	October 5, 2016
Report 4	May 5, 2016	Report 10	November 5, 2016
Report 5	June 5, 2016	Report 11	December 5, 2016
Report 6	July 5, 2016	Report 12	January 5, 2017

The Contractor shall submit detailed reports of evidence-based disease prevention and health promotion services. The Contractor shall:

- (1) Submit monthly and final programmatic reports for the following:
 - a. Ensure that all programs have a sign in sheet. The sign in sheets must include: Date, Time, Name of event, Participant names (with signatures), and person instructing program. Sign in sheets for specific programs will be provided by the Contract Manager. If a program requires specific forms and sign in sheets to be used under their license agreement, use those required program forms. If the participant refuses to sign in or is unable to do so, the instructor may sign by proxy for the participant with a note on the sign in sheet stating why it is necessary to do so (the note needs to be initialed and dated).

b. Submit monthly programmatic reports in the format as specified by the Council on the schedule above. Council's Contract Manager will provide an excel spreadsheet with the following tabs: Health and Wellness tab (one for each month), to include title of the evidence-based disease prevention and health promotion program being conducted; begin and end date for each evidence-based disease prevention and health promotion program; date of event; CIRTS code; Units of Service; and the numbers of elders directly served.

b. Success stories (which can be gathered from anytime during the course of the year, however, it will be submitted with the May reports); and

c. Partnership tab (ongoing).

The Council's Contract Manager will provide a template, which will include but not be limited to the following:

(2) All data should be entered into CIRTS by the end of each month prior to submitting the Monthly Programmatic Reports and request for payment. The following CIRTS data must be entered:

a. PSA

b. Provider/Location (each provider is required to have their own number)

c. County

d. Aggregate

e. Program (OA3D)

f. Service

g. Date of Service

h. Units provide (number of units as described in the Department of Elder Affairs Programs and Services Handbook – Appendix A or any Notices of Instruction which are provided throughout the year)

i. Unit Cost

If any of these items are incorrect or missing, the Request for Payment will be placed on HOLD until the items are corrected or provided.

(3) All Evidence-Based Disease Prevention and Health Promotion Programs are required to be entered into CIRTS. In addition to entering data into CIRTS, Contractors who select the programs Living Healthy (Chronic Disease Self-Management Program), Tomando Control de su Salud, Arthritis Self-Management Program (English or Spanish) or the Diabetes Self-Management Program (English or Spanish), are required to send said data to the Council's Contract Manager electronically one (1) week after completion of workshop. The Council's Contract Manager will enter the data into the NCOAforce online database system.

(4) Contact the Council's Contract Manager in the event of an emergency or an exigent circumstance where the Contractor is unable to maintain an aspect of fidelity of the EBDPHP services (e.g. minimum or maximum number of participants) before the end of the workshop. At the discretion of the Council, the service may be reimbursed under this contract; however, if the fidelity infraction is discovered after the workshop has finished, during the request for payment process or a desk review; the Contractor may not be reimbursed for the workshop or shall be reimburse the cost of the workshop.

2.5 RECORDS AND DOCUMENTATION

The Contractor will ensure the collection and maintenance of client and service information on a monthly basis from the CIRTS or any such system designated by the Council. Maintenance includes valid exports and backups of all data and systems according to Department of Elder Affairs standards.

2.5.1 Each Contractor and subcontractor, among other requirements, must anticipate and prepare for the loss of information processing capabilities. The routine backing up of all data and software is required to recover from losses or outages of the computer system. Data and software essential to the continued operation of contractor functions must be backed up. The security controls over the backup resources shall be as

stringent as the protection required of the primary resources. It is recommended that a copy of the backed up data be stored in a secure, offsite location.

- 2.5.1.1** The Contractor shall maintain written policies and procedures for computer system backup and recovery and shall have the same requirement in its contracts and/or agreements with subcontractors. These policies and procedures shall be made available to the Council upon request.

2.6 EVALUATION AND PERFORMANCE SPECIFICATIONS

2.6.1 Outcomes

- (1) The Contractor shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Service Handbook.
- (2) The Contractor shall timely submit to the Council all reports described in Attachment I, Section 2.4 REPORTS.
- (3) The Contractor shall timely submit to the Council all information described in Attachment I, Section 2.5 RECORDS AND DOCUMENTATION.

- 2.6.2** The Contractor shall develop and document strategies in the Service Provider Application to support the Council's standard of performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours;
- (3) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (4) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (5) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (6) Percent of new service recipients whose ADL assessment score has been maintained or improved;
- (7) Percent of new service recipients whose IADL assessment score has been maintained or improved;
- (8) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (9) Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (10) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

The Contractor's performance of these measures will be reviewed and documented in the Council's annual monitoring reports.

2.6.3 Mandatory Participation: Training, Conferences, or Certification Programs

The Contractor shall have a representative participate in conference calls and training as required by the Council.

2.7 CONTRACTOR'S FINANCIAL OBLIGATIONS

2.7.1 Matching, Level of Effort, and Earmarking Requirements

The Contractor's match will be made in the form of local cash, and/or in-kind resources. Recipients of Older Americans Act services are required to provide at least 10 percent of the funding needed to deliver the services. The match required in this contract between the Council and the contractor may include funds raised by the Council to help defray the contractor's obligation to produce this match. Such match assistance, if any, is separately identified in Section 4 of this contract (Contract Amount). Match must be reported by title each month. At the end of the contract period, all OAA funds must be properly matched.

the Match for Title IIID, Disease Prevention and Health Promotion Services, is not required, but optional at discretion of the Council.

2.7.2 Consumer Contributions

Consumer contributions are to be used under the following terms:

- (1) The Contractor assures compliance with Section 315 of the Older Americans Act as amended in 2006, in regard to consumer contributions;
- (2) Voluntary contributions are not to be used for cost sharing or matching;
- (3) Accumulated voluntary contributions are to be used prior to requesting federal reimbursement; and
- (4) Voluntary contributions are to be used only to expand services.

2.7.3 Use of Service Dollars and Management of the Assessed Priority Consumer List

The Contractor is expected to spend all federal, state and other funds provided by the Council for the purpose specified in the contract. The Contractor must manage the service dollars in such a manner so as to avoid having a wait list and a surplus of funds at the end of the contract period, for each program managed by the Contractor. If the Council determines that the Contractor is not spending service funds accordingly, the Council may transfer funds to other Contractors during the contract period and/or adjust subsequent funding allocations accordingly, as allowable under state and federal law.

2.7.4 The Contractor agrees to distribute funds as detailed in the Service Provider Application and the Budget Summary, Attachment IV. The Contractor may request a budget revision by submitting a written request to the Council's Contract Manager. Upon approval, the Council's Finance Director will issue a budget revision letter. Any changes in the amount of federal or general revenue funds identified on the Budget Summary form require a contract amendment.

2.7.5 Title III Funds

The Contractor assures compliance with Section 306 of the Older Americans Act, as amended in 2006, that funds received under Title III will not be used to pay any part of a cost (including an administrative cost) incurred by the Contractor to maintain a contractual or commercial relationship that is not carried out to implement Title III.

2.8 COUNCIL'S RESPONSIBILITIES

2.8.1 Program Guidance and Technical Assistance

The Council will provide to the Contractor guidance and technical assistance as needed to ensure the successful fulfillment of the contract by the Contractor. The Council reserves the right to make any and all determinations exclusively which it deems necessary to protect the best interests of the State of Florida, and the health, safety, and welfare of the clients which are served by the Council either directly or through any one of its contracted providers.

Council and the Contractor shall contact health and aging-services foundations in service areas with the goal of establishing long-term partnerships to support ongoing evidence-based health promotion educational opportunities for elders, thus sustaining project efforts after the conclusion of the grant period.

2.8.2 Contract Monitoring and Evaluation Methodology

The Council will review and evaluate the performance of the Contractor under the terms of this contract. Monitoring shall be conducted through direct contact with the Contractor through telephone, in writing, or an on-site visit. The Council's determination of acceptable performance will be conclusive. The Contractor agrees to cooperate with the Council in monitoring the progress of completion of the service tasks and deliverables.

The Council may use, but is not limited to, one or more of the following methods for monitoring:

- (1) Desk reviews and analytical reviews;

- (2) Scheduled, unscheduled and follow-up on-site visits;
- (3) Client visits;
- (4) Review of independent auditor's reports;
- (5) Review of third-party documents and/or evaluation;
- (6) Review of progress reports;
- (7) Review of customer satisfaction surveys;
- (8) Agreed-upon procedures review by an external auditor or consultant;
- (9) Limited-scope reviews; and
- (10) Other procedures as deemed necessary.

Desk reviews shall be conducted for each evidence-based program within one week of the completion of the unit. All supporting documentation (ie: Sign in sheets, program license, trainer certificates, etc.) are required to be submitted to the Council's Contract Manager within one week following the completion of each unit.

The Council shall conduct at least one on site technical assistance visit per year. During this technical assistance visit the Contractor will arrange for observation of delivery of service provided to seniors in local community. The technical assistance visit will consist of training and open discussions necessary to assist with understanding and comply with the contract.

SECTION III: METHOD OF PAYMENT

3.1 General Statement of Method of Payment

The method of payment for this contract includes advances and fixed rate for services. The Contractor shall ensure fixed rates for services include only those costs that are in accordance with all applicable state and federal statutes and regulations and are based on audited historical costs in instances where an independent audit is required. The Contractor shall consolidate all requests for payment from subcontractors and expenditure reports that support requests for payment and shall submit to the Council on forms 106A and 105A, Attachment V.

- 3.1.1** The Contractor agrees to distribute funds as detailed in the service provider application and the Attachment IV, Budget Summary. The Contractor may request a budget revision by submitting a written request to the Council's Contract Manager. Upon approval, the Council's Finance Director will issue a budget revision notification. An amendment is required to change the total amount of the contract.

3.2 Advance Payments

The contractor may request up to two months of advances at the start of the contract period, if available, to cover program administrative and service costs. The payment of an advance will be contingent upon the sufficiency and amount of funds released to the DOEA by the State of Florida ("budget release"). The Contractor shall provide the Council's Fiscal Department documentation justifying the need for an advance and describing how the funds will be distributed.

- 3.2.1** The Contractor's requests for advance require the approval of the Council's Finance Director. If sufficient budget is available, the Council will issue approved advance payments after January 1, 2016.
- 3.2.2.** All advance payments made to the Contractor shall be returned to the Council as follows: one – twelfth of the advance payment received shall be reported as an advance recoupment on each request for payment, starting with report number three, in accordance with the Attachment III, Invoice Report Schedule to this contract.
- 3.2.3** Interest earned on advances must be identified separately by source of funds, state or federal. Contractors shall maintain advances of federal funds in FDIC interest bearing accounts unless otherwise exception is made in accordance with 45 CFR 74.22(k). Earned interest must be returned to the Council at the end of each quarter of the contract period.

3.3 Invoice Submittal and Requests for Payment

All Payment and Receipts and Expenditure Report submitted to support requests for payment shall be on DOEA forms 106A and 105A, Attachment V accompanied by a CIRT report. Duplication or replication of both 106 A and 105A forms via data processing equipment is permissible, provided all data elements are in the same format as included on the DOEA forms.

All payment requests for Title IIID, Disease Prevention and Health Promotion Services, shall be based on the submission of the Monthly Programmatic Report to the Council's Contract Manager. If the Payment and Receipts and Expenditure Report does not equal the amount of units reported on the Monthly Programmatic Report, the Request for Payment will be placed on **HOLD** until the reports are corrected or proper justification is provided. The Monthly Programmatic Report needs to be submitted electronically to the Council Contract Manager or designee, prior to the Request for Payment but not later than the Request for Payment arrival.

The Contractor shall maintain documentation to support payment requests that shall be available to the Council or authorized individuals upon request. Such documentation shall be provided upon request to the Council or the Department of Elder Affairs.

3.3.1 Remedies-Nonconforming Services

The Contractor shall ensure that all goods and/or services provided under this contract are delivered timely, completely and commensurate with required standards of quality. Such goods and/or services will only be delivered to eligible program participants.

If the Contractor fails to meet the prescribed quality standards for services, such services will not be reimbursed under this contract. In addition, any nonconforming goods (including home delivered meals) and/or services not meeting such standards will not be reimbursed under this contract. The Contractor's signature on the request for payment form certifies maintenance of supporting documentation and acknowledgement that the Contractor shall solely bear the costs associated with preparing or providing nonconforming goods and/or services. The Council requires immediate notice of any significant and/or systemic infractions that compromise the quality, security or continuity of services to clients, the ability to achieve programmatic performance or to provide sound financial management of the program.

3.3.2 Financial Consequences

Contractor shall ensure the provision of services to the projected number of clients in accordance with the service provider application as updated and within the contract amount. The Contractor shall ensure expenditure of 100% of the contract amount budgeted for services to clients at the unit rates established in the Service Provider Application. In the event the Contractor has a surplus of 1% or more at the end of the contract term, the Council will reduce 1% of the contract budget for the next year of the contract term. If, or to the extent, there is any conflict between this Section and Section 39 and 39.1 of the Master Contract, this Section shall have precedence.

3.4 Consequences for Noncompliance

Contractor shall ensure 100% of the deliverables identified in Section 1.2.3, Scope of Services, are performed pursuant to contract requirements, and as described in Section 2.3.1 are identified as major deliverables in this contract.

If at any time the Contractor is notified by the Council's Contract Manager that it has failed to correctly, completely, or adequately perform these major deliverables, the Contractor will have 10 days to submit a Corrective Action Plan ("CAP") to the Contract Manager that addresses the deficiencies and states how the deficiencies will be remedied within a time period approved by the Contract Manager. The Council shall assess a Financial Consequence for Non-Compliance on the Contractor for each deficiency identified in the CAP which is not corrected pursuant to the CAP. The Council will also assess a Financial Consequence for failure to timely submit a CAP.

In the event Contractor fails to correct an identified deficiency within the approved time period specified in the CAP, the Council shall deduct, from the payment for the invoice of the following month, 1% of the monthly value of the service funds in the contract for each day the deficiency is not corrected. The Council may also deduct, from the payment for the invoice of the following month, 1% of the monthly value of the service funds in the contract for each day the Contractor fails to timely submit a CAP.

If Contractor fails to timely submit a CAP plan, the Council shall deduct 1% of the monthly value of the service funds in the contract for each day the CAP is overdue, beginning the 11th day after notification by the Council's Contract Manager of the deficiency. The deduction will be made from the payment for the invoice of the following month.

If, or to the extent, there is any conflict between this Section and Sections 39 and 39.1 of the Master Contract, this Section shall have precedence.

3.5. Date for Final Request for Payment

The final request for payment will be due to the Council no later than January 20, 2017.

3.6 Documentation for Payment

The Contractor shall maintain documentation to support payment requests that shall be available to the Council or authorized individuals.

3.6.1 The Contractor will enter all required data per the CIRTIS Department of Elder Affairs' Policy Guidelines for clients and services in the CIRTIS database. The data must be entered into the CIRTIS before the Contractor can submit their request for payment and expenditure reports to the Council. The Contractor shall establish time frames to assure compliance with due dates for the requests for payment and expenditure reports to the Council.

3.6.2 The Contractor will run monthly CIRTIS reports and verify client and service data in the CIRTIS is accurate. This report must be submitted to the Council with the monthly request for payment and expenditure report and must be reviewed by the Council before the Contractor's request for payment and expenditure reports can be approved by the Council. All payment requests shall be based on the submission of actual monthly expenditure reports beginning with the first month of the contract. The schedule for submission of advance requests (when available) and invoices is Attachment III, Invoice Report Schedule, to this contract. Payment may be authorized only for allowable expenditures, which are in accordance with the limits specified in Attachment IV, Budget Summary.

3.4.3 Any payment due by the Council under the terms of this contract may be withheld pending the receipt and approval of all financial and programmatic reports due from the Contractor and any adjustments thereto, including any disallowance not resolved as outlined in Section 26 of the Master Contract.

3.4.4 Final request for budget revision or adjustments to contract funds based on expenditures for services provided between January 1, 2016 and December 31, 2016, must be submitted to the Council's Contract Manager no later than December 31, 2016.

Contractor shall ensure compliance with evidence-based programs. Should the Contractor not comply with the research design of the program, reimbursement for services will be at the sole discretion of the Department of Elder Affairs'.

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

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Title IIIB Support Services	2016	U.S. Dept. of Health and Human Services	93.044	\$217,766.54
Title IIIB Council Match	2016		N/A	\$44,205.00
Title IIIE Support Services	2016	U.S. Dept. of Health and Human Services	93.052	\$3,000.00
Title IIIE Council Match	2016		N/A	\$334.00
TOTAL FUNDS CONTAINED IN THIS CONTRACT:				\$265,305.63

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

2 CFR Part 230 Cost Principles for Non-Profit Organizations (Formerly OMB Circular A-122 – Cost Principles)*

2 CFR Part 215 Administrative Requirements (Formerly OMB Circular A-110 – Administrative Requirements)

OMB Circular A-133 – Audit Requirements

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

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

MATCHING RESOURCES FOR FEDERAL PROGRAMS**STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.**

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
TOTAL AWARD			\$

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 III**OLDER AMERICANS ACT PROGRAM****INVOICE REPORT SCHEDULE**

Report #	Based On	Due Date
1	January Advance*	January 4
2	February Advance*	January 4
3	January Expenditure Report	February 5
4	February Expenditure Report	March 7
5	March Expenditure Report	April 5
6	April Expenditure Report	May 5
7	May Expenditure Report	June 6
8	June Expenditure Report	July 6
9	July Expenditure Report	August 5
10	August Expenditure Report	September 7
11	September Expenditure Report	October 7
12	October Expenditure Report	November 7
13	November Expenditure Report	December 7
14	December Expenditure Report	January 6
15	Final Expenditure and Closeout Report	January 20

Legend: * Advance based on projected cash need.

Note # 1: Report #1 and #2 for Advances cannot be submitted to the Department of Financial Services (DFS) prior to January 4 or until the Contract with the Council has been executed and a copy sent to DFS. Actual submission of the vouchers to DFS is dependent on the accuracy of the expenditure report.

Note # 2: Report numbers 3 through 14 will reflect an adjustment of one twelfth of the total advance amount, on each of the reports respectively, repaying advances on the contract. The adjustment will be recorded in Part C, 1 of the report.

Note # 3: Submission of expenditure reports may or may not generate a payment request. If final expenditure report reflects funds due back to the Council, payment is to accompany the report.

Note # 4: Reports submitted after the 10th of the month will be processed the following month. This rule will be strictly enforced.

ATTACHMENT IV

OLDER AMERICANS ACT

BUDGET SUMMARY – III B

FIXED SERVICES	Total Units	Unit Rate	Federal Funds	Council Match Funds	Total Reimbursement
Education/Training	30	\$81.96	\$2,458.80	\$0.00	\$2,458.80
Counseling - Gero - Ind	336	\$86.38	\$29,023.68	\$0.00	\$29,023.68
Counseling - Gero - Grp	125	\$66.68	\$8,335.00	\$0.00	\$8,335.00
Health Support - Grp	125	\$97.51	\$12,188.56	\$0.00	\$12,188.56
Health Support – Ind	440	\$65.00	\$28,600.00	\$0.00	\$28,600.00
Intake	65	\$27.45	\$1,784.25	\$0.00	\$1,784.25
Outreach	30	\$161.30	\$4,839.00	\$0.00	\$4,839.00
Recreation	6,247.50	\$27.97	\$130,537.34	\$44,205.00	\$174,742.34
TOTAL III B CONTRACT AMOUNT			\$217,766.63	\$44,205.00	\$261,971.63

BUDGET SUMMARY – III E

FIXED SERVICES	Total Units	Unit Rate	Federal Funds	Council Match Funds	Total Reimbursement
Caregiver Training & Support - Grp	50	\$66.68	\$3,000.00	\$334.00	\$3,334.00
TOTAL III E CONTRACT AMOUNT			\$3,000.00	\$334.00	\$3,334.00
TOTAL CONTRACT AMOUNT			\$220,766.63	\$44,539.00	\$265,305.63

ATTACHMENT V

EXCEL Forms will be emailed in January 2016

ATTACHMENT VI

[Enter agency Logos]

[Enter Name of Organization]
Health & Wellness Program (OA3D)
 [Enter PSA Number]
Sign-in-Sheet

Date: _____ Start Time: _____ End Time: _____

Location Name (ie. Senior Center): _____

Address (include City, State, Zip Code): _____

Phone #: _____ Funded by: _____

Topic: _____ # of Seniors: _____

Name & Title of Presenter: _____

#	Printed Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

[Name of organization]
 [Enter address]
 [enter city, state, zip code]
 [enter phone number and fax number]
 [enter web address]