

**CITY OF MIRAMAR
PROPOSED CITY COMMISSION AGENDA ITEM**

Meeting Date: November 6, 2019

Presenter's Name and Title: Katrina Davenport, Director – Community Services Department

Prepared By: Kimberly Danvers

Temp. Reso. Number: 7036

Item Description: Temp. Reso. #R7036, AUTHORIZING THE ACCEPTANCE OF GRANT FUNDING FROM THE AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC., IN THE AMOUNT OF \$646,184.77 FOR THE PERIOD FROM JANUARY 1, 2020 THROUGH DECEMBER 31, 2020; APPROVING AND AUTHORIZING THE CITY MANAGER TO EXECUTE THE FUNDING AGREEMENT WITH THE AREAWIDE COUNCIL ON AGING TO PROVIDE SENIOR CENTER SERVICES. (Community Services Director Katrina Davenport)

Consent ☒ Resolution ☐ Ordinance ☐ Quasi-Judicial ☐ Public Hearing ☐

Instructions for the Office of the City Clerk:

Public Notice – As required by the Sec. ____ of the City Code and/or Sec. ____, Florida Statutes, public notice for this item was provided as follows: on _____ in a _____ ad in the _____; by the posting the property on _____ and/or by sending mailed notice to property owners within _____ feet of the property on _____
(fill in all that apply)

Special Voting Requirement – As required by Sec. ____, of the City Code and/or Sec. ____, Florida Statutes, approval of this item requires a _____ (unanimous, 4/5ths etc.) vote by the City Commission.

Fiscal Impact: Yes ☒ No ☐

REMARKS: Funding of \$646,184.77 will be deposited into GL Account 162-00-000-000-000-331690-92556, “Federal Grant-Area Agency on Aging.”


Content:

- Agenda Item Memo from the City Manager to City Commission
- Resolution TR7036
 - Exhibit A: Contract JA120-05-2020 with the Areawide Council on Aging of Broward County, Inc. effective January 1, 2020 to December 31, 2020.



**CITY OF MIRAMAR
INTEROFFICE MEMORANDUM**

TO: Mayor, Vice Mayor, & City Commissioners

FROM: Vernon E. Hargray, City Manager 

BY: Katrina Davenport, Director of Community Services

DATE: October 31, 2019

RE: Temp. Reso. No. R7036; authorizing acceptance of grant funding from the Areawide Council on Aging of Broward County, Inc.

RECOMMENDATION: The City Manager recommends approval of Temp. Reso. No. 7036, for the acceptance of \$646,184.77 in grant funding from the Areawide Council on Aging of Broward County, Inc. (the "Council") and approving and authorizing execution of the related grant agreement.

ISSUE: City Commission approval is required in order to accept grant funds and authorize execution of the grant agreement.

BACKGROUND: The City has received senior center funding from the Council for the past 39 years. In July 2019, the Social Services Department responded to a competitive one-year bid with a possible three-year extension, and was awarded funding from the Council to provide counseling, caregiver and health support, recreation, and transportation services. This award provides for continuation of the designation as the Southcentral/Southeast Focal Point Senior Center, one of four Focal Points in Broward County servicing residents age 60 and over, and providing a full gamut of senior and social services programs.

The exhibits to the resolution provide for the acceptance of grant funding, JA120-05-2020, to provide services for the period January 1, 2020 to December 31, 2020 (Exhibit A). This grant requires a \$29,044 match from the City, which will be satisfied through in-kind transportation services.

Temp. Reso. No. 7036
9/25/19
10/29/19

**CITY OF MIRAMAR
MIRAMAR, FLORIDA**

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA, AUTHORIZING THE ACCEPTANCE OF GRANT FUNDING FROM THE AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC., IN THE AMOUNT OF \$646,184.77 FOR THE PERIOD FROM JANUARY 1, 2020 THROUGH DECEMBER 31, 2020; APPROVING AND AUTHORIZING THE CITY MANAGER TO EXECUTE THE FUNDING AGREEMENT WITH THE AREAWIDE COUNCIL ON AGING TO PROVIDE SENIOR CENTER SERVICES; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City desires to provide quality services for those persons over the age of 60; and

WHEREAS, the Council has awarded the City continuation grant funding to assist in the operation of the Southcentral/Southeast Focal Point Senior Center for the period January 1, 2020 to December 31, 2020; and

WHEREAS, the City Manager recommends approval of the acceptance of the funding agreement (the "Agreement") for the period effective January 1, 2020 to December 31, 2020; and

Reso No.: _____

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10/29/19

WHEREAS, the Agreement, will provide the City with \$646,184.77 in grant funding for the period from January 1, 2020 through December 31, 2020 to benefit the participants of the senior centers; and

WHEREAS, the grant requires a \$29,044 match from the City, which will be satisfied through in-kind transportation services; and

WHEREAS, the City Commission deems it to be in the best interest of the citizens and residents of the City of Miramar to accept the Agreement; and to authorize the City Manager to execute the Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA AS FOLLOWS:

Section 1: That the foregoing “**WHEREAS**” clauses are ratified and confirmed as being true and correct and are made a specific part of this Resolution.

Section 2: That the City is authorized to accept the Agreement in the amount of \$646,184.77, attached hereto as Exhibit A, from the Areawide Council on Aging of Broward County, Inc. for the provision of senior center services.

Temp. Reso. No. 7036
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10/29/19

Section 3: That City approves the Agreement, attached hereto as Exhibit A, and that the City Manager is authorized to execute the Agreement together with such non-substantial changes as are acceptable to the City Manager and approved as to form and legal sufficiency by the City Attorney.

Section 4: That the appropriate City officials are authorized to do all things necessary and expedient in order to carry out the aims of this Resolution.

Section 5: That this Resolution shall take effect immediately upon adoption.

Temp. Reso. No. 7036
9/25/19
10/29/19

PASSED AND ADOPTED this _____ day of _____, _____.

Mayor, Wayne M. Messam

Vice Mayor, Alexandra P. Davis

ATTEST:

City Clerk, Denise A. Gibbs

I HEREBY CERTIFY that I have approved
this RESOLUTION as to form:

City Attorney,
Austin Pamies Norris Weeks Powell, PLLC

Requested by Administration

Commissioner Winston F. Barnes
Commissioner Maxwell B. Chambers
Commissioner Yvette Colbourne
Vice Mayor Alexandra P. Davis
Mayor Wayne M. Messam

Voted

Reso. No. _____

THIS CONTRACT is entered into between the Areawide Council on Aging of Broward County, Inc., hereinafter referred to as the “Council,” and City of Miramar, Florida / Southcentral/Southeast Focal Point Senior Center hereinafter referred to as the “Contractor who are collectively referred to as the “Parties.” This Contract is subject to all provisions contained in the Master Contract JM018-05-2020 executed between the Council and the Contractor, 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

This Contract will incorporate attachments, proposal(s), service provider application(s), grant contracts, relevant State of Florida, Department of Elder Affairs’ handbooks, manuals or desk books and Master Contract JM018-05-2020, 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 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.

3. Term of Contract

This Contract shall begin on January 1, 2020, or on the date on which this Contract has been signed by the last party required to sign it, whichever is later. It will end at midnight, Eastern Standard Time on December 31, 2020.

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 **\$646,184.77**, subject to the availability of funds. **\$522,516.69** represents Federal Older Americans Act (OAA) Title III B funds, **\$58,057.10** represents Areawide Council on Aging (AAA) local matching funds for Title III B. **\$33,334.00** represents Federal OAA Title III D funds. **\$ 29,049.00** represents Federal OAA Title III E funds, and **\$3,227.67** represents AAA local matching funds for Title III E. In accordance with the provision of Title III of the Older Americans Act, the Contractor will contribute **\$29,044.34** to the project in matching funds. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this Contract.

5. Renewals

By mutual agreement of the Parties, in accordance with s. 287.058(1)(g), F.S., the Council may renew this 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 to the Council’s request for Service Provider Application. No other costs for the renewal may be charged. 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. Background Screening

The Contractor shall ensure that the requirements of Section 430.0402 and Chapter 435, F.S., as amended, are met regarding background screening for all persons who meet the definition of a direct service provider and who are not exempt from the State of Florida, Department of Elder Affairs' level 2 background screening pursuant to Section 430.0402(2)-(3), F.S. The Contractor must also comply with any applicable rules promulgated by the State of Florida, Department of Elder Affairs and the Agency for Health Care Administration regarding implementation of Section 430.0402 and Chapter 435, F.S.

6.1 To demonstrate compliance with this provision, Contractor shall submit ATTACHMENT VIII, Background Screening Affidavit of Compliance annually, by January 5, 2020.

6.2 Further information concerning the procedures for background screening is found at <http://elderaffairs.state.fl.us/doea/backgroundscreening.php>.

6.3 Investigation of Criminal Allegations

Any report that implies criminal intent on the part of the Contractor or any Subcontractors and referred to a governmental or investigatory agency must be sent to the Council. If the Contractor has reason to believe that the allegations will be referred to the State Attorney, a law enforcement agency, the United States Attorney's office, or governmental agency, the Contractor shall notify the Council immediately. A copy of all documents, reports, notes, or other written material concerning the investigation, whether in the possession of the Contractor or Subcontractors, must be sent to the Council with a summary of the investigation and allegations.

7. Nondiscrimination-Civil Rights Compliance

7.1 The Contractor shall execute assurances as stated in the Assurances-Non-Construction Programs, ATTACHMENT III of the Master Contract, that it will not discriminate against any person in the provision of services or benefits under this Contract or in employment because of age, race, religion, color, disability, national origin, marital status or sex in compliance with state and federal law and regulations. The Contractor further assures that all contractors, subcontractors, subgrantees, or others with whom it arranges to provide services or benefits in connection with any of its programs and activities are not discriminating against clients or employees because of age, race, religion, color, disability, national origin, marital status or sex.

7.2 During the term of this Contract, the Contractor shall complete and retain on file a timely, complete, and accurate Civil Rights Compliance Checklist, ATTACHMENT VII.

7.3 The Contractor shall establish procedures pursuant to federal law to handle complaints of discrimination involving services or benefits through this Contract. These procedures will include notifying clients, employees, and participants of the right to file a complaint with the appropriate federal or state entity.

7.4 If this Contract contains federal funds, these assurances are a condition of continued receipt of or benefit from federal financial assistance, and are binding upon the Contractor, its successors, transferees, and assignees for the period during which such assistance is provided. The Contractor further assures that all Subcontractors, Vendors, or others with whom it arranges to provide services

or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Contractor understands that the Council may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, including but not limited to, termination of and denial of further assistance.

8. Provision of Services:

The Contractor shall provide services in the manner described in ATTACHMENT I.

9. 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:	City of Miramar, Florida / Southcentral/Southeast Focal Point Senior Center 2300 Civic Center Place Miramar, FL 33025
b.	The name of the contact person and street address where financial and administrative records are maintained is:	Katrina Davenport, Director of Community Services City of Miramar, Florida / Southcentral/Southeast Focal Point Senior Center 2300 Civic Center Place Miramar, FL 33025
c.	The name, address, and telephone number of the representative of the Contractor responsible for the administration of the program under this Contract is:	Katrina Davenport, Director of Community Services City of Miramar, Florida / Southcentral/Southeast Focal Point Senior Center 2300 Civic Center Place Miramar, FL 33025 954-889-2702
d.	The section and location within the Council where the Request for Payment and Receipt and Expenditure forms are to be mailed or e-mailed is:	Areawide Council on Aging of Broward County, Inc. 5300 Hiatus Road, Sunrise, FL 33351 fiscal@adrcbroward.org
e.	The name, address, and telephone number of the Council's Contract Manager for this Contract is:	Deborah Pope 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.		

10. All Terms and Conditions Included:

This Contract and its Attachments, I - VIII 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.

IN WITNESS THEREOF, the Parties hereto have caused this 35-page Contract to be executed by their undersigned officials as duly authorized.

THE CITY OF MIRAMAR

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

By: _____
Vernon E. Hargray
City Manager

SIGNED BY

Dated: _____

PAULINE GRANT
NAME

PRESIDENT
TITLE

ATTEST:

DATE

Denise A. Gibbs, CMC, City Clerk

Approved as to form and legal sufficiency
for the use of and reliance by the City of
Miramar only:

Austin Pamies Norris Weeks Powell, PLLC
City Attorney

FEDERAL ID NUMBER: 59-6019762

FISCAL YEAR-END DATE: September 30

#076041334

DUNS* Number

*Data Universal Numbering System

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
AIRS – Alliance of Information & Referral Systems
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
DOEA – State of Florida, Department of Elder Affairs
EBDPHPP – Evidence-Based Disease Prevention and Health Promotion Program
I&R – Information and Referral
IADL – Instrumental Activities of Daily Living
NCOA – National Council on Aging
OAA – Older Americans Act
PSA – Planning and Service Area
SPA – Service Provider Application

1.1.2 PROGRAM SPECIFIC TERMS

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

Criteria: A standard which the Administration on Aging/Administration on Community Living set for the OAA Title III D 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 the 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 and Monthly Programmatic Report, where the provider is listed, should be the actual organization conducting the service.

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.

1.2.1 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

All applicable federal laws, regulations, action transmittals, program instructions, review guides, and similar documentation related to the following:

- (1) Catalog of Federal Domestic Assistance No. 93.043, 93.044, 93.045, and 93.052;
- (2) Older Americans Act of 1965, as amended 2016;
- (3) Section 311 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. § 3030a);
- (4) 42 U.S.C. § 303 and § 604;
- (5) Rule 58A-1, Florida Administrative Code;
- (6) Section 430.101, Florida Statutes; and
- (7) Current DOEAP Programs and Services Handbook, which is hereby incorporated by reference, to include any subsequent revisions thereof.

1.2.3 Scope of Service

The Contractor is responsible for the programmatic, fiscal, and operational management of the Title IIIB, Supportive Services; Title IIIC1, Congregate Nutrition Services; Title IIIC2, Home Delivered Nutrition Services; Title IIID, Evidence-Based Disease Prevention and Health Promotion Services; and Title IIIE, Caregiver Support Services programs of the OAA within its designated sector outlined in the Contractor's Service Provider Application (SPA) requested by the Council and as specified in the Budget Summary, ATTACHMENT V. 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 SPA requested by the Council and the current DOEAP 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 costlier 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 CLIENTS TO BE SERVED

1.3.1 General Statement

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.

1.3.2 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 services and OAA Congregate Nutrition Services, including transportation to and from congregate meal sites.

1.3.3 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.

1.3.4 OAA Titles IIIC1 and IIIC2, Nutrition Services, General

General factors that should be considered in establishing priority for Nutrition Services, both Title IIIC1, and Title IIIC2, 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.

1.3.4.1 Title IIIC1, Congregate Nutrition Services

In addition to meeting the general nutrition services eligibility requirements listed in ATTACHMENT I, Section 1.3.4, 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.

1.3.4.2 OAA Title IIIC2, Home Delivered Nutrition Services

In addition to meeting the general nutrition services eligibility requirements listed in ATTACHMENT I, Section 1.3.4, 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.

1.3.5 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.

1.3.6 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 ATTACHMENT I, Paragraph 1.1.2.

1.3.7 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 Programs, the Contractor shall ensure the following tasks are performed.

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 Contract.

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 services specified in ATTACHMENT V, Budget Summary, in accordance with the current DOEA 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.

2.1.4 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; | |

2.1.5 Nutrition Services (IIC Programs)

2.1.5.1 Congregate Nutrition Services (IIC1 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 counseling;
- (4) Nutrition education; and
- (5) Outreach.

2.1.5.2 Home Delivered Nutrition Services (IIC2 Program)

In-home nutrition services are provided to reduce hunger and food insecurity; promote socialization and the health and wellbeing 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 counseling;
- (3) Nutrition education;
- (4) Outreach; and
- (5) Screening/Assessment.

2.1.5.3 Provider's Nutrition Service Operations

The Contractor shall ensure the nutrition service operations meet the requirements of ATTACHMENT I, as well as any other applicable regulations and policies prescribed in the current DOE Programs and Services Handbook, by the Department of Health and Human Services (DHHS), United States Department of Agriculture (USDA), state, and local health departments or any other agency designated to inspect meal quality for the State.

2.1.5.4 Prescribed Nutritional Requirements

The Contractor will ensure that each meal provided under this Contract must meet the following criteria:

- (1) Comply with the current Dietary Guidelines for Americans, published by the Secretaries of the DHHS and the USDA; and
- (2) Provide a minimum of 33 1/3 percent of the dietary reference intakes/adequate intakes for an age 70+ female as established by the Food and Nutrition Board of the National Academy of Sciences.

2.1.6 Evidence-Based Disease Prevention and Health Promotion Services (IIID Program)

Evidence-Based Disease Prevention and Health Promotion (EBDPHP) services have been demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults, and proven effective with older adult population. The Administration on Community Living (ACL) defines EBDPHP services as meeting highest-level criteria. Only services that meet the highest-level criteria are allowable under the IIID Program. EBDPHP services must be delivered in accordance with the fidelity of the program, as described in the DOEA Programs and Services Handbook. Evidence based program include the following:

- | | |
|--|---|
| (1) A Matter of Balance; | (16) Healthy Ideas; |
| (2) Active Living Every Day; | (17) Healthy Moves for Aging Well; |
| (3) Arthritis Foundation Exercise Program; | (18) HomeMeds; |
| (4) Arthritis Foundation Tai Chi Program
(Tai Chi for Arthritis); | (19) Physical Fitness; |
| (5) Arthritis Self-Management Program; | (20) Powerful Tools for Caregivers; |
| (6) Brief Intervention & Treatment for Elders
(BRITE); | (21) Program to Encourage Active Rewarding
Lives for Seniors (PEARLS); |
| (7) Chronic Disease Self-Management
Program; | (22) Programa de Manejo Personal de la
Arthritis; |
| (8) Chronic Pain Self-Management Program; | (23) Programa de Manejo Personal de la
Diabetes; |
| (9) Diabetes Empowerment Education
Program (DEEP); | (24) Stay Active and Independent for Life
(SAIL); |
| (10) Diabetes Self-Management Program; | (25) Stepping On; |
| (11) Disease Information | (26) Tai Chi/Tai Ji Quan Moving for Better
Balance (Highest-Level); |
| (12) Enhance Fitness; | (27) Tomando Control de su Salud; |
| (13) Enhance Wellness; | (28) Un Asunto de Equilibrio; and |
| (14) Fit and Strong!; | (29) Walk with Ease. |
| (15) Healthy Eating Every Day; | |

The Contractor must request in writing the use of any EBDPHP programs which are not listed in the DOEA Programs and Services 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.

2.1.7 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) Outreach;
- (7) Powerful Tools for Caregivers;
- (8) Respite Services;
- (9) Screening/Assessment;
- (10) Stress-Busting Programs for Caregivers; and
- (11) Transportation.

2.1.8 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.

2.1.9 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) Legal Assistance;
- (6) Outreach;
- (7) Screening/Assessment;
- (8) Sitter and;
- (9) Transportation.

2.2 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 EBDPHP services coordination efforts. If the program allows lay individuals, to be facilitators, the Contractor shall aim to use volunteers vs. paid staff for EBDPHP services.

2.2.1 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 10, 2020
April 1- June 30	July 10, 2020
July 1- September 30	October 9, 2020
October 1 - December 31	January 8, 2021

2.3 Staffing Requirements

2.3.1 Staffing Levels

The Contractor shall dedicate the staff necessary as required to meet the obligations of the contract.

2.3.2 Professional Qualifications

The Contractor shall ensure that the staff responsible for performing this Contract have the qualifications as specified in the DOEA Programs and Services Handbook.

2.3.3 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 Contract without having a binding subcontractor agreement executed. In accordance with Section 23 of the Master Contract JM018-05-2020, 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 (30) days of the subcontract being executed.

2.3.3.1 Monitoring Performance of Subcontractors

The Contractor shall monitor at least once per year each of its subcontractors paid from funds provided under this Contract. 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.

2.4 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 the 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 participant. 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 and replicating program fidelity.

The Contractor shall document, and provide upon request, evidence of partnerships created formally through Memorandums of Understanding or informally through emails and phone calls. The 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.

2.5 Contractor Outreach Reporting Requirements

The Contractor shall document its performance of outreach activities for the entire catchment area as specified in your Request for Proposal Bid Packet, 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 quarterly. The first report, for outreach activities from 01/01/2020 through 03/31/2020, is due on April 10, 2020. The second report, for outreach activities from 04/01/2020 through 06/30/2020, is due on July 10, 2020. The third report, for outreach activities from 07/01/2020 through 09/30/2020, is due on October 9, 2020. The final report, for outreach activities from 10/01/2020 through 12/31/2020, is due on January 8, 2021.

2.6 Grievance and Complaint Procedures

2.6.1 Grievance Procedures

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

2.6.2 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, DOEA 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.

2.6.3 Legal Provider Grievance Procedures

Legal Providers must have an internal grievance procedure that addresses both denials of service and complaints by clients about the 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:

- (1) Adequate notice of the grievance procedures;
- (2) Information on how to file a grievance or complaint, and;
- (3) 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.

2.7 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, except on holidays.

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

2.7.1 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.

2.8 DELIVERABLES

2.8.1 Programmatic Operations and Administration

The Contractor shall ensure the provision of services outlined in this Contract in accordance with the DOEA Programs and Services Handbook through its review of reports outlined in ATTACHMENT I, Section 2.9 of this Contract at least as follows:

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

2.8.2 Service Unit

The Contractor shall ensure the provision of the services described in the contract in accordance with the current DOEA Programs and Services Handbook at the unit rate specified in ATTACHMENT IV, Budget Summary, and the services tasks described in ATTACHMENT I, Section 2.1. Contractor's performance will be measured on compliance with the DOEA Programs and Services 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 2020 SPA requested and approved by the Council.

Service		Unit of Service
Adult Day Care	Legal Assistance	Hour
Caregiver Training/Support	Mental Health Counseling/Screening	
Case Aid/Case Management	Nutrition Counseling	
Child Day Care	Occupational Therapy	
Chore Services	Personal Care	
Companionship	Physical Fitness	
Congregate Meals Screening	Physical Therapy	
Counseling Services	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	
Enhance Fitness	Recreation	
Enhance Wellness	Respite Services	
Financial Risk Reduction Services	Screening/Assessment	
Health Support	Sitter	
Home Health Aide	Skilled Nursing Services	
HomeMeds	Speech Therapy	
Homemaker		
Housing Improvement		

Service		Unit of Service
Intake Interpreter/Translating	Stay Active and Independent for Life	
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 Chronic Pain Self-Management Program Diabetes Empowerment Education Program (DEEP) Diabetes Self-Management Program Disease Information Enhance Fitness Enhance Wellness Fit and Strong! Healthy Eating Every Day	Healthy Ideas Healthy Moves for Aging Well HomeMeds Physical Fitness Powerful Tools for Caregivers: Program to Encourage Active Rewarding Lives for Seniors (PEARLS) Programa de Manejo Personal de la Artritis Programa de Manejo Personal de la Diabetes Stay Active and Independent for Life (SAIL) Stepping On Tai Chi/Tai Ji Quan Moving for Better Balance (Highest-Level) 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) SPA Update; and
- (2) Justification for unit cost changes and/or units of service changes.

2.9 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 Council's Contract Manager.

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

2.9.1 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.

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

2.9.3 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 the program. This report provides information for planning and negotiating unit rates. The first semi-annual report encompassing the six months ending 06/30/2020 is due on August 22, 2020. The second semi-annual report encompassing the twelve months ending 12/31/2020 is due on February 19, 2021.

2.9.4 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 business day 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 the resolution of spending issues, if applicable; and
- (5) Number of clients currently on Assessed Priority Consumer List (APCL) that receive a priority ranking score of 4 or 5.

2.9.5 Evidence-Based Disease Prevention and Health Promotion Programmatic Reports

The Contractor shall submit Monthly Programmatic Reports for EBDPHP services on the dates specified in ATTACHMENT I, Section 2.9.5.1. The Council Contract Manager will provide an Excel workbook with the following tabs: Health and Wellness Courses/Services offered including Attestations (cumulative), Partnerships (updated as needed), and Success Stories (reported at least once each May).

2.9.5.1 Information provided in the Monthly Programmatic Report must match CIRTS data and 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</u>	<u>Report #</u>	<u>Reports Due Date</u>
Report 1	February 7, 2020	Report 7	August 7, 2020
Report 2	March 6, 2020	Report 8	September 7, 2020
Report 3	April 7, 2020	Report 9	October 7, 2020
Report 4	May 7, 2020	Report 10	November 6, 2020
Report 5	June 5, 2020	Report 11	December 7, 2020
Report 6	July 9, 2020	Report 12	January 8, 2021

2.9.5.2 The Contractor shall review program documentation to ensure documentation is complete and adequately supports the information reported on the Monthly Programmatic Report prior to

submitting a Request for Payment. The Contractor will attest to the review in the “comments” section of the Monthly Programmatic Report, and provide relevant information regarding the documentation as needed.

2.9.5.3 Program documentation shall include all of the following elements: Sign-In Sheet or Attendance Log; flyers or documentation demonstrating efforts to recruit participants and promote EBDPHP services provided; current facilitator certificates; copy of program license (if applicable); and any forms required by the specific program.

2.9.5.4 Contractor shall ensure that program documentation includes a Sign-In Sheet or Attendance Log with date, time, name of program, participant names, and name of program facilitator(s). If the Attendance Log does not include a space for participant signatures, additional program documentation must be included with participant signatures that match the participant names and dates in the Attendance Log. Exceptions may be approved by Council’s Contract Manager. Requests must be made in writing and kept with program documentation.

2.9.5.5 Participants **must** sign their name on program Sign-in Sheets or Attendance Logs. If a participant is unable to sign their name, the instructor may sign by proxy for the participant (including their own initials and date) with a note on the Sign-In Sheet explaining the need for the proxy.

2.9.5.6 The Contractor shall have a written fidelity monitoring plan, which includes observation of volunteer/trainer’s delivery of EBDPHP services as well as observation of delivery of EBDPHP services by the Council’s Contract Manager. A note will be included in the Monthly Programmatic Report, in the comments section, when a program has been observed. Documentation pertaining to the observation will be sent to the Council with Monthly Programmatic Report.

2.9.5.7 Chronic Disease Self-Management Education (CDSME) Workshop data must be entered into the NCOA Force database.

2.9.5.8 The Contractor will contact the Council Contract Manager in the event of an emergency or an exigent circumstance where the provider is unable to maintain an aspect of the 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’s Contract Manager, the service may be reimbursed under this Contract; however, if the fidelity infraction is discovered after the program has finished, during the Request for Payment Process or a desk review; the Contractor may not be reimbursed for the workshop or shall be requested to reimburse the Council the cost of the workshop.

2.10 RECORDS AND DOCUMENTATION

The Contractor shall maintain all contract related records and documentation that shall be available to the Council or authorized individuals, such as, the DOEA and the Department of Finance Services, upon request. The Contractor shall ensure the collection and maintenance of all program related information and documentation on any system designated by the DOEA and the Council. Maintenance includes valid exports and backups of all data and systems according to the DOEA standards. Data must be usable and must be maintained in a format that is readable to the DOEA and the Council.

2.10.1 CIRTS Data and Maintenance

The Contractor will ensure the collection and maintenance of client and service information on a monthly basis from the CIRTS or any other system designated by the Council. Maintenance includes

ensuring that all data is accurate and current and performing valid exports and backups of all data and systems according to the DOEA standards.

2.10.2 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.

2.10.3 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.

2.10.4 CIRTS Address Validation

The Contractor shall work with the Council to ensure that client addresses are correct in CIRTS for disaster preparedness efforts. At least annually, and more frequently as needed, the Council will provide direction on how to validate CIRTS addresses to ensure they can be mapped. The Contractor will receive a list of unmatched addresses that cannot be mapped, and the Contractor will be responsible for correcting the addresses and send a list to the Council with confirmed addresses. The Council will use this information to update maps, client rosters, and unmatched addresses and disseminate this information.

2.11 PERFORMANCE SPECIFICATIONS

2.11.1 Outcomes and Outputs (Performance Measures) – At a minimum, the Contractor must:

- (1) The Contractor shall ensure services provided under this Contract are in accordance with the current DOEA Programs and Service Handbook and the Service Tasks described in ATTACHMENT I, Section 2.1.
- (2) The Contractor shall timely submit to the Council all reports described in ATTACHMENT I, Section 2.9 REPORTS.
- (3) The Contractor shall timely submit to the Council all information described in ATTACHMENT I, Section 2.10 RECORDS AND DOCUMENTATION.

2.11.2 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) Percentage of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Percentage 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) Percentage of new service recipients whose ADL assessment score has been maintained or improved;
- (5) Percentage of new service recipients whose IADL assessment score has been maintained or improved;
- (6) Percentage of clients who are at imminent risk of nursing home placement who are served with community based services.
- (7) Percentage of active clients eating two or more meals per day.

- (8) After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care.

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

2.11.3 Mandatory Participation: Training, Conferences, or Certification Programs

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

2.12 CONTRACTOR'S FINANCIAL OBLIGATIONS

2.12.1 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, are separately identified in Section 4 of this Contract, Contract Amount. The match must be reported by title each month. At the end of the contract period, all OAA funds must be properly matched.

Match for Title IIID, Evidence-Based Disease Prevention and Health Promotion services is not required, but optional at the 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 Agencies 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 CONTRACTOR'S RESPONSIBILITIES

2.8.1 Contractor Unique Activities

All service tasks and deliverables pursuant to this Contract are solely and exclusively the responsibility of the Contractor, and for which, by the execution of this Contract, the Contractor agrees to be held accountable.

2.8.2 Coordination with Other Providers and/or Entities

Notwithstanding that services for which the Contractor is held accountable involve coordinating with other entities in performing the requirements of the contract; the failure of other entities does not alleviate the Contractor from any accountability for tasks or services that the Contract is obligated to perform pursuant to this Contract.

2.9 COUNCIL'S RESPONSIBILITIES

2.9.1 Council's Obligations – The Council will provide technical support to assist the Contractor in meeting the requirements of this Contract.

2.9.2 Council's Determinations - The Council reserves the exclusive right to make certain determinations in the tasks and approaches. The absence of the Council setting forth a specific reservation of rights does not mean that all other areas of the contract are subject to mutual agreement.

2.9.3 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 client 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 (i.e., 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 onsite technical assistance visit per year. During this technical assistance visit, the Contractor will arrange for observation of the delivery of service provided to seniors in the local community. The technical assistance visit will consist of training and open discussions necessary to assist with understanding and comply with the contract.

2.10 Program Highlights

The Contractor shall submit brief written narratives to the Council for publication in the Program Highlight sections of the DOE's Summary of Programs and Services, which is hereby incorporated by reference, to include any subsequent revisions thereof. The narratives shall reference specific events that have occurred since the last submission of Program Highlight narratives, including new success stories, quotes, testimonials, or human-interest vignettes. The narratives shall be written for a general audience, with no acronyms or technical terms. For all agencies or organizations that are referenced in the narratives, the Contractor shall provide a brief description of their mission or role. The active tense shall be consistently used in the narratives to identify the specific individuals or entities that performed the activities described in the narratives. The Contractor shall review and edit narratives for clarity, readability, relevance, specificity, human interest, and grammar prior to submitting them to the Council.

SECTION III: METHOD OF PAYMENT

3.1 General Statement of Method of Payment

The method of payment for this Contract includes advances and a 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 106 and 105, ATTACHMENT V.

3.1.1 The Contractor agrees to distribute funds as detailed in the SPA requested by the Council 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 letter. 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 DOE 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 of the contract year. The schedule for submission of advance requests (when available) is ATTACHMENT III to this contract.

3.2.2 All advance payments made to the Contractor shall be returned to the Council as follows: one-tenth (1/10) of the advance payment received shall be reported as an advance recoupment on each request for payment, starting with report number one (1), in accordance with the Invoice Schedule,

ATTACHMENT III to this Contract. The Contractor may temporarily place advanced funds in an FDIC insured interest-bearing account. All interest earned on advanced funds must be returned to the Council within twenty (20) days of the end of each quarter of the contract period.

- 3.2.3** All advanced payments retained by the Contractor must be fully expended no later than March 31, 2020. Any portion of advanced payments not expended must be recouped on March's Expenditure Report due to the Council on April 7, 2020, in accordance with the Invoice Schedule, ATTACHMENT III.

3.3 Invoice Submittal and Requests for Payment

All requests for payment and expenditure reports submitted to support requests for payment shall be on forms 105 and 106, ATTACHMENT V. The Contractor will consolidate all requests for payment from subcontractors and expenditure reports that support requests for payment.

- 3.3.1** All payment requests for Title IIID, Evidence-Based 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's Contract Manager or designee, prior to the Request for Payment but not later than the Request for Payment arrival.

- 3.3.2** The Contractor shall include with its request for payment documentation of services provided, the units of services provided, and the rates for the services provided in conformance with the requirements as described in this ATTACHMENT I and ATTACHMENT IV, Budget Summary. Each deliverable must be received and accepted by the Council before payment is made.

- 3.3.3** 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 DOEA.

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

3.4 Documentation for Payment

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

- 3.4.1** The Contractor will enter all required data per the CIRTIS 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.

- 3.4.2** 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 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 Council.

3.5 Date for Final Request for Budget Revisions

Final requests for budget revision or adjustments to contract funds based on expenditures for services provided through December 31, 2020, must be submitted to the Council's Contract Manager and Finance Director, no later than December 31, 2020.

3.5.1 Date for Final Request for Payment

The final request for payment will be due to the Council no later than January 20, 2021.

3.6 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 acknowledgment 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.

3.7 Consequences for Noncompliance

Contractor shall ensure 100% of the deliverables identified in this Contract are performed pursuant to contract requirements.

3.7.1 Corrective Action Plan

If at any time the Contractor is notified by the Council's Contract Manager that it has failed to correctly, completely, adequately perform contract deliverables identified in this Contract, the Contractor will have ten (10) days to submit a CAP to the Council's Contract Manager that addresses the deficiencies and states how the deficiencies will be remedied within a time period approved by the Council's Contract Manager. The Council shall assess a financial consequence for noncompliance on the Contractor as referenced in Section 3.7.2 of this Contract 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.

If the Contractor fails to correct an identified deficiency within the approved time period specified in the CAP, the Council shall deduct the percentage established in Section 3.7.2 of this Contract from the payment for the invoice of the following month.

If the Contractor fails to timely submit a CAP, the Council shall deduct the percentage established in ATTACHMENT I, Section 3.7.2 of this Contract for each day the CAP is overdue. 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 ATTACHMENT I, Section 3.7, and Section 39. of the Master Contract, Section 3.7 shall have precedence.

3.7.2 Financial Consequences

The Council will withhold or reduce payment if the Contractor fails to perform the deliverables to the satisfaction of the Council according to the requirements referenced in ATTACHMENT I, Section 2.1 of this Contract. The following financial consequences will be imposed if the deliverables stated do not meet in part or in whole the performance criteria as outlined in ATTACHMENT I, Section 2.8 of this Contract.

Failure to comply with established assessment and prioritization criteria, as evidenced by the CIRT reports, will result in a 2% reduction of payment per business day. The reduction of payment will begin on the first business day following the Council's notification to the Contractor that the identified deficiency was not cured or satisfactorily addressed in accordance with the Council-approved CAP, referenced in ATTACHMENT I, Section 3.7.

Failure to perform management and oversight of Program operations will result in a 2% reduction of payment per business day. The reduction of payment will begin the first business day following the Council's notification to the Contractor that the identified deficiency was not cured or satisfactorily addressed in accordance with the Council-approved CAP, referenced in ATTACHMENT I, Section 3.7.

Failure to timely submit a CAP within 10 business days after notification of a deficiency by the Council Contract Manager will result in a 2% reduction of payment per business day the CAP is not received. The reduction of payment will begin the first business day following the Council's notification to the Contractor that the identified deficiency was not cured or satisfactorily addressed in accordance with the Council approved CAP, referenced in ATTACHMENT I, Section 3.7.

Failure to provide services in accordance with the current DOE Programs and Services Handbook, the service tasks described in ATTACHMENT I, Section 2.1, and submission of required documentation will result in a 2% reduction of payment per business day. The reduction of payment will begin on the 11th business day following the Council's notification that it has failed to correctly, completely, adequately perform contract deliverables identified in this Contract.

END OF ATTACHMENT

ATTACHMENT II**FUNDING SUMMARY**

Note: Title 2 CFR & 2 CFR Part 200, as revised, and Section 215.971, F.S. requires that the information about Federal Programs and State Projects included in Attachment I of the Master Contract be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the contract budget.

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	2020	U.S. Dept. of Health and Human Services	93.044	\$522,516.69
Title IIIB Council Match	2020		N/A	\$58,057.10
Title IIID Support Services	2020	U.S. Dept. of Health and Human Services	93.043	\$33,334.00
Title IIIE Support Services	2020	U.S. Dept. of Health and Human Services	93.052	\$29,049.00
Title IIIE Council Match	2020		N/A	\$3,227.67
TOTAL FUNDS CONTAINED IN THIS CONTRACT:				\$646,184.77

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

FEDERAL FUNDS:

2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. OMB Circular A-133, As amended – Audits of States, Local Governments, and Non-Profit Organizations.

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, F.S., Chapter 69I-5, FL Admin Code, Reference Guide for State Expenditures, Other fiscal requirements set forth in program laws, rules, and regulations.

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

Report #	Based On	Due Date
A1	January Advance*	January 3
A2	February Advance*	January 3
1	January Expenditure Report	February 7
2	February Expenditure Report	March 6
3	March Expenditure Report	April 7
4	April Expenditure Report	May 8
5	May Expenditure Report	June 5
6	June Expenditure Report	July 8
7	July Expenditure Report	August 7
8	August Expenditure Report	September 7
9	September Expenditure Report	October 7
10	October Expenditure Report	November 6
11	November Expenditure Report	December 7
12	December Expenditure Report	January 8
13	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 2 or until this 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 1 through 10 will reflect an adjustment of one-tenth (1/10) of the total advance amount, on each of the reports respectively, repaying advances on this 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 the 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

A detailed Budget Summary will be provided once the review of the SPA is completed.

ATTACHMENT V

CONTRACT #:
PROV YYYY

RECEIPTS AND UNIT COST REPORT
Program

PROVIDER NAME, ADDRESS, PHONE # and FED# PROVIDER ADDRESS ADDRESS Tel: Fax: FEID #:		FUNDING SOURCE:		THIS REPORT PERIOD Period CONTRACT PERIOD: CONTRACT #: 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 is correct.							
Prepared By: _____ Date: _____ Approved By: _____ Date: 20							
PART a: INCOME / RECEIPTS 1. Federal Funds 2. State Funds 3. Program Income 4. Local Cash Match 5. SUBTOTAL: CASH RECEIPTS 6. Local In-Kind match 7. TOTAL RECEIPTS		A. Approved Budget \$0.00 \$0.00	B. Actual Receipts for third report \$0.00 \$0.00	C. Total Receipts Year to Date \$0.00 \$0.00	D. % of Approved Budget #DIV/0! #DIV/0!		
PART b: UNIT COST REPORT (A) SERVICE (B) CONTRACT AMOUNT (C) UNITS (D) UNIT RATE (E) AMOUNT EARNED THIS PERIOD (F) AMOUNT PREVIOUSLY EARNED (G) AMOUNT EARNED YTD							
<u>FIXED SERVICES</u>							
SERVICE	\$0.00	0.00	\$18.00	\$0.00		\$0.00	YTD Units 0.00
SERVICE	\$0.00	0.00	\$22.00	\$0.00		\$0.00	0.00
SERVICE	\$0.00	0.00	\$33.00	\$0.00		\$0.00	0.00
SERVICE	\$0.00	0.00	\$44.00	\$0.00		\$0.00	0.00
SERVICE	\$0.00	0.00	\$55.00	\$0.00		\$0.00	0.00
			\$0.00	\$0.00		\$0.00	
			\$0.00	\$0.00		\$0.00	
			\$0.00	\$0.00		\$0.00	
			\$0.00	\$0.00		\$0.00	
	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00
PART c: OTHER REVENUE / PROGRAM INCOME 1. CONTRIBUTIONS: (EXCLUDES CLIENT CO-PAY COLLECTIONS) 2. CLIENT CO-PAY ASSESSED 3. CLIENT CO-PAY COLLECTIONS 4. INTEREST (NET AMOUNT NOT RETURNED) 5. MATCH VALUATION (INCLUDES CASH & IN-KIND)		A. Total - Current Month \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		B. Total - Year To Date \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			

PROV YYYY

CASH ADVANCE AND CONTRACT PAYMENT REQUEST FORM
PROGRAM

FUNDING SOURCE

PROVIDER NAME, ADDRESS, PHONE & FEID # PROV ADDRESS ADDRESS Tel: Fax: FEID #:		TYPE OF REPORT: A. PAYMENT REQUEST: Regular <input checked="" type="checkbox"/> Supplemental B. METHOD OF PAYMENT: Advance Reimbursement <input checked="" type="checkbox"/>		THIS REQUEST PERIOD: Period CONTRACT PERIOD: CONTRACT #: REPORT #1 PSA # 10	
CERTIFICATION: I hereby certify that this request or refund conforms with the terms of the above contract.					
Prepared By: _____ Date: _____ Approved By: _____ Date: 20					
PART A: CONTRACT FUNDS SUMMARY	SERVICE	SERVICE	SERVICE	SERVICE	TOTAL
1. Approved Contract Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Previous Funds Requested for Contract Period	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 Contract Funds Available	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PART B: CONTRACT FUNDS REQUESTED:					
1. Cash Advances (1st-2nd Months)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Amount Earned This Period (= to PSA #10 Form 105Z Part B, Column E)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	SVC CODE	SVC CODE	SVC CODE	SVC CODE	
PART C: NET FUNDS REQUESTED:					
1. Less Overadvance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Contract Funds Are Hereby Requested (Part B Line 3 minus Part C line 1) Not to exceed Part A Line 3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ADVANCE EARNED Advance Remaining					

PSA #10 FORM 106C, Dated July 97

BATCH #: _____

DESC: PROV PROG MM/YYYY

VENDOR ID: P-PROV

ACCOUNT #: 20.20.10.JXXXX00.XXXX.XXX

CHECK # _____ CHECK DATE: _____

INPUT: _____ APPROVAL: _____

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		

[Name of organization]

[Enter address]

[enter city, state, zip code]

[enter phone number and fax number]

[enter web address]

ATTACHMENT VII**STATE OF FLORIDA DEPARTMENT OF ELDER AFFAIRS
CIVIL RIGHTS COMPLIANCE CHECKLIST**

City of Miramar, Florida / Southcentral/Southeast Focal Point Senior Center	County Broward	AAA/Contractor
2300 Civic Center PlaceAddress	Completed By Katrina Davenport, Director of Community Services	
Miramar, FL 33025	Date 9/23/2019	Phone 954-889-2702

PART I. READ THE ATTACHED INSTRUCTIONS FOR ILLUSTRATIVE INFORMATION, WHICH WILL HELP YOU IN THE COMPLETION OF THIS FORM.

1. Briefly describe the geographic area served by the program/facility and the type of service provided:

See * below.

2. POPULATION OF AREA SERVED. Source of data:

Total #	% White	% Black	% Hispanic	% Other	% Female		
474,930	61	27	36	12	53		

3. STAFF CURRENTLY EMPLOYED. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Disabled	
42	35	57	17	1	60	0	

4. CLIENTS CURRENTLY ENROLLED OR REGISTERED. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Disabled	% Over 40
706	34	51	27	72	77	0	100

5. ADVISORY OR GOVERNING BOARD, IF APPLICABLE.

Total #	% White	% Black	% Hispanic	% Other	% Female	% Disabled	

PART II. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATIONS REQUIRING MORE SPACE.

6. Is an Assurance of Compliance on file with the Council? If NA or NO, explain.

NA YES NO
☐ ☒ ☐

7. Compare the staff composition to the population. Is the staff representative of the population?

If NA or NO, explain.

NA YES NO
☐ ☒ ☐

8. Compare the client composition to the population. Are race and sex characteristics representative of the Population? If NA or NO, explain.

NA YES NO
☐ ☒ ☐

9. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, sex, age, religion, or disability? If NA or NO, explain.

NA YES NO
☐ ☒ ☐

10. Are all benefits, services, and facilities available to applicants and participants in an equally effective manner regardless of race, sex, color, age, national origin, religion, or disability? If NA or NO, explain.

NA YES NO
☐ ☒ ☐

11. For in-patient services, are room assignments made without regard to race, color, national origin, or disability? If NA or NO, explain.

NA YES NO
☒ ☐ ☐

SCSEFP does not provide in-patient services.

12. Is the program/facility accessible to non-English speaking clients? If NA or NO, explain. NA YES NO
☐ ☒ ☐
-
13. Are employees, applicants, and participants informed of their protection against discrimination?
If yes, how? Verbal ☐ Written ☐ Poster ☐ If NA or NO, explain. NA YES NO
☐ ☒ ☐
-
14. Give the number and current status of any discrimination complaints regarding services or employment filed against the program/facility. NA NUMBER
☒ 0
-
15. Is the program/facility physically accessible to mobility, hearing, and sight-impaired individuals? If NA or NO, explain. NA YES NO
☐ ☒ ☐
-

PART III. THE FOLLOWING QUESTIONS APPLY TO PROGRAMS AND FACILITIES WITH 15 OR MORE EMPLOYEES

16. Has a self-evaluation been conducted to identify any barriers to serving disabled individuals, and to make any necessary modifications? If NO, explain. YES NO
☒ ☐
-
17. Is there an established grievance procedure that incorporates due process in the resolution of complaints? If NO, explain. YES NO
☒ ☐
-
18. Has a person been designated to coordinate Section 504 compliance activities? If NO, explain. YES NO
☒ ☐
-
19. Do recruitment and notification materials advise applicants, employees, and participants of nondiscrimination on the basis of disability? If NO, explain. YES NO
☒ ☐
-
20. Are auxiliary aids available to assure the accessibility of services to hearing and sight impaired individuals? If NO, explain. YES NO
☐ ☒
-
- SCSEFP does not provide auxiliary aids on site; however, accommodations can be provided, e.g., TTY.

PART IV. FOR PROGRAMS OR FACILITIES WITH 50 OR MORE EMPLOYEES AND FEDERAL CONTRACTS OF \$50,000.00 OR MORE.

21. Do you have a written affirmative action plan? If NO, explain. YES NO
☒ ☐
-

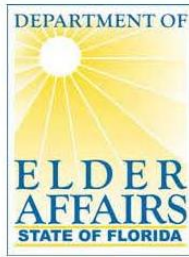
DOEA USE		
Reviewed By		In Compliance: YES NO*
Program Office		*Notice of Corrective Action Sent ____/____/____
Date	Telephone	Response Due ____/____/____
On-Site	Desk Review	Response Received ____/____/____

INSTRUCTIONS FOR THE CIVIL RIGHTS COMPLIANCE CHECKLIST

1. Describe the geographic service area such as a district, county, city, or other locality. If the program/facility serves a specific target population such as adolescents, describe the target population. Also, define the type of service provided.
2. Enter the percent of the population served by race and sex. The population served includes persons in the geographical area for which services are provided such as a city, county or other regional area. Population statistics can be obtained from local chambers of commerce, libraries, or any publication from the 1980 Census containing Florida population statistics. Include the source of your population statistics. (“Other” races include Asian/Pacific Islanders and American Indian/Alaskan Natives.)
3. Enter the total number of full-time staff and their percent by race, sex, and disability. Include the effective date of your summary.
4. Enter the total number of clients who are enrolled, registered, or currently served by the program or facility, and list their percent by race, sex, and disability. Include the date that enrollment was counted.
5. Enter the total number of advisory board members and their percent by race, sex, and disability. If there is no advisory or governing board, leave this section blank.
6. Each recipient of federal financial assistance must have on file an assurance that the program will be conducted in compliance with all nondiscriminatory provisions as required in 45 CFR 80. This is usually a standard part of the contract language for DOE A recipients and their sub-grantees, 45 CFR 80.4 (a).
7. Is the race, sex, and national origin of the staff reflective of the general population? For example, if 10% of the population is Hispanic, is there a comparable percentage of Hispanic staff?
8. Where there is a significant variation between the race, sex or ethnic composition of the clients and their availability in the population, the program/facility has the responsibility to determine the reasons for such variation and take whatever action may be necessary to correct any discrimination. Some legitimate disparities may exist when programs are sanctioned to serve target populations such as elderly or disabled persons, 45 CFR 80.3 (b) (6).
9. Do eligibility requirements unlawfully exclude persons in protected groups from the provision of services or employment? Evidence of such may be indicated in staff and client representation (Questions 3 and 4) and also through on-site record analysis of persons who applied but were denied services or employment, 45 CFR 80.3 (a) and 45 CFR 80.1 (b) (2).
10. Participants or clients must be provided services such as medical, nursing and dental care, laboratory services, physical and recreational therapies, counseling and social services without regard to race, sex, color, national origin, religion, age or disability. Courtesy titles, appointment scheduling, and accuracy of record keeping must be applied uniformly and without regard to race, sex, color, national origin, religion, age, or disability. Entrances, waiting rooms, reception areas, restrooms, and other facilities must also be equally available to all clients, 45 CFR 80.3 (b).
11. For in-patient services, residents must be assigned to rooms, wards, etc., without regard to race, color, national origin, or disability. Also, residents must not be asked whether they are willing to share accommodations with persons of a different race, color, national origin, or disability, 45 CFR 80.3 (a).
12. The program/facility and all services must be accessible to participants and applicants, including those persons who may not speak English. In geographic areas where a significant population of non-English speaking people live, program accessibility may include the employment of bilingual staff. In other areas, it is sufficient to have a policy or plan for service, such as a current list of names and telephone numbers of bilingual individuals who will assist in the provision of services, 45 CFR 80.3 (a).

13. Programs/facilities must make information regarding the nondiscriminatory provisions of Title VI available to their participants, beneficiaries, or any other interested parties. This should include information on their right to file a complaint of discrimination with either the Council, the State of Florida, Department of Elder Affairs, or the U.S. Department of HHS. The information may be supplied verbally or in writing to every individual, or may be supplied through the use of an equal opportunity policy poster displayed in a public area of the facility, 45 CFR 80.6 (d).
14. Report number of discrimination complaints filed against the program/facility. Indicate the basis, e.g., race, color, creed, sex, age, national origin, disability, retaliation; the issues involved, e.g., services or employment, placement, termination, etc. Indicate the civil rights law or policy alleged to have been violated along with the name and address of the local, state, or federal agency with whom the complaint has been filed. Indicate the current status, e.g., settled, no reasonable cause found, failure to conciliate, failure to cooperate, under review, etc.
15. The program/facility must be physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps and adequate widths to entrances. The lobby, public telephone, restroom facilities, water fountains, information, and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters, and serving lines should be observed for accessibility. Elevators should be observed for door width, and Braille or raised numbers. Switches and controls for light, heat, ventilation, fire alarms and other essentials should be installed at an appropriate height for mobility impaired individuals.
16. Section 504 of the Rehabilitation Act of 1973 requires that a recipient of federal financial assistance conduct a self-evaluation to identify any accessibility barriers. Self-evaluation is a four-step process:
 - a. With the assistance of a disabled individual/organization, evaluate current practices and policies which do not comply with Section 504.
 - b. Modify policies and practices that do not meet Section 504 requirements.
 - c. Take remedial steps to eliminate any discrimination that has been identified.
 - d. Maintain self-evaluation on file. (This checklist may be used to satisfy this requirement if these four steps have been followed.), 45 CFR 84.6.
17. Programs or facilities that employ 15 or more persons must adopt grievance procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any action prohibited by Section 504.45 CFR 84.7 (b).
18. Programs or facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with Section 504.45 CFR 84.7 (a).
19. Continuing steps must be taken to notify employees and the public of the program/facility's policy of nondiscrimination on the basis of disability. This includes recruitment material, notices for hearings, newspaper ads, and other appropriate written communication, 45 CFR 84.8 (a).
20. Programs/facilities that employ 15 or more persons must provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills where necessary. Auxiliary aids may include, but are not limited to, interpreters for hearing impaired individuals, taped or Braille materials, or any alternative resources that can be used to provide equally effective services, (45 CFR 84.52 (d)).
21. Programs/facilities with 50 or more employees and \$50,000.00 in federal contracts must develop, implement, and maintain a written affirmative action compliance program in accordance with Executive Order 11246. 41 CFR 60 and Title VI of the Civil Rights Act of 1964, as amended.

ATTACHMENT VIII



BACKGROUND SCREENING

Affidavit of Compliance - Employer

AUTHORITY: This form is required annually of all employers to comply with the attestation requirements set forth in section 435.05(3), Florida Statutes.

- The term “employer” means any person or entity required by law to conduct background screening, including but not limited to, Area Agencies on Aging, Aging Resource Centers, Aging and Disability Resource Centers, Lead Agencies, Long-Term Care Ombudsman Program, Serving Health Insurance Needs of Elders Program, Service Providers, Diversion Providers, and any other person or entity which hires employees or has volunteers in service who meet the definition of a direct service provider. See §§ 435.02, 430.0402, Fla. Stat.
- A direct service provider is “a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client’s living area, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities; and volunteers.” § 430.0402(1)(b), Fla. Stat.

ATTESTATION:

As the duly authorized representative of _____
Employer Name

located at _____
Street Address *City* *State* *ZIP code*

I, _____ do hereby affirm under penalty of perjury
Name of Representative

that the above named employer is in compliance with the provisions of Chapter 435 and section 430.0402, Florida Statutes, regarding level 2 background screening.

 Signature of Representative

 Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____ (Name of Representative) who is personally known to me or produced _____ as proof of identification.

 Print, Type, or Stamp Commissioned Name of Notary Public

 Notary Public