

Amendment 001  
March 2022

Contract JZ021-15-2022

THIS AMENDMENT is entered into between the Areawide Council on Aging of Broward County, Inc., hereinafter referred to as the "Council," and **Broward County, Florida, a political subdivision of the State of Florida**, hereinafter referred to as the "Contractor", who are collectively referred to as the "Parties," to amend Contract JZ021-15-2022.

The purpose of this amendment is to increase the Contract amount by \$648,630.36, increase the level of services accordingly, change the total Contract amount from \$829,181.00 to \$1,477,811.36, and replace attachments.

(1) Section 4 is hereby amended to read as follows:

**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 **\$1,477,811.36** or the rate schedule, subject to the availability of funds. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this Contract.

(2) Exhibit 2 is hereby revised and replaced in its entirety.

(3) Attachment IV is hereby revised and replaced in its entirety.

This amendment will be effective on the date it has been signed by all Parties.

All provisions in the Contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions in the Contract not in conflict with this amendment are still in effect and are to be performed at the level specified in the Contract.

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

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IN WITNESS THEREOF, the Parties hereto have caused this 4-page Amendment to be executed by their undersigned officials as duly authorized.

CONTRACTOR:

**Broward County, Florida**

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

BOARD PRESIDENT OR AUTHORIZED  
DESIGNEE

\_\_\_\_\_  
SIGNED BY

\_\_\_\_\_  
SIGNED BY

\_\_\_\_\_  
NAME

\_\_\_\_\_  
JOHN G. PRIMEAU  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRESIDENT  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

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

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

By: Karen S. Gordon 4/1/22  
Karen S. Gordon  
Senior Assistant County Attorney

**EXHIBIT 2**

**FUNDING SUMMARY**

**Note:** Title 2 CFR, as revised, and Section 215.97, F.S. require that the information about Federal Programs and State Projects included in this ATTACHMENT II 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:**

<b>Program Title</b>	<b>Year</b>	<b>Funding Source</b>	<b>CFDA #</b>	<b>Amount</b>
<b>TOTAL FUNDS CONTAINED IN THIS CONTRACT:</b>				

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

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

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

**MATCHING RESOURCES FOR FEDERAL PROGRAMS**

<b>Program Title</b>	<b>Funding Source</b>	<b>CFDA#</b>	<b>Amount</b>
<b>TOTAL STATE AWARD</b>			<b>\$0</b>

**STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.**

<b>Program Title</b>	<b>Funding Source</b>	<b>CSFA</b>	<b>Amount</b>
Alzheimer’s Disease Initiative	General Revenue/TSTF	65.004	<b>\$1,477,811.36</b>
Alzheimer’s Disease Initiative	General Revenue/TSTF	65.002	<b>\$0</b>
<b>TOTAL AWARD</b>			<b>\$ 1,477,811.36</b>

**COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:**

Section 215.97, F.S., Chapter 69I-5, F.A.C, State Projects Compliance Supplement Reference Guide for State Expenditures

Other fiscal requirements set forth in program laws, rules and regulations

**ATTACHMENT IV**

**ALZHEIMER'S DISEASE INITIATIVE PROGRAM**

**BUDGET SUMMARY**

<b>Fixed Services</b>	<b>Total Units</b>	<b>Unit Rate</b>	<b>Respite Funds</b>	<b>Total Reimbursement</b>
CASE AIDE	2,180	\$36.02	\$78,523.60	\$78,523.60
CASE MANAGEMENT	3,826	\$63.85	\$244,290.10	\$244,290.10
RESPIRE IN-HOME	53,972	\$19.69	\$1,062,708.68	\$1,062,708.68
SPECIALIZED MEDICAL EQUIPMENT, SERVICES & SUPPLIES		N/A	\$92,288.98	\$92,288.98
<b>TOTAL ADI AGREEMENT AMOUNT</b>			<b>\$1,477,811.36</b>	<b>\$1,477,811.36</b>