

Amendment 001
June 2026

Contract JZ025-15-2026

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**, hereinafter referred to as the "Contractor," and collectively referred to as the "Parties," to amend Contract JZ025-15-2026.

The purpose of this amendment is to increase the contract amount by \$100,000.00, increase the level of services accordingly, change the total contract funding from \$1,877,811.00 to \$1,977,811.00, 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 **\$1,977,811.00** 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.

All provisions in this amendment when executed will have an effective date of July 1, 2025. It will end at midnight, Eastern Standard time on June 30, 2026.

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

BOARD PRESIDENT OR AUTHORIZED DESIGNEE

SIGNED BY: *Michael W. Roiz for Monica Gpero*

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

NAME: *Michael W. Roiz*

TITLE: *Asst. County Administrator*

DATE: *June 26, 2026*

By: **Karen S. Gordon**
Digitally signed by Karen S. Gordon
Date: 2026.06.25 17:06:41 -04'00'
Karen S. Gordon
Senior Assistant County Attorney

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

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

SIGNED BY:

NAME:

TITLE:

DATE:



EXHIBIT 2

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

<u>Program Title</u>	<u>Year</u>	<u>Funding Source</u>	<u>CFDA/CSFA #</u>	<u>Amount</u>
TOTAL FUNDS CONTAINED IN THIS CONTRACT:				\$0

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

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

MATCHING RESOURCES FOR FEDERAL PROGRAMS

<u>PROGRAM TITLE</u>	<u>FUNDING SOURCE</u>	<u>CFDA</u>	<u>AMOUNT</u>
TOTAL STATE AWARD			\$0

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

<u>PROGRAM TITLE</u>	<u>FUNDING SOURCE</u>	<u>CSFA</u>	<u>AMOUNT</u>
Alzheimer's Disease Initiative	General Revenue	65.004	\$ 1,977,811.00
TOTAL AWARD			\$ 1,977,811.00

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

STATE FINANCIAL ASSISTANCE

Section 215.97 & 215.971, 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**

Fixed Services	Total Units	Unit Rate	Respite Funds	Total Reimbursement
CASE AIDE	613.25	\$37.82	\$23,193.12	\$23,193.12
CASE MANAGEMENT	1,800.00	\$67.04	\$120,672.00	\$120,672.00
RESPIRE IN-HOME	64,123.25	\$27.60	\$1,769,801.70	\$1,769,801.70
EMERGENCY HOME DELIVERED SHELF MEALS	-	\$4.81	\$0.00	\$0.00
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - INDIVIDUAL	49.00	\$69.79	\$3,419.71	\$3,419.71
MATERIAL AIDE *	N/A	N/A	\$0.00	\$0.00
SPECIALIZED MEDICAL EQUIPMENT, SERVICES & SUPPLIES *	N/A	N/A	\$60,724.47	\$60,724.47
TOTAL CONTRACT AMOUNT - ADI			\$1,977,811.00	\$1,977,811.00

* This is a Cost Reimbursement Service