

**RESOLUTION R-03-147**

**A RESOLUTION AUTHORIZING THE CHAIRMAN OF THE BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA TO EXECUTE THE GRANT APPLICATION AND GRANT AGREEMENT FOR THE OLDER AMERICAN ACT TITLE III-B PROGRAM.**

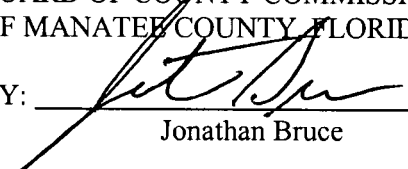
**WHEREAS**, Manatee County has determined that provision of the Older American Act Program is in the best interest for the health and welfare of the citizens of Manatee County; and

**WHEREAS**, Manatee County has previously entered into agreement with the West Central Florida Area Agency on Aging, Inc. for Older American Act funding.

**NOW THEREFORE, BE IT RESOLVED**, by the Board of County Commissioners of Manatee County, Florida, that:

1. The submission and acceptance of the Older American Act Title III-B Program Grant Application from the West Central Florida Area Agency on Aging, Inc. is authorized.
2. The Chairman of the Manatee County Board of County Commissioners is authorized to execute the Grant Application, Agreement and all related documents for the Older American Act Title III-B Program.
3. The Director of the Community Services Department is authorized to sign any documents which may be required in connection to the administrative functions pursuant to the terms of the Application and Agreement.

BOARD OF COUNTY COMMISSIONERS  
OF MANATEE COUNTY, FLORIDA

BY:   
Jonathan Bruce

TITLE: CHAIRMAN

DATE: June 3, 2003

ATTEST: R. B. "Chips" SHORE  
CLERK OF THE CIRCUIT COURT

BY:   
bc



Certified Copy  
Copy: Gracie Adams, Community Services  
w/ original memo + 2 original Service Agreements  
6/4/03e

**SERVICE AGREEMENT  
FOR  
Older American Act Title III-B  
2003**

**RECEIVED**  
JUN 30 2003  
MANATEE COUNTY  
COMMUNITY SERVICES

This agreement is entered into by and between the **West Central Florida Area Agency on Aging, Inc.**, hereinafter referred to as the Agency and **Manatee County Board of County Commissioners**, hereinafter referred to as the Contractor.

**WHEREAS**, the Contractor represents that the Contractor is professionally qualified, and possess the requisite skills, knowledge, qualifications and experience to provide the Contractor and professional services described herein, and that Contractor performs such services and does accept the offer of the Agency upon the terms and conditions hereinafter set forth.

**NOW, THEREFORE**, the Agency and Contractor mutually agree as follows:

**1. COVENANT FOR SERVICES**

The Agency does hereby retain the Contractor to perform the "Contractor and Professional Services" as defined herein and the Contractor does hereby agree to perform such services based upon the terms and conditions set forth in this contract, as described in Attachment I of the Service Provider Application.

**2. DEFINITION, SCOPE AND QUALITY OF SERVICES**

The Contractor shall perform and render as an independent contractor and not as an agent, representative, or employee of the Agency, all the services described herein in a professional manner. These services shall be known as "Contractor and Professional Services", and shall be followed as specified in ATTACHMENT I.

**3. INTER-AGENCY PROCEDURES**

- a. The Agency's Program Manager shall oversee the implementation of this contract, maintaining close communication with the Contractor on all aspects of the contract.
- b. The Contractor shall ensure that all client specific information is handled in a confidential manner and shall abide by all confidential rules and regulations.

**4. PAYMENT FOR CONTRACTOR SERVICES**

**This is a grant award.** It is awarded for the grant year 2003 which is effective May 1, 2003 through December 31, 2003. The amount of the contract shall not exceed \$10,125.00. The Contractor shall submit monthly Outcome & Indicator reports on the 10<sup>th</sup> of the month, where the following information (as it applies to your program) is requested:

- The number of unduplicated contacts;
- Description of the services provided;
- Report referrals;
- Names of Corporations contacted;
- Health Fairs attended;
- Impact of the program on the Caregiver;
- Identify trends, and
- The results of pre-test and post-test.

On January 10, 2004 a report is due, which should include the above Outcome and Indicators along with a status report on funds expended for the year.

**Special Provision**

**Match:** The contractor will provide a match of at least 10% of the grant award. The match will be made in the form of cash, or in-kind resources. At the end of the contract period, all Older American Act funds must be properly matched.

Funds awarded to the Contractor pursuant to this agreement are in state grants and aid appropriations and consist of the following:

<b>Program Title</b>	<b>Year</b>	<b>Funding Source</b>	<b>CFDA#</b>	<b>Funding Amount</b>
<b>Title III-B</b>	<b>2003</b>	<b>U.S. Dept. Of Health and Human Services</b>	<b>93.052</b>	<b>\$10,125.00</b>

**5. PERIOD OF CONTRACT**

The Contractor service shall begin on May 1, 2003 and continue through December 31, 2003.

**6. INDEMNIFICATION**

The Contractor agrees to be liable for, indemnify and defend the Department of Elder Affairs and the Agency against all claims, suits, judgements, or damages, including court costs and attorney's fees, arising out of the negligent or intentional acts or omissions of the Contractor, it's agents, and subcontractors and employees, in the course of the services performed under this contract.

**7. AVAILABILITY OF FUNDS**

The Agency's performance and obligation to pay under this contract is contingent upon an annual appropriation by the legislature. Older American Act Title III-B grant funds will be used for reimbursement of this Contractor Agreement.

**8. TERMINATION OF CONTRACT**

1. Termination at Will

This contract may be terminated by either party, by giving (30) calendar days written notice to the other party. Said notice shall be delivered by certified mail, return receipt requested or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the Agency may terminate the contract upon no less than twenty-four (24) hours notice in writing to the Contractor. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Agency shall be the final authority as to availability of funds.

3. Termination Due to Lack of Performance

In the event that the Contractor fails to meet the Scope of Services in this contract, and all contractual obligations, the Agency may terminate the contract within 30 days, unless corrective action specified by the Agency is implemented within the 30 day termination notice period. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Agency shall be the authority as to availability of funds.

**9. MODIFICATION OF CONTRACT**

This contract, and any attachments or amendments hereto, represent the entire agreement of the parties. Any alterations, variations, changes, modifications, or waiver of provisions of this contract, its attachments or amendments shall only be valid when they have been reduced to writing, duly signed by each of the parties hereto, and attached to the original of this contract.

**10. REIMBURSEMENT FOR AUTHORIZED EXPENSES**

If provided for by the terms of this contract, the Contractor shall be reimbursed for approved expenses incurred under and pursuant to performance of this contract. Approved expenses shall mean those expenses specifically authorized by this contract, or those expenses for which the Contractor has sought and obtained, prior to the expense being incurred, written authorization and approval, on a specific item basis from the Agency. All invoices and requests for reimbursement shall be submitted and records maintained in compliance with the applicable State and federal laws, rules, regulations, guidelines and policies the of the Agency. All reimbursements for travel expenses will be made accordance with Section 112.061.F.S.

**11. EXCLUSIVITY AND NONASSIGNABILITY OF CONTRACT**

This contract is an exclusive contract and may not be assigned in whole or in part to another party. The Contractor agrees that performance of other Contractor contracts for services for any agency, entity or person shall not interfere with the faithful and timely performance by the Contractor under this contract.

**12. PUBLIC ACCESS TO RECORDS**

The Contractor shall allow public access to all documents, papers, letters or other materials subject to the provisions in Chapter 119, F.S. received by the Contractor in conjunction with this contract.

**13. USE OF FUNDS FOR LOBBYING PROHIBITED**

The Contractor agrees to comply with the provisions of Section 216.347, F.S., which prohibits the expenditures of contract funds for the purpose of lobbying the legislature, a judicial branch or state agency.

**14. COPYRIGHT CLAUSE**

Where activities supported by any contract(s) incorporating this agreement by reference produce original writing, sound recordings, pictorial reproductions, drawings, or other graphic representation and works of any similar nature, the Department of Elder Affairs has the right to use, duplicate and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the Department of Elder Affairs do so.

If the materials so developed are subject to copyright, trademark, or patent, then legal title and every right, interest, claim or demand of any kind in and to any patent, trademark, copyright, or application for same, will vest in the State of Florida, Department of State, for the exclusive use and benefit of the state. Pursuant to Section 286.021, Florida Statutes, no person, firm or corporation, including parties to this contract, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

15. NAME AND ADDRESS OF CONTRACTOR

Mr. Fred Loveland, Director  
Manatee County Division of Human Services  
P.O. Box 1000  
Bradenton, Florida 34206  
(941) 749-3030

16. METHOD OF PAYMENT

- A. The method of payment for this Service Agreement is based on cost reimbursement for services. The Recipient must ensure invoices for payment include only those costs which 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. All Requests for Payment and Line Item Budget Reports submitted to support requests for payment shall be on WCFAAA Forms 106B and 105E, ATTACHMENT II and ATTACHMENT III. Duplication or replication of this form via data processing equipment is permissible, provided all data elements are in the same format as included on WCFAAA Form 106B and 105E.
- B. The Recipient shall maintain documentation to support payment requests which shall be submitted to the Agency, State Comptroller or Department of Elder Affairs upon request.
- C. All payment requests shall be based on the submission of monthly actual expenditure reports beginning with the first month of the contract. The schedule for submission of Requests for Payment is ATTACHMENT IV to this Service Agreement.
  - 1. The Recipient will submit a draft closeout report by February 07, 2004.
  - 2. The final expenditure report and request for payment will be due to the Agency no later than March 07, 2004. No expenditure reports or requests for payment will be accepted after March 07, 2004.
- D. Any payment due by the Agency under the terms of this contract may be withheld pending the receipt and approval by the department of all financial and programmatic reports due from the Contractor.

IN WITNESS THEREOF, the parties hereto have caused the five-page contract to be executed by their undersigned officials as duly authorized and becomes effective on the date of the last signature.

BY: [Signature]  
NAME: Jonathan Bruce

DATE: June 3, 2003

TITLE: Chairman  
BY: [Signature]

DATE: June 20, 2003

ATTEST: R.B. SHORE  
CLERK OF THE CIRCUIT COURT

BY: [Signature] d.c.



**TITLE III-B SUPPORT SERVICES  
FEDERAL FISCAL YEAR 2003  
PROGRAM AND CONTRACT MODULE**

**MANATEE COUNTY  
COMMUNITY SERVICES DEPARTMENT  
P.O. BOX 1000  
BRADENTON, FL 34206  
(941) 749-3030**



## SERVICE PROVIDER APPLICATION

TABLE OF CONTENTS	PAGE
I.A Service Provider Summary Information.....	1
 A. PROGRAM MODULE FORMATS	
II.A General Information .....	2-4
1. Needs Assessment.....	2
2. Targeting.....	2
3. Eligibility and Assessment/Reassessment Process.....	3
4. System of Prioritization.....	3
5. Process for Reducing or Terminating Services.....	3
6. Quality Assurance.....	4
a. Client Satisfaction.....	4
b. Internal Evaluation Process.....	4
III.A Description of Service Delivery.....	5
Service Data (Includes Items 1,2 & 3)	
1. Site Location .....	5
2. Days and Hours of Operation .....	5
3. Describe Specific Activities.....	5
 B. CONTRACT MODULE FORMATS	
IV.B Commitment of Cash Donation .....	6
V.B Commitment for Donation of Building Space .....	N/A
VI.B Commitment of In-Kind Contribution of Supplies .....	N/A
VII.B Commitment of In-Kind Contribution of Equipment.....	N/A
VIII.B Commitment of In-Kind Contribution of Services .....	N/A
IX.B Commitment of in-Kind Volunteer Personnel and Travel.....	N/A
Supporting Budget Schedule by Program Activity.....	7

PSA: 6

I.A. SERVICE PROVIDER  
SUMMARY INFORMATION PAGE

ORIGINAL SUBMISSION [x]  
REVISION [ ]

<p><b>1. PROVIDER INFORMATION:</b> Executive Director: (Name/Address/Phone) Frederick J. Loveland 1112 Manatee Ave. West Suite 303 Bradenton, FL 34205 (941) 749-3030</p> <p>Legal Name of Agency: Manatee County Board of County Commissioners</p> <p>Mailing Address: P.O. Box 1000 Bradenton, FL 34206-1000</p> <p>Telephone Number: [941] 749-3030</p>	<p><b>2. GOVERNING BOARD CHAIR:</b> (Name/Address/Phone) Jonathan Bruce, Chairman Manatee County Board of County Commissioners 1112 Manatee Ave. West Suite 903 Bradenton, FL 34205</p> <p>Name of Grantee Agency: Manatee County Board of County Commissioners</p> <p><b>3. ADVISORY COUNCIL CHAIR:</b> N/A</p>
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<p><b>4. TYPE OF AGENCY/ORGANIZATION:</b></p> <p>NOT FOR PROFIT: <u>PRIVATE</u> <input checked="" type="checkbox"/> PUBLIC - Government Entity</p> <p>PRIVATE FOR PROFIT: <u>          </u></p>	<p><b>5. PROPOSED FUNDING PERIOD:</b> <u>01/01/01/2003 - 12/31/2003</u></p> <p>A. New Applicant <u>X</u> B. Continuation <u>          </u></p>
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**6. FUNDS REQUESTED:**

<input checked="" type="checkbox"/> OAA Title IIIB	<input type="checkbox"/> ADI	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> OAA Title IIIC	<input type="checkbox"/> CCE	
<input type="checkbox"/> OAA Title IIIE	<input type="checkbox"/> HCE	
<input type="checkbox"/> OAA Title IIIF	<input type="checkbox"/> EHEAEP	
<input type="checkbox"/> ELDERLY MEALS	<input type="checkbox"/> HCBS	
<input type="checkbox"/> LSP	<input type="checkbox"/> USDA	
<input type="checkbox"/> CONTRACTED SERVICES		

**7. SERVICE AREA:**  Single County Manatee  
 Multi county: List: \_\_\_\_\_

Selected Communities of a County. Specify: All communities of Manatee County

**8. ADDRESS FOR PAYMENT OF CHECKS ITEM #:**  #1  #2

**9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:**

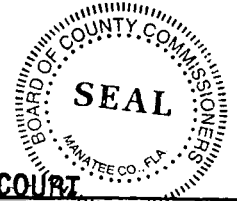
I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.

Name: Jonathan Bruce Signature: [Signature]

Title: Chairman - County Commission Date: June 3, 2003

ATTEST: R. D. SHORE  
CLERK OF CIRCUIT COURT

BY: Susan G. Romine  
SUSAN G. ROMINE DEPUTY CLERK



## **II.A. GENERAL INFORMATION**

### **II.A.1. NEEDS ASSESSMENT:**

Service needs are determined by review of both active and wait listed clients to see what needs are not being met. As assessments are being completed it is noted when a client is in need of assistive devices such as ramps and grab bars. Needs will also be determined by working with Suncoast Center for Independent Living who maintain waiting lists of elders in need of assistance with installation of adaptive equipment.

### **II.A.2. TARGETING(OAA Only):**

Many Manatee County residents who are low income minorities have been living in their homes for many years and as they age are not able to adapt their homes so that they are in a safe, nonrestrictive, nonisolated environment. Non-minority low income elders will also be targeted in order to meet these same needs. Funds will be utilized to meet this need which is occurring largely due to lack of financial resources.

Outreach will be conducted in neighborhood community centers, mobile home parks and churches that are located in areas of Manatee County that will reach the targeted population.

### II.A.3. ELIGIBILITY AND ASSESSMENT/REASSESSMENT PROCESS, WHEN APPLICABLE TO THE SERVICE:

Manatee County Community Services Department targets and screens frail at risk seniors through the Department of Elder Affairs assessment process. When a call is received through the Elder Helpline or through the Community Services Department requesting services, a case manager attempts a home visit to assess client's needs. At that time, clients are referred to non DoEA funded services/programs if applicable. Clients who are actively enrolled in general revenue programs are assessed annually by their case managers and at that time the case manager screens to see if the client has had any financial or physical changes that make them eligible for the Medicaid Waiver program. If so, the application process is started if there are funds. If there are no funds available at the time, the case manager assists the client in filling out a DCF application for assistance should the client be eligible for programs offered within DCF. As with wait listed clients, enrolled clients are referred to non DoEA programs/services if applicable before general revenue monies are used.

The Aging Services Section administers a data base of client information and monthly reports are run and given to case managers that state what clients are due for an annual reassessment. At the end of each month a follow-up report is run to ensure all visits have been made. After annual reassessment information is entered into CIRTS, the case manager reviews the turn around report for errors before signing and filing in client case file. Any errors found are submitted for correction.

### II.A.4. DESCRIBE SYSTEM FOR CLIENT PRIORITIZATION:

Once a CARES referral is received, Lead Agency will contact CARES and confirm receipt of referral. A case manager will utilize the DoEA assessment tool to determine needed services for the client and implement services if client is an Imminent Risk referral. Within 30 days from the date the referral was received; CARES will be contacted in order to confirm the implementation of the services. When referral is not Imminent Risk, wait list procedures will be implemented.

Coordination also occurs with Adult Protective Services (APS) to respond to emergency referrals which includes providing services within 72 hours to a high risk referral. All APS referrals will go through the Human Services Coordinator and will be assigned requiring a home visit within 24 hours for a high risk referral and 7 days for an intermediate risk referral. The assessment tool will be completed to determine eligibility for services. Emergency services will be provided for 30 days. Human Services Coordinator or his/her designee will be available to respond after hours to APS staff to assist with emergency situations. Low risk referrals made by APS will go through wait list procedures.

At any time if it is found that client no longer requires services or is in need of a reduction of services, the case manager will assure that client will remain safe and then proceeds to revise or terminate the careplan for that service. Paperwork is then processed in CIRTS.

When a referral is received through the Elder Helpline, it is assigned to a case manager who will make a home visit and conduct a 701A wait list assessment. Paperwork is turned in to be processed in CIRTS

## A.5 QUALITY ASSURANCE:

- a. Describe process and how often provider determines client satisfaction:  
Once a client has received one or more of the offered services (ramp, grab bar or smoke detector installation) they will be contacted by case management staff to ensure that the client is satisfied with the service delivery. Should there be a complaint, the case manager will go out to observe why there was dissatisfaction and work with the agency until the service is completed correctly.
  
- b. Describe internal methods to assure delivery of quality services by staff or subcontractor:  
When a referral is made to the subcontractor, the case manager will get an estimated date that the service will be completed. Three business days after the estimated date of completion, case manager will contact both the subcontractor and the client to see if the installation has been completed and continue with finding out if client is satisfied and follow above mentioned procedures.

**III.A. DESCRIPTION OF SERVICE DELIVERY**

SERVICE: Home Repair

PROGRAM(S): OAA III-B

**III.A.1. SITE LOCATION:**

Same as summary page; however, the services will be subcontracted with :  
 Suncoast Center for Independent Living, Inc.  
 1945 Northgate Blvd.  
 Sarasota, FL 34234

**III.A.2. DAYS AND HOURS OF OPERATION:**

Monday through Friday 8:00 a.m. to 5:00 p.m.

**III.A.3. DESCRIBE THE SPECIFIC ACTIVITIES YOUR AGENCY WILL PROVIDE UNDER THIS SERVICE :**

OAA III-B Home Repair services will provide environmental modifications or alterations to a clients home I order for the client to be able to remain at home in the least restrictive setting. Environmental modifications will include the installation of ramps, grab bars and smoke detectors. When a client who is enrolled in another state funded program such as CCE or ADL, that person will remain under their current case managed program with the OAA service added to the careplan.

**IV.B. MATCH COMMITMENT OF CASH DONATION**

Agency Name: Manatee County - Board of County Commissioners

**Donor Identification:**

Name: Manatee County - Community Services Department  
Street: 1112 Manatee Ave West - Ste. 303

City: Bradenton  
State: Florida  
Zip: 34205  
Phone: 941-749-3030

Authorized Representative: Frederick J. Loveland, Director

Total Amount \$ 1,125.00

# Payments 12

Amount/Payment \$ 93.75

Contribution Period January 1, 2003 through December 31, 2003

**Special Conditions:**

**Donor Certification:**

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative: *[Signature]*

Date: June 3, 2003

ATTEST: R. B. SHORE  
CLERK OF CIRCUIT COURT  
BY: *[Signature]*  
SUC/AS G. ROBERTS DEPUTY CLERK



III.B SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

DATE: 5/07/03

( X ) Title IIIB (OAA)

Funding Source:

PSA 6

- ( ) Title C-1
- ( ) Title C-2
- ( ) Title IIID
- ( ) Title IIIF
- ( ) ALL SERVICES
- ( ) ADI
- ( ) CCE
- ( ) LSP
- ( ) HCE
- ( ) Elderly Meals

County Name: MANATEE COUNTY - Board of County Commissioners  
 January 1, 2003 - December 31, 2003  
 III - B Supportive Services - Home Improvements

Provider Name: MANATEE COUNTY COMMUNITY SERVICES - BCC  
 P.O. BOX 1000 3rd Floor  
 BRADENTON FL 34206-1000  
 phone : (941) 749-3030

	Supportive Service - Home Improvement					other
	TOTAL	Smoke Detectors	Grab Bars	Wheelchair Ramps		
1. Total Budgeted Cash Costs	\$ 11,250.00	\$1,276.00	\$6,672.00	\$3,302.00	0.00	0.00
1. (a) Add Inkind Cost	0.00	0.00	0.00	0.00	0.00	0.00
1. (b) Total Budgeted Costs	\$ 11,250.00	1,276.00	6,672.00	3,302.00	0.00	0.00
2. Total Budgeted Units	85	25	58	2	0	0
2.(a) Total Cost Per Unit of Service		\$51.00	\$115.00	\$1,650.00	\$0.00	\$0.00
3. Less USDA	\$ 0.00	0.00	0.00	0.00	0.00	0.00
4. Less Cash Match	\$ 1,125	128	667	330	0.00	0.00
5. Less Inkind Match	\$ 0	0	0	0	0.00	0.00
6. Less Program Income Used as Match	\$ 0	0	0	0	0.00	0.00
Sub-Total Match:	\$ 1,125	128	667	330	0.00	0.00
7. Less Program Income	\$ 0.00	0.00	0.00	0.00	0.00	0.00
8. Less Co-Payments Used as Program Income	\$ 0.00	0.00	0.00	0.00	0.00	0.00
9. Less Other Non-Matching Cash (other Resources)	\$ 0.00	0.00	0.00	0.00	0.00	0.00
10. Adjusted Budgeted Costs	\$ 10,125	1,148	6,005	2,972	0.00	0.00
11. OAA Funds - Cost Reimbursement	\$ 10,125	1,148	6,005	2,972	0.00	0.00
12. Estimated Number of Clients	85	25	58	2	0	0

UNDUPLICATED

H:\KPMG\BudSched.WB2



**RECEIVED**  
**JUL 09 2003**  
**BOARD RECORDS**

# MANATEE COUNTY GOVERNMENT AGENDA MEMORANDUM

<b>SUBJECT</b>	APPLICATION AND AGREEMENT FOR THE OLDER AMERICAN ACT (OAA) TITLE III-B GRANT FUNDS	<b>TYPE AGENDA ITEM</b>	CONSENT
<b>DATE REQUESTED</b>	JUNE 3, 2003	<b>DATE SUBMITTED/REVISED</b>	MAY 22, 2003
<b>BRIEFINGS?/WHO?</b>	NONE	<b>CONSEQUENCES IF DEFERRED</b>	PROGRAM WILL NOT BE PROVIDED
<b>DEPARTMENT/DIVISION</b>	COMMUNITY SERVICES/ HUMAN SERVICES	<b>AUTHORIZED BY TITLE</b>	FREDERICK J. LOVELAND DIRECTOR
<b>CONTACT PERSON TELEPHONE/EXTENSION</b>	TRACIE ADAMS/JEANNE WATKINS EXT. 3030	<b>PRESENTER/TITLE TELEPHONE/EXTENSION</b>	CHERI R. CORYEA, EXT. 3030 MANAGER, HUMAN SERVICES DIV.
<b>ADMINISTRATIVE APPROVAL</b>			

## ACTION DESIRED

INDICATE WHETHER <sup>1</sup>REPORT or <sup>2</sup>DISCUSSION, <sup>3</sup>FORM OF MOTION, or <sup>4</sup>OTHER ACTION REQUIRED:

ADOPTION OF RESOLUTION R-03-147 AUTHORIZING THE SUBMISSION AND ACCEPTANCE OF GRANT AND SERVICE AGREEMENT FROM THE WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC. FOR THE OLDER AMERICAN ACT TITLE III-B GRANT PROGRAM IN THE AMOUNT OF \$11,250 (\$10,125 FEDERAL FUNDS, \$1,125 COUNTY FUNDS), FOR THE TIME PERIOD MAY 1, 2003 - DECEMBER 31, 2003; AND AUTHORIZING THE CHAIRMAN TO EXECUTE ALL RELATED DOCUMENTS AND AUTHORIZING THE DIRECTOR OF THE COMMUNITY SERVICES DEPARTMENT TO SIGN ADMINISTRATIVE DOCUMENTS REQUIRED PURSUANT TO THE GRANT APPLICATION AND AGREEMENT.

## ENABLING/REGULATING AUTHORITY

Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy.)

13.1.4. EFFICIENCY IN SERVICE DELIVERY

## BACKGROUND/DISCUSSION APPROVED IN OPEN SESSION

• CONTINUED ON PAGE 2

JUN 0 3 2003

**BOARD OF COUNTY COMMISSIONERS  
MANATEE COUNTY, FLORIDA**

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? Indicate "NO" or "YES" @ right. (If "NO," proceed to 1) below, and if "YES," proceed to 2) below) NO

1) IF "NO" TO ABOVE,

A) PLEASE EXPLAIN BELOW: (see also following section 1B) re: contract, agreement, lease, etc.:

FORM OF DOCUMENT IDENTICAL TO PRIOR YEAR

B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT: 2002

2) IF "YES" TO FIRST QUESTION IN THIS SECTION,

A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?

B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED; IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER **MUST BE ATTACHED** (if comments were verbal, so indicate.)

**APPROVED IN OPEN SESSION**

JUN 0 3 2003

**BOARD OF COUNTY COMMISSIONERS  
MANATEE COUNTY, FLORIDA**

<b>ATTACHMENTS: (List in order as attached)</b>  RESOLUTION R-03-147 ORIGINALS OF OAA GRANT APPLICATION ORIGINALS OF OAA SERVICE AGREEMENT	<b>INSTRUCTIONS TO BOARD RECORDS:</b>  ORIGINAL RESOLUTION FOR BOARD RECORDS WITH CERTIFIED COPY BACK TO COMMUNITY SERVICES. RETURN TWO ORIGINALS OF AGREEMENT/APPLICATION TO COMMUNITY SERVICES. ONE ORIGINAL WILL BE RETURNED TO BOARD RECORDS WHEN EXECUTED BY FUNDING SOURCE. SIGNATURE PAGES ARE PAGE 5 OF THE AGREEMENT AND PAGES 1AND 6 OF THE APPLICATION
<b>COST</b> \$ 10,125 FEDERAL FUNDS \$ 1,125 COUNTY FUNDS \$ 11,250 TOTAL	<b>SOURCE (ACCT# &amp; NAME)</b> 1739000302 III-B OAA FY03
<b>COMMENTS</b>	<b>AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT)</b>

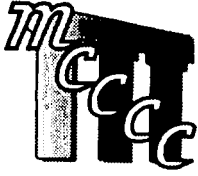
**BACKGROUND/DISCUSSION CONTINUED**

- THE FLORIDA DEPARTMENT OF ELDER AFFAIRS RECEIVES OLDER AMERICANS ACT (OAA)TITLE III-B MONIES TO FILTER THROUGHOUT THE STATE FOR AGING SERVICES PROGRAMS.
- MANATEE COUNTY HAS RECEIVED \$10,125 WITH A \$1,125 REQUIRED COUNTY MATCH TO PROVIDE INSTALLATION OF RAMPS, GRAB BARS AND SMOKE DETECTORS TO MANATEE COUNTY ELDERS 60 YEARS OF AGE AND OLDER IN ORDER TO PROVIDE A SAFE LIVING ENVIRONMENT TO PREVENT OR DELAY PREMATURE INSTITUTIONAL PLACEMENT.
- OAA TITLE III-B GRANT FUNDS ARE PROVIDED BY THE STATE THROUGH THE WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.
- THE OAA TITLE III-B SERVICES WILL BE PROVIDED THROUGH DECEMBER 31, 2003.
- ALL INSTALLATION SERVICES WILL BE PROVIDED THROUGH SUBCONTRACT.
- APPROXIMATELY 85 UNDUPLICATED CLIENTS WILL BE SERVED.
- WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC. GRANT APPLICATION PROCESS IS SUCH THAT THE FINAL APPLICATION AND AGREEMENT ARE EXECUTED AT THE SAME TIME.

**APPROVED IN OPEN SESSION**

**JUN 03 2003**

**BOARD OF COUNTY COMMISSIONERS  
MANATEE COUNTY, FLORIDA**



**Manatee County**

**Clerk of the Circuit Court and Comptroller**

**R.B. "Chips" Shore**

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**MEMORANDUM**

**To:** Tracie Adams, Community Services  
**From:** Pat Tatum, Board Records *l*  
**Date:** June 3, 2003  
**Subject:** Application and Agreement for Older American Act

Attached please find two original Agreements/Applications for the Older American Act Title III-B 2003 signed by Mr. Bruce. Please return one fully executed original to Board Records as soon as possible.

Thanks,

pat

orig: Tracie Adams, Community Services w/ 2 orig. agreements & applications  
6/4/03p 4 2