

THIS AMENDMENT, entered into between Senior Connection Center, Inc., hereinafter referred to as the "agency" and Manatee County, a political subdivision of the State of Florida, hereinafter referred to as the "subrecipient", amends Contract No. ADI-17/18-MAN.

The purpose of this amendment is to:

- 1) increase Section 3, Contract Amount, by **\$77,724.00**;
- 2) increase Section 5, Source of Funds, by **\$77,724.00**;
- 3) amend Attachment I, Section 7(2), Statutory Authority;
- 4) amend Attachment I, Section 13(8), Delivery of Service to Eligible Clients;
- 5) amend Attachment I, Section 15, Model Day Care Program;
- 6) amend Attachment I, Section 33, Consequences for Non-Compliance; and
- 7) revise and replace ATTACHMENT III, Budget Summary.

1. Section 3, is hereby amended to read:

3. Contract Amount

The agency agrees to pay for services according to the conditions of **ATTACHMENT I** in an amount not to exceed **\$404,928**, subject to the availability of funds.

2. Section 5, is hereby amended to read:

5. Source of Funds

The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract. The funds awarded to the subrecipient pursuant to this contract are in the state grants and aids appropriations and consist of the following:

Program Title	Funding Source	CSFA#	Fund Amounts
Alzheimer's Disease Initiative – Respite Services	General Revenue	65004	\$404,928.00
Alzheimer's Disease Initiative – Specialized Alzheimer's Services	General Revenue	65002	\$0.00
TOTAL FUNDS CONTAINED IN THIS CONTRACT:			\$404,928.00

3. **ATTACHMENT I**, Section 7(2), is hereby amended to read:

(2) Sections 430.501, 430.502, 430.503, 430.504, and 429.918, F.S.

4. **ATTACHMENT I**, Section 13(8), is hereby amended to read:

(8) Specialized Alzheimer's Services

5. **ATTACHMENT I**, Section 15, is hereby amended to read:

15. Specialized Alzheimer's Services

The subrecipient will ensure Specialized Alzheimer's Services are provided according to Section 429.918, F.S. Specialized Alzheimer's Services mean therapeutic, behavioral, health, safety, and security interventions; clinical care; support services; and educational services that are customized for the specialized needs of a participant's caregiver and the participant who is affected by Alzheimer's disease or an irreversible, degenerative condition resulting in dementia.

6. **ATTACHMENT I**, Section 33, is hereby amended to read:

33. Consequences for Non-Compliance

(1) The subrecipient shall ensure that 100% of the deliverables identified in **ATTACHMENT I, Section 8, Scope of Services**, for the services identified in **ATTACHMENT III, Budget Summary**, of this contract, are performed pursuant to the contract requirements. The subrecipient shall perform these services, or ensure its subcontractors perform these services, in accordance with the current DOEA Programs and Services Handbook, and the service tasks described in **ATTACHMENT I, Section 11, General Service Tasks**.

(2) If at any time the subrecipient is notified by the agency that it has failed to correctly, completely, or adequately perform the required deliverables identified in this contract, the subrecipient will have ten (10) days to issue a Corrective Action Plan (CAP) to the agency addressing the deficiencies and stating how the deficiencies will be remedied within the specified time period. The agency shall assess a Financial Consequence of **two percent (2%)** of the monthly value of the contract for each business day the deficiency identified in the CAP is not corrected pursuant to the CAP. The reduction of payment will begin on the first business day following the agency's notification to the subrecipient that the identified deficiency has not been cured or satisfactorily addressed in accordance with the CAP. The agency will also assess a Financial Consequence for failure to submit a timely CAP.

(3) In the event the subrecipient fails to correct an identified deficiency within the timeline specified in the CAP, the agency shall deduct from the payment for the invoice of the following month, **two percent (2%)** of the monthly value of the contract for each business day the deficiency is not corrected. The reduction of payment will begin on the first business day following the agency's notification to the subrecipient that the identified deficiency has not been cured or satisfactorily addressed in accordance with the CAP.

(4) If the subrecipient fails to submit a timely CAP, the agency shall deduct **two percent (2%)** of the monthly value of the contract for each business day the CAP is overdue, beginning with the **11th** day after notification of the deficiency by the agency. The deduction will be made from the payment for the invoice of the following month. If or to the extent there is any conflict between this paragraph and paragraphs in the Master Contract, this paragraph shall have precedence.

(5) Exceptions may be granted solely, in writing, by the agency's contract manager.

7. **ATTACHMENT III**, Budget Summary, is hereby replaced with the revised **ATTACHMENT III**, Budget Summary, attached hereto.

This amendment shall be effective on the last date that the amendment is signed by both parties.

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

All provisions 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 its attachments are hereby made a part of the contract.

IN WITNESS WHEREOF, the parties hereto have caused this 4 page amendment to be executed by their officials thereunto duly authorized.

**SUBRECIPIENT: Manatee County,
a political subdivision
of the State of Florida**

AGENCY: Senior Connection Center, Inc.

SIGNED
BY: _____

NAME: Priscilla Whisenant Trace

TITLE: Chairman

DATE: _____

SIGNED
BY: _____

NAME: Ben Darby

TITLE: Chair, Board of Directors

DATE: _____

FEDERAL ID NUMBER: 59-6000727
SUBRECIPIENT FISCAL YEAR END DATE: 9/30

ATTEST: Angelina Colonnese
Clerk of the Circuit Court

By: _____

ATTACHMENT III

BUDGET SUMMARY

Provider: Manatee County Community Services
 Program: Alzheimer's Disease Initiative
 Period for Delivery of Services: July 1, 2017 - June 30, 2018

Service	Total Amount	Units of Service	Unit Rate	Undupl Clients
ADI Spending Authority:				
Total Amount not to exceed	\$ 404,928.00			
Authorized services and rates:				
Case Management (CM)	\$ -	-	\$ 52.62	-
Respite In-Home (RESP)	\$ -	-	\$ 23.76	-
	\$ -	-	\$ 0.00	-
	\$ -	-	\$ 0.00	-
	\$ -	-	\$ 0.00	-
	\$ -	-	\$ 0.00	-
	\$ -	-	\$ 0.00	-
	\$ -	-	\$ 0.00	-
	\$ -	-	\$ 0.00	-
TOTAL ADI Funding	\$ 404,928.00			
Add: Cash Match	\$ -			
Add: In-Kind Match	\$ -			
Add: Co-Pay Used as Match	\$ -			
Add: Co-Pay Not Used as Match	\$ 7,662.00			
Add: Non-Match Other Resources	\$ -			
TOTAL ADI Budget	\$ 412,590.00			