

September 24, 2003

Lee County Board Of County Commissioners
Agenda Item Summary

Blue Sheet No. 20031174

1. **REQUESTED MOTION:**

ACTION REQUESTED: (1) Approve FY2004 contracts for the Partnering for Results program as adopted at the final public hearing on September 18, 2003 and authorize the Chairman to sign the contracts once completed by the community agencies. (2) Authorize Human Services to negotiate adjustments in unit rates and/or units purchased (3) Approve FY2004 contract for United Way of Lee County in the amount of \$30,000 for Information and Referral Services and authorize the Chairman to sign the contract once completed by the United Way of Lee County.

WHY ACTION IS NECESSARY: To legally execute Partnering for Results contracts for twenty-two (22) proposals and the United Way of Lee County.

WHAT ACTION ACCOMPLISHES: Provides County funding for social service programs at a fixed unit rate.

2. **DEPARTMENTAL CATEGORY:** 05
COMMISSION DISTRICT # CW

C5A

3. **MEETING DATE:**

10-14-2003

4. **AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. **REQUIREMENT/PURPOSE:**
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

6. **REQUESTOR OF INFORMATION:**

- A. **COMMISSIONER** N/A
- B. **DEPARTMENT** Human Services
- C. **DIVISION** N/A

BY: Karen B. Hawes

Ann Marshall 9/26/03

7. **BACKGROUND:** The Human Services Partnering for Results Review Panel recommended to the Board of County Commissioners to allocate \$2,059,304 for twenty-two (22) proposals. The final recommendations were accepted during the September 18, 2003 public hearing. A total of \$30,000 was allocated to United Way of Lee County to help support the Countywide 211 Information and Referral service.

Partnering for Results proposals were based upon a reimbursement rate per unit of service that was projected by the agencies in March 2003. Department staff will work with agencies and agree on a contracted unit rate if the projected number of units or unit rate differs from what current financial and service data supports. Once the unit rate is approved by Department staff, the agency will be reimbursed at the fixed rate throughout the contract period.

Funds are available in account string:
FC5690200100.508210

Attachments: FY2004 Proposal allocations
Department of Human Services Standard Provider Contract

8. **MANAGEMENT RECOMMENDATIONS:** Recommend Approval

9. **RECOMMENDED APPROVAL:**

A	B	C	D	E	F				G
Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager
<i>[Signature]</i>	<i>[Signature]</i>	N/A	N/A	<i>[Signature]</i>	OA	OM	Risk	GC	<i>[Signature]</i>
					<i>RK 10/1</i>	<i>AS 10/1/03</i>	<i>WR 10/1/03</i>	<i>KV 10/1/03</i>	<i>HS 10-2-03</i>

10. **COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER


Rec. by CoAtty
Date: 9/30/03
Time: 2:40 PM
Forwarded To:

RECEIVED BY
COUNTY ADMIN: *RK*
10/1
9/20/03
COUNTY ADMIN
FORWARDED TO: *HS*
10/1/03

MEMORANDUM
FROM
THE DEPARTMENT OF
HUMAN SERVICES
ADMINISTRATION

DATE: June 13, 2003

TO: Board of County Commissioners
Districts 1, 2, 3, 4, and 5

FROM: Ann Arnall 
Deputy Director

Subject: **Partnering for Results Review Panel Funding Recommendations, Fiscal Year 2004**

The Partnering for Results Review Panel finalized the funding recommendations for fiscal year 2003-2004. The Review Panel consisted of 26 individuals representing citizens and local funding entities. This panel reviewed all proposals and evaluated them based on the RFP criteria, merits of the program compared to other similar programs, and funds available to allocate. Proposals were scored and then ranked from highest to lowest.

The amount of dollars available by outcome as compared to the amount recommended by the Proposal Review Panel is listed below. A balance of \$673,207 remains due to the number of proposals rejected for not meeting the funding criteria or not being complete.

Outcome	Dollars Available	Dollars Recommended
Supportive Housing and Living	\$ 819,753	\$ 692,804
Economic Opportunity	\$ 819,753	\$ 680,764
Activities for Youth	\$ 683,128	\$ 422,015
Basic Assistance	\$ 409,877	\$ 263,721
Total	\$2,732,511	\$2,059,304

Attached is a breakdown of the proposals received and the recommendations made by the Proposal Review Panel. All agencies with the exception of Deaf Service Center were recommended for full funding. Deaf Service Center originally requested \$40,000, however the request was reduced to \$31,250 due to the fact the agency was requesting Lee County funding for out of county residents.

All committee meetings were open to the public and agencies were notified and provided the opportunity to make public comment.

If you need additional information or would like to meet with staff regarding the Partnering for Results process please contact me at 652-7920.

C: Karen Hawes, Director
Donald Stilwell, County Manager
Holly Schwartz, Deputy County Manager

Attachment

DEPARTMENT OF HUMAN SERVICES PARTNERING FOR RESULTS PROPOSAL REVIEW SUMMARY

AGENCY	OUTCOME AREA PROGRAM NAME	AVERAGE POINTS	AVERAGE RANK	UNIT COST	REQUESTED UNITS	REQUESTED FUNDS	RECOMMENDED FUNDING
SUPPORTIVE HOUSING/LIVING							
LEE ASSOCIATION FOR RETARDED CITIZENS	GROUP HOMES	56	3	\$ 940.32	286	\$268,932	\$268,932
LEE ASSOCIATION FOR RETARDED CITIZENS	ADAP/T	62	3	\$ 3.50	4,436	\$15,526	\$15,526
LEE ASSOCIATION FOR RETARDED CITIZENS	NON-RESIDENTIAL SUPPORT SERVICES	59	3	\$ 14.90	1,600	\$23,840	\$23,840
SENIOR FRIENDSHIP CENTER	HOME DELIVERED MEALS	62	3	\$ 0.64	43,780	\$28,019	\$28,019
SENIOR FRIENDSHIP CENTER	CONGREGATE MEALS	62	3	\$ 0.55	78,736	\$43,305	\$43,305
VISUALLY IMPAIRED PERSONS	INDEPENDENT LIVING	62	3	\$ 21.00	3,095	\$65,000	\$65,000
SENIOR FRIENDSHIP CENTER	CASE MANAGEMENT	62	3	\$ 3.38	5,575	\$18,844	\$18,844
ISLAND COAST AIDS NETWORK	CASE MANAGEMENT	65	1	\$ 6.47	28,000	\$181,160	\$181,160
SENIOR FRIENDSHIP CENTER	TRANSPORTATION	61	4	\$ 1.61	10,500	\$16,928	\$16,928
DEAF SERVICE CENTER	SUPPORTED LIVING ASSISTANCE	46	4	\$ 12.50	2,500	\$31,250	\$31,250
SUBTOTAL						\$692,804	\$692,804
ECONOMIC OPPORTUNITY							
LEE ASSOCIATION FOR RETARDED CITIZENS	WORKSHOP	68	2	\$ 6.45	18,325	\$118,196	\$118,196
LEE ASSOCIATION FOR RETARDED CITIZENS	SUPPORTED EMPLOYMENT	66	3	\$ 4.76	3,550	\$16,898	\$16,898
VISUALLY IMPAIRED PERSONS	VOCATIONAL REHABILITATION	57	4	\$ 35.00	714	\$25,000	\$25,000
DR. PIPER CENTER	SENIOR COMPANION	63	4	\$ 0.57	43,000	\$24,510	\$24,510
DR. PIPER CENTER	FOSTER GRANDPARENT	66	2	\$ 0.52	68,000	\$35,360	\$35,360
DR. PIPER CENTER	SENIOR AIDE	50	3	\$ 0.68	60,000	\$40,800	\$40,800
CHILD CARE OF SOUTHWEST FLORIDA	CHILD CARE	70	1	\$ 20.87	20,125	\$420,000	\$420,000
SUBTOTAL						\$680,764	\$680,764
ACTIVITIES FOR YOUTH							
BIG BROTHERS BIG SISTERS OF SOUTHWEST FLORIDA	YOUTH MENTORING	59	3	\$ 62.03	2,684	\$166,489	\$166,489
BOYS & GIRLS CLUBS OF LEE COUNTY	BEFORE & AFTER SCHOOL	62	2	\$ 5.75	24,637	\$141,661	\$141,661
BOYS & GIRLS CLUBS OF LEE COUNTY	SUMMER ENRICHMENT	61	3	\$ 6.95	8,714	\$60,565	\$60,565
LUTHERAN SERVICES	NON-RESIDENTIAL FAMILY SERVICES	60	2	\$ 65.00	820	\$53,300	\$53,300
SUBTOTAL						\$422,015	\$422,015
BASIC ASSISTANCE							
ABUSE COUNSELING & TREATMENT	RESIDENTIAL	67	2	\$ 59.66	4,420.40	\$263,721	\$263,721
SUBTOTAL						\$263,721	\$263,721
UNITED WAY OF LEE COUNTY						\$30,000	\$30,000
TOTAL						\$2,089,304	\$2,089,304

CFSA # _____
 CFDA # _____
 Contract No. _____
 Funding Source: General Fund

STANDARD CONTRACT/Unit of Service

**CONTRACT BETWEEN
 THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS
 And**

THIS CONTRACT is entered into this ____ day of _____, _____, between Lee County, hereinafter referred to as "**COUNTY**" and _____, a Not-for-Profit Corporation existing under the laws of the State of Florida and, hereinafter referred to as "**PROVIDER**".

WHEREAS, COUNTY believes it to be in the public interest to provide certain activities to the Lee County residents through the **PROVIDER** according to this Contract, the agency's intent as stated in the proposal and attachments and/or exhibits, and all other terms and conditions as specified.

NOW THEREFORE, in consideration of the mutual covenants, promises, and representations contained herein **COUNTY** and the **PROVIDER** agree as follows:

ARTICLE I SCOPE OF SERVICES

(Insert program description)

Program(s) must be implemented to serve residents of Lee County in accordance with the approved FY2004 proposal(s) and exhibits/attachments.

ARTICLE II TERM OF CONTRACT

This Contract shall begin October 1, 2003 and end September 30, 2004 unless terminated as specified in Article VIII, Suspension/Termination.

ARTICLE III COMPENSATION AND REPORTS

A. Contract Payment

The **COUNTY** has agreed to purchase the service (s) listed in Article I. This contract is for the payment of a fixed number of units of service at the fixed unit rate.

Program	Unit Description	Units purchased by County	Unit rate reimbursed by County
Contract Total			

Payments will only be authorized for services provided prior to the payment request date. Payment may be subject to the provisions of Article III B Deferred Payment/Return of Funds and Article VIII, Suspension/Termination. Funding is contingent upon the availability of funds.

B. Deferred Payment/Return of Funds

The **COUNTY** may defer payment to the **PROVIDER** for noncompliance with contract deliverables or program requirements.

If as a result of monitoring or audit, units of service provided are not documented a payment may be deferred. If units are found to be unallowable, no future payments will be made until the full amount of overpayment is remitted to Lee County or a repayment agreement is accepted by Lee County. If the monitoring or audit occurs after the term of this contract, the **PROVIDER** will be required to remit funds to the **COUNTY** in accordance with the repayment conditions below.

The **PROVIDER** agrees to return to the **COUNTY** any overpayments due to funds disallowed pursuant to the terms of this Contract. Such funds shall be considered **COUNTY** funds and must be refunded to the **COUNTY** within thirty (30) days of receiving notice from the **COUNTY** in writing regarding the overpayment. Should repayment not be made in a timely manner, the **COUNTY** will charge interest of one (1) percent per month compounded on the outstanding balance after forty (40) calendar days after the date of notification or discovery. The **PROVIDER** will be required to reimburse the **COUNTY** for any acts of non-compliance resulting in disallowed costs or fines.

C. Contract Deliverables

1. Required Reports (check if included in contract)

- EXHIBIT 1- Payment Request for Unit rate contract- Due: monthly by the 20th of the following month**

Must be based upon approved unit rates and actual uncompensated units provided during the reporting period. Payment will be made upon receipt and approval by the **COUNTY** of a completed Payment Request. Copies of supporting documentation for units provided during the reporting period must be attached to the Payment Request.

- EXHIBIT 1 - Payment Request for Line item contract- Due 20 days following reporting period**

All payments will be reimbursement for expenses already paid for services rendered during the contract period. Required documentation will include vendor invoice, payroll journal, or other original documentation, as well as a copy of the **PROVIDER'S** check.

- monthly** **quarterly** **upon project completion**

- EXHIBIT 1A -- Allocation by Service Activity – SHP only**

- EXHIBIT 2 – Program/Demographics – Due: April 20, 2004 & October 20, 2004**

- EXHIBIT 3 – Performance Outcomes Report – Due: April 20, 2004 & October 20, 2004**

- EXHIBIT 4 – Annual Unit Rate Report – Due: 30 days following the end of the contract period.**

- EXHIBIT 5- Annual Progress Report or Closeout Report- Due _____**

- EXHIBIT 6 - Certificate of Insurance- insert in contract**

2. Required Documents

- Audited Financial Statement and Management Letter for fiscal year (s) in which contract funds are**

expended. – Due 180 days following the end of PROVIDER’S fiscal year (s).

- Monitoring Reports – A copy of monitoring reports provided by other agencies including the agencies response for programs funded by **COUNTY** will be due no later than **30 days** after receipt by the **PROVIDER**.

D. Contract Closeout

1. Partnering for Results: Unit rate Analysis Report due **30 days** following end of contract.
2. HOME –Closeout package for each property will be due **120 days** after closing.
3. Supportive Housing Program and Shelter Plus Care – Final payment request and Annual Progress Report will be due **45 days** from last day of contract term.
4. CDBG – Final payment request and demographics reports due by the **20th of the month following** term end.

ARTICLE IV AUDITS, MONITORING, AND RECORDS

A. Monitoring

The **PROVIDER** agrees to permit persons duly authorized by the **COUNTY** and the Federal or State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility's goods and services of the **PROVIDER** and/or interview any clients and employees of the **PROVIDER** to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the **PROVIDER** reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the **PROVIDER** of its obligation to manage the grant in accordance with the applicable rules and sound management practices.

Following such monitoring the **COUNTY** will deliver to the **PROVIDER** a written report regarding the manner in which services are being provided. The **PROVIDER** will rectify all noted deficiencies within the specified period of time indicated in the monitor report or provide the **COUNTY** with a reasonable and acceptable justification for not correcting the noted shortcomings. The **PROVIDER'S** failure to correct or justify the deficiencies within the time specified by the **COUNTY** may result in the withholding of payments, being deemed in breach or default, or termination of this Contract.

PROVIDER must supply **COUNTY** with copies of all monitoring reports of programs that are funded by the **COUNTY** including agency response, within thirty (30) days of receipt.

B. Audits and Inspections

The **PROVIDER** will make all records referenced in Article IV. C., and all items included on financial statements available for audit or inspection purposes at any time during normal business hours and as often as **COUNTY** deems necessary.

The Clerk of Courts Internal Audit division, the Federal or State grantor agency (if applicable), Lee County employees, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of **PROVIDER** or Certified Public Accountant (CPA) that are pertinent to the contract, in order to make audits, examinations, excerpts, transcripts and copies of such documents. If contract non-compliance or material weaknesses in the organization are noted, the **COUNTY** or other authorized representatives have the right to unlimited access to records during an audit or inspection. This includes timely and reasonable access to a **PROVIDER'S** personnel for the purpose of interview and discussion related to such documents.

C. Records

The **PROVIDER** shall retain all financial, client demographic, and programmatic records, supporting

documentation, statistical records and other records which are necessary to document service provision, client demographics, expenditures, income and assets of the **PROVIDER** by funding source, program, and functional expenses category during the term of this contract and five (5) years from the date of contract expiration. If any litigation, claim, negotiation, audit, or other action involving the records has been initiated before the expiration of the 5-year period, the records shall be retained for one (1) year after the final resolution of the action and final resolution of all issues that arise from such action.

E. Independent Audit

An original, bound audit of the agency's financial statements in accordance with Generally Accepted Accounting Principals (GAAP), and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable, including the auditor's opinion, requisite reports on internal control and compliance if required, management letter addressing internal controls, and management's response to such letter, must be submitted to the **COUNTY** no later than one hundred eighty (180) days following the end of **PROVIDER'S** fiscal year(s) along with any corrective action plan if applicable. Failure to submit the report within the required time frame will result in the withholding of payment requested, or termination of the contract by the **COUNTY**.

The audit must be conducted by an independent licensed certified public accountant and must be in accordance with the General Accounting Office (GAO) Yellow Book, generally accepted Government Auditing Standards, OMB Circular A-133 "Audits of Institutions of Higher Education and other Non-Profit Organizations" if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable. The audit must specifically identify the programs that are funded by this Lee County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of federal awards and state financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s), exhibit(s), and attachment (s)

ARTICLE V AMENDMENTS

PROVIDER must request a contract amendment in writing detailing the nature of and justification for the requested amendment. The **COUNTY** reserves the right to approve or deny all contract amendments. An approved amendment shall be documented on the contract amendment form and signed by both parties.

ARTICLE VI CONTRACTOR STATUS

A. Independent Contractor

It is the Parties' intention that the **PROVIDER** will be an independent contractor and not the County's employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Florida revenue and taxation law, Florida Worker's Compensation law and Florida Unemployment Insurance Law. The **PROVIDER** will retain sole and absolute discretion in the judgment of the manner and means of carrying out the **PROVIDER'S** activities and responsibilities hereunder. The **PROVIDER** agrees that it is a separate and independent enterprise from the public employer, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the **PROVIDER** and **COUNTY**, and **COUNTY** will not be liable for any obligation incurred by the **PROVIDER**, including but not limited to unpaid minimum wages and /or overtime premiums.

B. Subcontracts

Primary roles and responsibilities of **PROVIDER** cannot be subcontracted. It is mutually agreed that any County-funded program component that is subcontracted by **PROVIDER** must have a written contract upon

execution of this contract. The **PROVIDER** must ensure each subcontractor conforms to the terms and conditions of this contract and must be subject to indemnification as stated in Article VII.

ARTICLE VII RISK MANAGEMENT

A. Indemnification

The **PROVIDER** will defend, hold harmless, and indemnify the **COUNTY** from and against any and all liability, loss, claims, damages, wages or overtime compensation due its employees, costs, attorneys' fees, and expenses of whatever kind or nature which the **COUNTY** may sustain, incur, or be required to pay either by reason of the loss or improper use of any monies disbursed or to be disbursed hereunder including but not limited to fraud, embezzlement, or dishonesty on the part of any person represented or employed by the **PROVIDER**, or by reason of the intentional or negligent act of the **PROVIDER** or its agents, representatives and/or employees.

The **PROVIDER** further agrees that it will, at its own expense, defend any and all claims, actions, suits, or proceedings that may be brought against the **COUNTY** in connection with the above and satisfy, pay, and discharge any and all judgments or other resolution of claims that may be entered against the **COUNTY** in any such action or proceedings.

The **PROVIDER** further agrees that it is responsible for any and all claims arising from the hiring of individuals relating to activities provided under the Contract. All individuals hired are employees of the **PROVIDER** and not of the **COUNTY**.

B. Insurance

The **PROVIDER** agrees to provide and maintain during the term of this Contract Commercial General Liability insurance insuring the **PROVIDER** against any and all claims, demands, or causes of action whatsoever for injuries received or damage to property incurred in the performance of the terms of this Contract or the use, occupation, management, or control of any facility herein provided for and the improvements thereto. Such a policy of insurance will insure the **PROVIDER** in an amount not less than \$300,000 to cover any or all bodily injury, personal injury, and/or property damage claim connected with any accident or occurrence that may arise or be claimed to have arisen against the **PROVIDER**. The **PROVIDER** must furnish an appropriate Certificate of Insurance (Exhibit 6) naming Lee County Board of County Commissioners as Certificate Holder and "**Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials**" as Additional Insured. The **PROVIDER** agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess. The **PROVIDER** agrees that this insurance requirement shall not relieve or limit **PROVIDER'S** liability and that the **COUNTY** does not in any way represent that the insurance required is sufficient or adequate to protect the **PROVIDER'S** interests or liabilities, but are merely minimums. It is the responsibility of the provider to insure that all subcontractors comply with the insurance requirements.

Workers' Compensation – The **PROVIDER** agrees to provide and maintain during the term of this Contract, Workers' Compensation – Statutory benefits as defined by FS440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Individual employees may be exempted per State Law. Employers' liability will have minimum limits of \$100,000 per accident, \$300,000 disease limit, \$100,000 disease limit per employee.

Business Auto Liability – The **PROVIDER** agrees to provide and maintain during the term of this Contract, the following Automobile Liability that will be required and coverage shall apply to all owned, hired and non-owned vehicle use with minimum limits of:

\$100,000 bodily injury per person (BI), \$300,000 bodily injury per occurrence (BI), \$100,000 property

damage (PD) or \$500,000 combined single limit (CSL) of BI and PD.

Special Requirements – The **PROVIDER** agrees to provide Lee County with thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested, and addressed to the Risk Management.

Ten (10) days prior to the commencement of any work under this contract, a certificate of insurance will be provided to Risk Management for review and approval. The certificate shall be submitted to the following:

Risk Management
Lee County Board of County Commissioners
P.O. Box 398 Fort Myers, Florida 33902-0398

All required Insurance policies must list Lee County Board of County Commissioners as Certificate Holder. It is required by the COUNTY (Risk Management) to list the Board of County Commissioners as “Additional Insured” for General Liability insurance only.

C. Bonding

The **PROVIDER** must provide fidelity bonding for all employees that handle **PROVIDER'S** funds. The amount of the bond must be equivalent to the highest daily cash balance of the **PROVIDER**. Proof of this bonding must be submitted to the **COUNTY** prior to the date of execution of this contract.

ARTICLE VIII SUSPENSION/TERMINATION

A. Suspension

The **COUNTY** reserves the right to suspend funding for failure to comply with the requirements of this contract.

In the event **PROVIDER** ceases operation for any reason or files for protection from creditors under bankruptcy law, any remaining unpaid portion of this Contract, less funds for expenditures already incurred, shall be retained by the **COUNTY** and the **COUNTY** shall have no further funding obligation to the **PROVIDER** with regard to those unpaid funds.

B. Termination by COUNTY

The **COUNTY** may at any time and for any reason cancel this Contract by giving twenty-four (24) hours written notice to the **PROVIDER** by certified mail following a determination by the Board of County Commissioners, at its sole discretion, that such cancellation is in the best interest of the people of the county. From the date of cancellation, neither party shall have any further obligation unless specified in the termination notice.

C. Termination by PROVIDER

The **PROVIDER** may at any time and for any reason cancel this Contract by giving seventy-two (72) hours prior written notice to the **COUNTY** by certified mail of such and specifying the effective date.

COUNTY'S obligation to make any payments under any provision of this Contract shall cease on the effective date of termination.

ARTICLE IX ASSURANCE, CERTIFICATIONS, AND COMPLIANCE

The **PROVIDER** agrees that compliance with these assurances and certifications constitutes a condition of continued receipt of or benefit from funds provided through this Contract, and that it is binding upon the

PROVIDER, its successors, transferees, and assignees for the period during which services are provided.

The **PROVIDER** further assures that all contractors, subcontractors, 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 statutes, regulations, guidelines and standards. By acceptance of this funding, the **PROVIDER** assures and certifies the following:

- A. That they will comply with all applicable laws, ordinances and regulations of the United States, the State of Florida, the **COUNTY**, and the municipalities as said laws, ordinances and regulations exist and are amended from time to time. In entering into this contract, the **COUNTY** does not waive the requirements of any **COUNTY** or local ordinance or the requirements of obtaining any permits or licenses that are normally required to conduct business or activity contemplated by the **PROVIDER**.
- B. That they will comply all federal, state and local anti-discrimination laws that are applicable to the **PROVIDER**.
- C. That they will administer its programs under procedures, supervision, safeguards, and such other methods as may be necessary to prevent fraud and abuse, and that it will target its services to those who most need them.
- D. That if clients are to be transported under this contract, the **PROVIDER** will comply with the provisions of Chapter 427, Florida Statutes, which requires the coordination of transportation for the disadvantaged.
- E. That any products or materials purchased with contract funds shall be procured in accordance with the provisions of Chapter 403.7065, Florida Statutes, which refers to the procurement of products or materials with recycled content.
- F. That they will comply with Chapter 39.201, Florida Statutes, that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the Central Abuse Hotline (1-800-342-3720).
- G. That they will comply with Chapter 415.1034, Florida Statutes, that any person who knows or has reasonable cause to suspect that a vulnerable and or disabled adult has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the National Center on Elder Abuse Hotline (1-800-962-2873).
- H. That if personnel in programs under this contract work directly with children or youths and vulnerable or disabled adults, the **PROVIDER** will comply with the provisions of Chapters 435.03 and 435.04, Florida Statutes, which requires employment screening.
- I. That they will comply with Chapter 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature, state or county agencies .
- J. That they will notify the **COUNTY** immediately of any funding source changes and/or additions from other sources that are different from that shown in the **PROVIDER'S** application. This notification must include a statement as to how this change in funding affects provision of service as well as the use of and continued need for **COUNTY** funds.
- K. That they will acknowledge support for activities funded wholly or in part by **COUNTY** funds.
- L. That they will notify the **COUNTY** of any SIGNIFICANT changes to the **PROVIDER** organization to

include articles of incorporation and bylaws within ten (10) working days of the effective date.

ARTICLE X NOTICES

Official notices concerning this Contract shall be directed to the following authorized representatives:

COUNTY:

ATTN: Diana Childers, Contracts Specialist
Lee County Department of Human Services
83 Pondella Road, Suite 1
Fort Myers, Florida 33903
Telephone: (239) 652-7944

Fax: (239) 652-7960

E-Mail: childedm@leegov.com

PROVIDER:

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Fax: (____) _____

E-Mail: _____

The signatures of the persons shown below are designated and authorized to sign all applicable reports:

Name (printed/typed)

OR

Name (printed/typed)

Signature

Signature

Title

Title

In the event that either party designates different representatives after execution of this contract, notice of the name and address of the new representative will be rendered in writing by authorized officer of **PROVIDER** to the **COUNTY**. The notification shall be attached to originals of this Contract.

ARTICLE XI SPECIAL PROVISIONS

If needed, **PROVIDER** may be called upon to assist **COUNTY** during a natural disaster or emergency.

ARTICLE XII ALL TERMS AND CONDITIONS INCLUDED

This contract and its attachments, 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 verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such terms or provisions shall be stricken.

IN WITNESS THEREOF, PROVIDER and COUNTY have caused this 9-page contract and all Contract Exhibits and Attachments as indicated on next page to be executed by their undersigned officials as duly authorized.

PROVIDER:

By: _____
Name (print)

(Signature of authorized officer)

Title

Date

**STATE OF FLORIDA
COUNTY OF LEE**

The foregoing instrument was acknowledged before me this ____ day of _____, 2003, by

_____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

NOTARY:

By: _____
Notary of Public (Signature)

Name (typed)

COUNTY: LEE COUNTY

By: Ray Judah
Name (print)

(Signature of authorized officer)

Chairman, Board of County Commissioners
Title

Date

ATTEST: CLERK OF CIRCUIT COURT

By: _____

Title: _____

Date: _____

**APPROVED AS TO FORM:
COUNTY ATTORNEY'S OFFICE**

By: _____

Title: _____

Date: _____