

THIS AMENDMENT is entered into between the Areawide Council on Aging of Broward County, Inc., hereinafter referred to as the "Council," and **City of Pembroke Pines, Florida / Southwest Focal Point Senior Center**, hereinafter referred to as the "Contractor," and collectively referred to as the "Parties," to amend Contract JP219-10-2021.

The purpose of this amendment is to decrease the contract amount by \$1,823.11, decrease the level of services accordingly, and change the total contract funding from \$25,338.54 to \$23,515.43, and replace an attachment.

(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 **\$23,515.43** 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) ATTACHMENT I, Section 3.1 is hereby amended to read as follows:

**3.1 GENERAL STATEMENT OF METHOD OF PAYMENT**

This is a cost reimbursement contract. The Council agrees to pay for contracted services according to the terms and conditions of this Contract in an amount not to exceed **\$23,515.43** subject to the availability of funds and the satisfactory completion of the Tasks/Deliverables, as specified in this contract. All Cost Reimbursement Requests for Payment must include the actual Expenditure Reports beginning with the first month of the contract.

(3) ATTACHMENT II is hereby revised and replaced in its entirety.

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

This amendment will be effective on the last date that this amendment has been 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 to 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 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:**  
**City of Pembroke Pines, Florida /**  
**Southwest Focal Point Senior Center**

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

BOARD PRESIDENT OR AUTHORIZED  
DESIGNEE

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

CHARLES F. DODGE

NAME:

CITY MANAGER

TITLE:

\_\_\_\_\_  
DATE:

FEDERAL ID NUMBER: 59-0908106

FISCAL YEAR-END DATE: September 30

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SIGNED BY:

PAULINE GRANT

NAME:

PRESIDENT

TITLE:

\_\_\_\_\_  
DATE:

**ATTACHMENT II****FUNDING SUMMARY****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>Fund Amounts</b>
Emergency Home Energy Assistant Program	2019-2020	U.S. Dept. of Health and Human Services	93.568	\$23,515.43
<b>TOTAL FUNDS CONTAINED IN THIS CONTRACT:</b>				\$23,515.43

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

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

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

<b>PROGRAM TITLE</b>	<b>FUNDING SOURCE</b>	<b>CFDA</b>	<b>AMOUNT</b>
<b>TOTAL STATE AWARD</b>			

**MATCHING RESOURCES FOR FEDERAL PROGRAMS****STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.**

<b>PROGRAM TITLE</b>	<b>FUNDING SOURCE</b>	<b>CSFA</b>	<b>AMOUNT</b>
<b>TOTAL AWARD</b>			\$

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

Section 215.97, F.S., Chapter 69I-5, FL Admin Code, Reference Guide for State Expenditures, Other fiscal requirements set forth in program laws, rules and regulations.

**ATTACHMENT IV****EMERGENCY HOME ENERGY ASSISTANCE PROGRAM (EHEAP)****BUDGET SUMMARY****EHEAP INITIAL CONTRACT AMOUNT****ADMINISTRATIVE COSTS**

PERSONNEL (Salaries and Fringe Benefits combined for each position):

(List each individual position by job title)

RECURRING EXPENSES (List each line item):

<b><u>TOTAL ADMINISTRATIVE BUDGET</u></b>	<b><u>\$ 2,486.68</u></b>
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**OUTREACH COSTS**

PERSONNEL (Salaries and Fringe Benefits combined for each position):

(List each individual position by job title)

RECURRING EXPENSES (List each line item):

<b><u>TOTAL OUTREACH BUDGET</u></b>	<b><u>\$ 2,297.75</u></b>
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<b><u>TOTAL EHEAP Benefits (Crisis)</u></b>	<b><u>\$ 18,731.00</u></b>
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<b>TOTAL</b>	<b><u>\$ 23,515.43</u></b>
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Projected minimum number of Clients to be serve:	<u>67</u>
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A detailed Budget Summary will be provided to replace this page upon receipt of the revised Cost Analysis Report and Budget Detail.