

SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

SUBJECT: 2009/2010 Community Services Partnership Program

DEPARTMENT: Community Services

DIVISION: Community Assistance

AUTHORIZED BY: Michele Saunders

CONTACT: Pamela Martin

EXT: 2302

MOTION/RECOMMENDATION:

Approve and authorize the Chairman to execute the attached Community Service Agency Grant Agreements for the 2009-2010 budget year.

County-wide

Carmen Hall (ext 2394)

BACKGROUND:

The Community Services Partnership Grant Program is a Board of County Commissioners (BCC) funded initiative that originated over 20 years ago. The purpose of this Program has been to provide funding to non-profit agencies providing basic life and supportive services which aid to improve the lives of the most vulnerable Seminole County residents.

During the 2009-2010 second public hearing for the budget, the BCC approved the distribution of general revenue funds of Six Hundred Eighty Two Thousand Dollars (\$682,000) to fourteen (14) local non-profit agencies to provide a variety of services for Seminole County residents.

COMMUNITY SERVICE AGENCIES	FUNDING AMOUNT
Boys & Girls Club	\$94,000
Intervention Services	\$12,500
Kids House of Seminole, Inc.	\$78,000
Lighthouse Central Florida, Inc.	\$10,000
Meals On Wheels Etc.	\$156,000
Seminole Community Volunteer Program, Inc.	\$30,000
Seminole County Coalition for School Readiness: Early Learning Coalition of Seminole	\$68,000
Seminole County Public Schools: Midway Safe Harbor	\$35,000
Seminole County Victim's Rights Coalition: Family Focus	\$40,500
Seminole County Victim's Rights Coalition:	\$67,000

SafeHouse of Seminole	
Seminole Work Opportunity Program	\$10,000
Seniors First, Inc. (formerly Visiting Nurse)	\$20,000
Special Olympics Florida, Seminole County	\$10,000
The Christian Sharing Center, Inc.	\$51,000
Total Request:	\$682,000

STAFF RECOMMENDATION:

Staff recommends that the Board approve and authorize the Chairman to execute the attached Community Service Agency Grant Agreements for the 2009-2010 budget year.

ATTACHMENTS:

1. Agreement
2. Agreement
3. Agreement
4. Agreement
5. Agreement
6. Agreement
7. Agreement
8. Agreement
9. Agreement
10. Agreement
11. Agreement
12. Agreement
13. Agreement
14. Agreement

Additionally Reviewed By:

- County Attorney Review (Ann Colby, Susan Dietrich)
- Budget Review (Betty Segal, Lisa Spriggs)

BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 20___, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC.**, a Florida non-profit corporation, whose address is 801 North Magnolia Avenue, Suite 305, Orlando, Florida 32803, hereinafter referred to as the "CLUBS".

W I T N E S S E T H:

WHEREAS, the CLUBS provide extensive outreach and recreational activities and programs to primary school age children residing in Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose;

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than

thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that CLUBS fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by CLUBS after CLUBS has received notice of termination. Upon said termination, CLUBS shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. The CLUBS shall use funds from this Agreement, in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide extension services with extensive outreach and recreational activities and programs to primary school age children residing in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. CLUBS agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by CLUBS during the term of this Agreement. It is understood that CLUBS has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby CLUBS would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) CLUBS shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which

the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to CLUBS or whomsoever, resulting out of CLUBS' fraud, defalcation, dishonesty, or failure of CLUBS to comply with applicable laws or regulations; or by reason or as a result of any act or omission of CLUBS in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to CLUBS up to a maximum sum of NINETY-FOUR THOUSAND AND NO/100 DOLLARS (\$94,000.00) for all services provided hereunder by CLUBS during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY'S Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that CLUBS has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, CLUBS shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. CLUBS shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of CLUBS, any problems relating to the services to be provided pursuant to this Agreement that might exist for CLUBS and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, CLUBS shall submit on a quarterly basis, a financial report reflecting total CLUBS' receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, CLUBS shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) CLUBS shall submit a copy of the minutes from all CLUBS Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. CLUBS shall notify COUNTY prior to cancelled CLUBS' Board meetings and rescheduled CLUBS' Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to CLUBS as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by CLUBS after CLUBS has received such notice of termination. In the event there are any unused COUNTY funds, CLUBS shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. CLUBS shall allow the COUNTY, its duly authorized agent and the public access to such of CLUBS records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. CLUBS shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For CLUBS:

Gary W. Cain, President
Boys & Girls CLUBS of Central Florida, Inc.
Post Office Box 2987
Orlando, Florida 32802

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, CLUBS shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to CLUBS as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law.  This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. CLUBS and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. CLUBS agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin,

or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.  The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent CLUBSs. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting CLUBS, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent CLUBSs with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

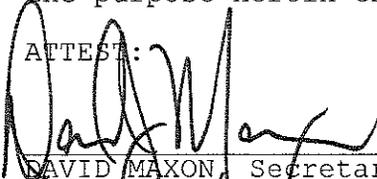
Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:


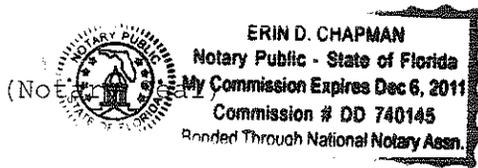
DAVID MAXON, Secretary
(Corporate Seal)

BOYS & GIRLS CLUBS OF
CENTRAL FLORIDA, INC.
By: 

GARY W. CAIN, President
Date: 9/11/09

STATE OF FLORIDA)
COUNTY OF Orange)

I HEREBY CERTIFY that, on this 11 day of September, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GARY W. CAIN, as President and DAVID MAXON, as Secretary, respectively, of BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC., a non-profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced _____ as identification. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.



Erin D. Chapman ^{epe}
Print Name Erin D. Chapman ^{epe}
Notary Public in and for the County
and State Aforementioned

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date:  _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
20____, regular meeting.

County Attorney

SED/dre
8/06/08
P:\Users\Lkennedy\My Documents\Community Services\Boys And Girls Club 2009.Doc

- Attachments:
1. Exhibit "A" - Scope of Services
 2. Exhibit "B" - Seminole County Community Service Agency Report Form
 3. Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Boys & Girls Clubs of Central Florida, Inc.
AGENCY ADDRESS: 801 N. Magnolia Ave., Suite 305, Orlando, FL 32803
PRESIDENT/DIRECTOR NAME: Gary W. Cain
AGENCY PHONE NUMBER: 407-841-6855
AGENCY FAX NUMBER: 407-872-7796
AGENCY E-MAIL: kcole@bgccf.org
PRESIDENT/DIRECTOR E-MAIL: gcain@bgccf.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1.Character & Leadership	One session of service or prevention averaging 1 hour per 10 children.
2.Education & Careers	One hour of tutoring and homework assistance including computer assignments.
3.Health & Life Skills	One session of service averaging 1 hour per 10 children.
4.The Arts	One hour of art-related activities that are either visual, performing, or literary.
5.Sports, Fitness, & Recreation	One hour of sports, fitness, or other recreational activity.

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
Character & Leadership	1,150 sessions (1 hour per 10 children)
Education & Careers	2,000 hours
Health & Life Skills	160 sessions (1 hour per 10 children)
The Arts	995 hours
Sports, Fitness, & Recreation	6,370 hours

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
Character & Leadership	18.00 per session
Education & Careers	13.00 per hour
Health & Life Skills	7.00 per session
The Arts	8.00 per hour
Sports, Fitness, & Recreation	6.00 per hour

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
Character & Leadership	Industry standard set by the Department of Children and Families.
Education & Careers	Low-end cost average for private tutoring and homework assistance services.
Health & Life Skills	Industry standard of local health-care agencies.
The Arts	Low-end cost for classes at local dance studios and art schools.
Sports, Fitness, & Recreation	Industry standard for youth sports leagues.

***Not to exceed \$94,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Boys & Girls Clubs of Central Florida, Inc.
 Original to: Annie Knight Program Manager
534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

- 1) Agency accomplishments this month:

- 2) Summary of accomplishments made with Seminole County funding this month:

- 3) Progress to broaden community financial support:

- 4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
								\$0.00
TOTAL	0	0	0	0	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010, and October 31, 2010

Program Logic Model – Date Revised: N/A

Agency: Boys & Girls Clubs of Central Florida, Inc.
 Program: Youth Development Services
 Program Locations: East Altamonte & Midway Branches

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	PROJECTED OUTCOMES
<p>For at-risk youth ages 6-18 in underserved neighborhoods in Seminole County:</p> <p>Positive Adult Guidance</p> <p>Positive Youth Development Programming (after-school and during holidays & summer vacation)</p>	<p>At age 18, Boys & Girls Club Youth will enter the adult world with the capacities to be:</p> <ul style="list-style-type: none"> ▪ responsible citizens and leaders ▪ able to support themselves ▪ live a successful life 	<p><u>Objective #1:</u> 75% of active participants will achieve a GPA of 2.0 or better each school quarter.</p> <p><u>Objective #2:</u> 75% of active participants will achieve Participant status or better on the President's Challenge Physical Fitness Test.</p>	<p><u>Service Providers:</u> Staff, Teen Leaders, Resource People, Volunteers</p> <p><u>Facilities:</u> Clubs, Field Trips into local community</p> <p>Activities in Five Core Areas: <u>Character & Leadership Leadership Training Youth of the Year</u></p> <p><u>Education & Careers Power Hour – (homework help), Making the Grade, Computer Labs</u></p> <p><u>Health & Life Skills SMART Moves – (drug & alcohol abuse & teen pregnancy prevention)</u></p> <p><u>The Arts Arts & Crafts, performing - Fine Arts, Cultural Events</u></p> <p><u>Sports, Fitness & Recreation Fun & Games, Field Trips Intramural sports, President's Fitness Test</u></p>	<p><u>Objective #1:</u> Student progress report cards will be collected & reported QUARTERLY for the first three grading periods. <u>Comparative</u> results over 3 grading periods will be reported ONCE ANNUALLY.</p> <p><u>Objective #2:</u> President's Challenge Physical Fitness Test will be administered once annually, in the spring. Results will be recorded and reported ONCE ANNUALLY. Award level requirements are set by the President's Council on Physical Fitness & Sports, based on participant age and gender.</p> <p><u>Objective #3:</u> BGCCF Youth Survey will be administered once annually, in the spring. Survey results will be available within 2-3 months and will be reported ONCE ANNUALLY.</p>	<p>Members who attend regularly will demonstrate:</p> <p>Outcome 1: Educational Competency</p> <p>Outcome 2: Health & Well-Being</p> <p>Outcome 3: Youth Development in Boys & Girls Clubs of America Competencies, as follows: <i>Positive Self Concept</i> <i>Educational, Social, Employment, Emotional, Cultural Competencies</i> <i>Community & Civic Involvement</i> <i>Health & Well-being</i> <i>A Moral Compass</i></p>

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Indicators/Thresholds that Determine Successful Outcomes
Outcome 1: Educational Competency	1.1 Achieve passing grades or above in all school subjects 1.2 Graduate high school (where applicable)
Outcome 2: Health and Well-Being	2.1 Meet standards for President's Challenge Physical Fitness Test 2.2 Engage in regular fitness activity 2.3 Make positive choices about personal safety, drug & alcohol use, nutrition, & sexuality
Outcome 3: Youth Development in Boys & Girls Clubs of America Competencies	3.1 Set and attain goals for education and employment 3.2 Develop and sustain positive relationships with staff and other members 3.3 Make positive choices about personal safety, drug & alcohol use, nutrition, & sexuality

Notes:

EXHIBIT C PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Projected Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. Educational Competency	<p>Student Progress Report Cards – Record grades/GPA's for each member per grade period for first three periods</p> <p>Student/School Academic Records – Record graduation, promotion, etc.</p>	<p>Sample Group consisting of regular attendees (2 times per week or more) in the E. Altamonte & Midway Boys & Girls Club programs</p> <p>Sample Size = approximately 45 (E. Alta) approximately 55 (Midway)</p>	<p>At end of grading periods 1-3; comparative results over 3 grading periods to produce annual results at end of each school year.</p>
2. Health and Well-Being	<p>President's Challenge Physical Fitness Test – engage members in fitness tests during Club fitness and health activities</p> <p>B&GCA Youth Survey – administer survey to youth during Club hours</p>	<p>Sample Group consisting of regular attendees (2 times per week or more) in the E. Altamonte & Midway Boys & Girls Clubs programs</p> <p>Sample Size = approximately 45 (E. Alta) approximately 55 (Midway)</p> <p>Different age groups will be surveyed to reflect proportions for Branches as a whole</p> <p>Sample Size = approximately 45 (E. Alta) approximately 55 (Midway)</p>	<p>Conducted annually in the spring</p> <p>Administered annually in the spring</p>
3. Youth Development in Boys & Girls Clubs of American Competencies	<p>B&GCA Youth Survey – administer survey to youth during Club hours</p>	<p>Sample Group consisting of regular attendees (2 times per week or more) in the E. Altamonte & Midway Boys & Girls Clubs programs</p> <p>Different age groups will be surveyed to reflect proportions for Branches as a whole</p> <p>Sample Size = approximately 45 (E. Alta) approximately 55 (Midway)</p>	<p>Administered annually in the spring</p>

INTERVENTION SERVICES, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **INTERVENTION SERVICES, INC.**, a Florida non-profit corporation, whose address is 150 Spartan Drive, Maitland, Florida 32751, hereinafter referred to as "ISI".

W I T N E S S E T H:

WHEREAS, ISI provides low cost housing, educational, vocational, behavioral and employment training programs and mental health and substance abuse intervention for young men and women, ages 18 to 21, who are "aging out" of the State of Florida foster care system at managed homes located in Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that ISI fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by ISI after ISI has received notice of termination. Upon said termination, ISI shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. ISI shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide low cost housing, educational, vocational, behavioral, and employment training programs and mental health and substance abuse intervention to young men and woman ages 18 to 21, who are "aging out" of the State of Florida foster care at managed homes located in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. ISI agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by ISI during the term of this Agreement. It is understood that ISI has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby ISI would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) ISI shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to ISI or whomsoever, resulting out of ISI'S fraud, defalcation, dishonesty, or failure of ISI to comply with applicable laws or regulations; or by reason or as a result of any act or omission of ISI in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to ISI up to a maximum sum of TWELVE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$12,500.00) for all services provided hereunder by ISI during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY'S Community Assistance Division that the services for which reimbursement is

sought are in accordance with service projections as described in Exhibit "A" and that ISI has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, ISI shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. ISI shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of ISI, any problems relating to the services to

be provided pursuant to this Agreement that might exist for ISI and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, ISI shall submit on a quarterly basis, a financial report reflecting total ISI receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, ISI shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) ISI shall submit a copy of the minutes from all ISI Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. ISI shall notify COUNTY prior to cancelled ISI Board meetings and rescheduled ISI Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to ISI as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by ISI after ISI has received such notice of termination. In the event there are any unused COUNTY funds, ISI shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. ISI shall allow the COUNTY, its duly authorized agent and the public access to such of ISI'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination

in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. ISI shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For ISI:

Virginia Scanlon, President
Intervention Services, Inc.
150 Spartan Drive
Maitland, Florida 32751



Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, ISI shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to ISI as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. ISI and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. ISI agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.



Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting ISI, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

INTERVENTION SERVICES, INC.


~~CHERYLE MACKENZIE FRYE, Secretary~~ By: ~~VIRGINIA SCANLON, President~~
Anne M. Baznik, Exec. Dir. *AMBS*
(Corporate Seal) Date: 10/11/09

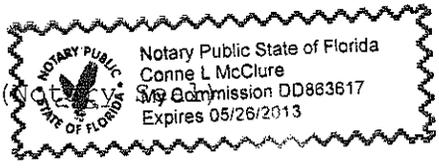
STATE OF FLORIDA)

COUNTY OF Seminole

I HEREBY CERTIFY that, on this 1 day of October, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ~~VIRGINIA SCANLON, as President and CHERYLE MACKENZIE FRYE, as Secretary, of INTERVENTION SERVICES, INC.,~~ a non-profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced _____ as identification. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.

AMB

Anna M. Bazzik, Exec. Dir.



Conne L. McClure
Print Name Conne L. McClure
Notary Public in and for the County and State Aforementioned

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
20____, regular meeting.

County Attorney

SED/dre
8/06/09
P:\Users\lkennedy\My Documents\Community Services\intervention services 2009.doc

- Attachments:
- 1. Exhibit "A" - Scope of Services
 - 2. Exhibit "B" - Seminole County Community Service Agency Report Form
 - 3. Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Intervention Services, Inc.
AGENCY ADDRESS: 3800 Dike Rd, Winter Park, FL 32792
PRESIDENT/DIRECTOR NAME: Anna Baznik, Executive Director
AGENCY PHONE NUMBER: 407-331-8002
AGENCY FAX NUMBER: 407-261-0523
AGENCY E-MAIL: Abaznik@isifl.org
PRESIDENT/DIRECTOR E-MAIL: info@interventionservices.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

- I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
Life Skills	Life skills provided to clients at the transitional living service site.

- II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
Life Skills	1,389 units

Service units are transferable based on the agency's need and actual services provided each month.

- III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
Life Skills	Cost per unit (day) is \$9

- IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
Life Skills	This includes the personnel costs associated with like skills development and supervision. The cost per unit of services \$9 per unit based on 15 residents for 365 days.

***Not to exceed \$68,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Intervention Services Inc: The Village
Original to: Program Manager
 534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

- 1) Agency accomplishments this month:

- 2) Summary of accomplishments made with Seminole County funding this month:

- 3) Progress to broaden community financial support:

- 4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
				1389			\$ 9.00	\$0.00
TOTAL	0	0	0	1389	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: 9/4/2009 Existing New

Agency: Intervention Services Inc.
 Program: The Village Transitional Housing
 Program Locations: 3800 Dike Road, Winter Park, FL 32792

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
25% of youth that age out of the foster care system experience homelessness.	To provide housing, supervision and financial assistance to youth who are in need of these services to prepare them to eventually live independently.	70% of residents will maintain stable housing at the Village. 80% of discharged residents will transition into stable living situations.	<ul style="list-style-type: none"> -locate affordable housing options. -provide assistance with rental agreements. -provide budgeting and "real life" skill based training classes. -provide a knowledge base for community resources. 	<ul style="list-style-type: none"> -percent of clients that maintain stable housing. - percent of youth that transition into stable housing -percent of youth that have completed three budgets with staff and three on their own 	11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation
3% of foster youth obtain Bachelor degrees.	To provide the stable environment and mentoring necessary for youth to successfully complete their educational and vocational goals.	90% of the youth residing in Transitional Housing or living independently will be enrolled in an educational or vocational program with in 30 days of entering the program or by next semester.	<ul style="list-style-type: none"> -providing enrollment and financial assistance. -providing tutors and mentors for both remedial and college level assistance. -providing transportation assistance. 	<ul style="list-style-type: none"> -percent of clients enrolled in an educational program or vocational setting. -percent of clients making substantial progress towards obtaining their individualized educational goals. 	13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.
Two to four years, after leaving the foster care system, only half of all the youth are regularly employed.	To assist youth in finding and maintaining employment in the community.	90% of youth residing at the Village will be provided access to employment training. 80% of youth that reside at the Village for 90 or more days will gain employment.	<ul style="list-style-type: none"> -providing skills based training classes in interviewing techniques, resumes and applications and essential job skills. -providing education on labor laws and unemployment access to community resources such as Workforce. 	<ul style="list-style-type: none"> -percent of youth that gain employment -percent of youth that gain significant employment skills. 	12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: xx NEW: DATE REVISED: 9/05/2009

Outcomes	Indicators
<p>Outcome 1: 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation</p>	<p>1.1 Percent of individual Independent Living goals that are achieved.</p> <p>1.2 Length of time a youth resides at one continuous address.</p> <p>1.3 Number of times a youth moves during a six month period</p> <p>1.4 Percent of youth that transition into stable housing.</p>
<p>Outcome 2: 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.</p>	<p>2.1 Number of youth that obtain a High School diploma or GED.</p> <p>2.2 Number of youth enrolled in an educational or vocational program.</p> <p>2.3 Number of youth maintaining a 2.0 GPA or "good standing" in their chosen program.</p> <p>2.4 Number of clients utilizing tutoring and/or mentoring services.</p>
<p>Outcome 3: 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment</p>	<p>3.1 Percent of youth employed</p> <p>3.2 Length of employment</p> <p>3.3 Percent of youth actively seeking employment</p> <p>3.4 Percent of youth that participant in job readiness skills training</p>

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 9/05/2009

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation	Track the number of youth that maintain stable housing. Track the number of youth that transition into stable housing.	All active program participants and discharged youth during the reporting period.	Monthly
2. 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.	Track the number of youth enrolled and currently in good standing in an educational or vocational program.	All active program participants	Monthly and/or quarterly
3. 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment	Track the number of youth currently employed and length of current employment.	All active program participants	Monthly and/or quarterly

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2: 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1: 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation

Successes:

Challenges:

Outcome #2: 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.

Successes:

Challenges:

Outcome #3: 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

KIDS HOUSE OF SEMINOLE, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **KIDS HOUSE OF SEMINOLE, INC.**, a Florida non-profit corporation, whose address is 5467 North Ronald Reagan Boulevard, Sanford, Florida 32773, hereinafter referred to as "KIDSHOUSE".

W I T N E S S E T H:

WHEREAS, KIDSHOUSE provides for children's advocacy services, including law enforcement caseworker and volunteer recruitment and training, medical and therapy evaluations and referrals, abuse investigation and prosecution support, development and distribution of investigative guidelines and brochures and a database and follow-up procedures for children interviewed by the Child Protection Team; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that KIDSHOUSE fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by KIDSHOUSE after KIDSHOUSE has received notice of termination. Upon said termination, KIDSHOUSE shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. KIDSHOUSE shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide children's advocacy services, including law enforcement caseworker and volunteer recruitment and training, medical and therapy evaluations and referrals, abuse investigation and prosecution support, development and distribution of investigative guidelines and brochures and a database and follow-up procedures for children interviewed by the Child Protection Team.

Section 5. Revenue from Other Sources. KIDSHOUSE agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by KIDSHOUSE during the term of this Agreement. It is understood that KIDSHOUSE has not previously entered into, and shall

not enter into, an agreement with any other party, including service recipients hereunder, whereby KIDSHOUSE would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) KIDSHOUSE shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to KIDSHOUSE or whomsoever, resulting out of KIDSHOUSE'S fraud, defalcation, dishonesty, or failure of KIDSHOUSE to comply with applicable laws or regulations; or by reason or as a result of any act or omission of KIDSHOUSE in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY's sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to KIDSHOUSE up to a maximum sum of SEVENTY-EIGHT THOUSAND AND NO/100 DOLLARS (\$78,000.00) for all services provided hereunder by KIDSHOUSE during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that KIDSHOUSE has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, KIDSHOUSE shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.



Section 8. Reporting Requirements. KIDSHOUSE shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of KIDSHOUSE, any problems relating to the services to be provided pursuant to this Agreement that might exist for KIDSHOUSE and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, KIDSHOUSE shall submit on a quarterly basis, a financial report reflecting total KIDSHOUSE receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the  above, KIDSHOUSE shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) KIDSHOUSE shall submit a copy of the minutes from all KIDSHOUSE Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. KIDSHOUSE shall notify COUNTY prior to cancelled KIDSHOUSE Board meetings and rescheduled KIDSHOUSE Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to KIDSHOUSE as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or

costs incurred by KIDSHOUSE after KIDSHOUSE has received such notice of termination. In the event there are any unused COUNTY funds, KIDSHOUSE shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. KIDSHOUSE shall allow the COUNTY, its duly authorized agent and the public access to such of KIDSHOUSE'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

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Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For KIDSHOUSE:

Nancy Crawford, Executive Director
Kids House of Seminole, Inc.
5467 North County Road 427
Sanford, Florida 32773

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

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(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

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Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as

to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. KIDSHOUSE and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. KIDSHOUSE agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or  contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting KIDSHOUSE, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

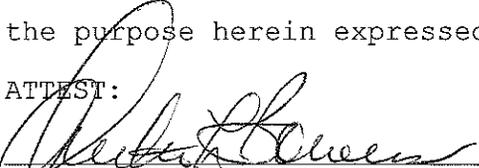
(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

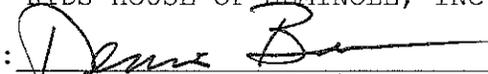
(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:


CHRISTINA BOUWENS, Secretary

KIDS HOUSE OF SEMINOLE, INC.

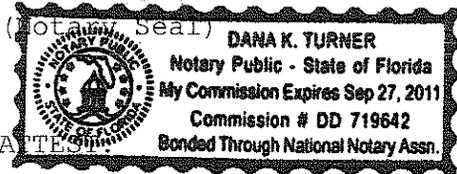
By: 
DENNIS BOWMAN, Chairman

(Corporate Seal)

Date: 9-28-09

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 28 day of September, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DENNIS BOWMAN and CHRISTINA BOUWENS, as Chairman and Secretary, respectively, of KIDS HOUSE OF SEMINOLE, INC., a non-profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced _____ as identification and did take an oath. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.




Notary Public in and for the County and State Aforementioned

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

By: _____
BOB DALLARI, Chairman

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
2009, regular meeting.

County Attorney

SED/dre
08/07/09
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- Attachments:
- 1. Exhibit "A" - Scope of Services
 - 2. Exhibit "B" - Seminole County Community Service Agency Report Form
 - 3. Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Kids House of Seminole, Inc.
AGENCY ADDRESS: 5467 North Ronald Reagan Blvd Sanford, FL 32773
PRESIDENT/DIRECTOR NAME: Nancy Crawford
AGENCY PHONE NUMBER: (407)324-3036
AGENCY FAX NUMBER: (407)324-3034
AGENCY E-MAIL:
PRESIDENT/DIRECTOR E-MAIL: Crawford@kidshouse.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Crisis Intervention	1 session crisis intervention with child victim and/or family
2. Risk Reduction	1 services assistance to at-risk family to ensure child safety

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2009-September 2010)?

Service*	Number of County funded units
1.Crisis Intervention	375 sessions
2.Risk Reduction	1975 services

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Crisis Intervention	\$50 per session
2. Risk Reduction	\$30 per service

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1.Crisis Intervention	Industry standards set by Crisis Centers
2. Risk Reduction	Industry standards for Case Management set by DCF

***Not to exceed \$**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name:

Original to:

Program Manager
534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: (Narrative must include all three items below to be considered complete)

1) Agency accomplishments this month:

2) Summary of accomplishments made with Seminole County funding this month:

3) Progress to broaden community financial support:

4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Crisis Intervention	650			375				\$0.00
Risk Reduction	5230			1975				\$0.00
TOTAL	5880	0	0	2350	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C

PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Agency: Kids House of Seminole, Inc. Program Logic Model – Date Revised: September 9, 2009 Existing New
 Program: Child Abuse Crisis Intervention and Prevention Kids House of Seminole, Inc.

Program Locations: Kids House of Seminole, Inc.

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
There were 3,630 cases of child abuse reported in October 2009- August 2009 in Seminole County with about three times that amount that went unreported.	Give child abuse victims and their families a chance to deal with the abuse and the effects of abuse.	To provide 375 sessions of crisis intervention to children who are victims of abuse and their families.	Child Advocates will work with each child and family that comes into the center providing the needed crisis intervention to help them through the early stages of the abuse trauma.	A standardized trauma symptoms assessment will be completed on each age appropriate child victim.	Stabilization of children who are victims of abuse and their families.
There were 3,630 cases of child abuse reported in October 2009- August 2009 in Seminole County with about three times that amount that went unreported.	Gain needed assistance for child abuse victims and families to address issue of abuse and outside issues.	To provide 1975 risk reduction services to children who are victims of abuse and their families.	Child Advocates insure children and families are referred to needed services	Child advocates successfully complete the referral process.(80%)	Reduction of re-victimization of children who are abused.

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 9/9/09

Outcomes	Indicators
Outcome 1: Stabilization of Children who are victims of abuse and their families.	1.1 Standardized trauma symptoms assessment. 1.2 1.3 1.4
Outcome 2: Reduction of re-victimization of children who are abused.	2.1 80% successfully complete the referral process. 2.2 2.3 2.4
Outcome 3:	3.1 3.2 3.3 3.4

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: September 9, 2009

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Stabilization of children who are victims of abuse and their families.	The trauma symptoms checklist.	Every age appropriate child coming thru Kid's House.	Daily data entry by child advocate or intern into case tracking program.
2. Reduction of re-victimization of children who are abused.	Actual referral to outside services.	Half the children who come thru Kid's House.	Daily
3.			

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1:

Successes:

Challenges:

Outcome #2:

Successes:

Challenges:

Outcome #3:

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

LIGHTHOUSE CENTRAL FLORIDA, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **LIGHTHOUSE CENTRAL FLORIDA, INC.**, a Florida non-profit corporation, whose address is 215 East New Hampshire Street, Orlando, Florida 32804, hereinafter referred to as the "LIGHTHOUSE".

W I T N E S S E T H:

WHEREAS, LIGHTHOUSE provides assistive technology and related training and other educational programs and early and primary school age intervention services to residents of Seminole County with visual impairments, blindness and multi-disabilities; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that LIGHTHOUSE fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by LIGHTHOUSE after LIGHTHOUSE has received notice of termination. Upon said termination, LIGHTHOUSE shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. LIGHTHOUSE shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide assistive technology and related training and other educational programs and early and primary school age intervention services to residents of Seminole County with visual impairments, blindness and multi-disabilities, as set forth in Exhibit "A" attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. LIGHTHOUSE agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by LIGHTHOUSE during the term of this Agreement. It is understood that LIGHTHOUSE has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby LIGHTHOUSE would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) LIGHTHOUSE shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to LIGHTHOUSE or whomsoever, resulting out of LIGHTHOUSE's fraud, defalcation, dishonesty, or failure of LIGHTHOUSE to comply with applicable laws or regulations; or by reason or as a result of any act or omission of LIGHTHOUSE in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY's sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to LIGHTHOUSE up to a maximum sum of TEN THOUSAND AND NO/100 DOLLARS (\$10,000.00) for all services provided hereunder by LIGHTHOUSE during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that LIGHTHOUSE has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, LIGHTHOUSE shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. LIGHTHOUSE shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of LIGHTHOUSE, any problems relating to the services to be provided pursuant to this Agreement that might exist for LIGHTHOUSE and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, LIGHTHOUSE shall submit on a quarterly basis, a financial report reflecting total LIGHTHOUSE receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, LIGHTHOUSE shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) LIGHTHOUSE shall submit a copy of the minutes from all LIGHTHOUSE Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. LIGHTHOUSE shall notify COUNTY prior to cancelled LIGHTHOUSE meetings and rescheduled LIGHTHOUSE meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to LIGHTHOUSE as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by LIGHTHOUSE after LIGHTHOUSE has received such notice of termination. In the event there are any unused COUNTY

funds, LIGHTHOUSE shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. LIGHTHOUSE shall allow the COUNTY, its duly authorized agent and the public access to such of LIGHTHOUSE'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. LIGHTHOUSE shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:



Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For LIGHTHOUSE:

Lee Nasehi, Executive Director
Lighthouse Central Florida, Inc.
215 East New Hampshire Street
Orlando, Florida 32804

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, LIGHTHOUSE shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to LIGHTHOUSE as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as

to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. LIGHTHOUSE and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. LIGHTHOUSE agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

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Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting LIGHTHOUSE, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:
Teresa D. Shipley
TERESA D. SHIPLEY, Secretary

LIGHTHOUSE CENTRAL FLORIDA, INC.

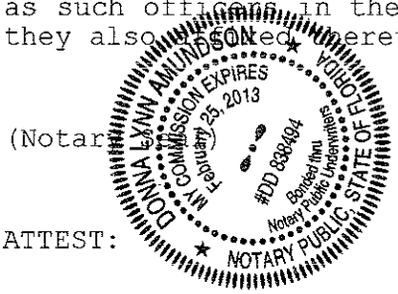
By: Lee Nasehi
LEE NASEHI, President

(Corporate Seal)

Date: October 1, 2009

STATE OF FLORIDA)
COUNTY OF Orange)

I HEREBY CERTIFY that, on this 1st day of October, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared LEE NASEHI and TERESA D. SHIPLEY, as President and Secretary, respectively, of LIGHTHOUSE CENTRAL FLORIDA, INC., a non profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced personally known as identification and did take an oath. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also acknowledged hereto the official seal of the corporation.



Donna Lynn Amundson
Notary Public in and for the County and State Aforementioned

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

Maryanne Morse
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: Bob Dallari
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
2009, regular meeting.

County Attorney

SED/dre
8/07/09
P:\Users\Lkennedy\My Documents\Community Services\Lighthouse 2009.Doc

- Attachments:
- 1. Exhibit "A" - Scope of Services
 - 2. Exhibit "B" - Seminole County Community Service Agency Report Form
 - 3. Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Lighthouse Central Florida, Inc.
AGENCY ADDRESS: 215 East New Hampshire Street, Orlando, FL 32804
PRESIDENT/DIRECTOR NAME: Lee Nasehi
AGENCY PHONE NUMBER: 407-898-2483
AGENCY FAX NUMBER: 407-898-0236
AGENCY E-MAIL: bbellows@lcf-fl.org
PRESIDENT/DIRECTOR E-MAIL: lnasehi@lcf-fl.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Children's Habilitation Services – Early Intervention	One hour of home/community or center based early intervention services
2. Children's Habilitation Services – School Aged	One hour of School-aged intervention services

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
1. Children's Habilitation Services – Early Intervention	120
2. Children's Habilitation Services – School Aged	22.75

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Children's Habilitation Services – Early Intervention	\$ 70.00
2. Children's Habilitation Services – School Aged	\$ 70.00

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Children's Habilitation Services – Early Intervention	Service unit rates are set per Lighthouse's contract with the State of Florida, Division of Blind Services (DBS)
2. Children's Habilitation Services – School Aged	Service unit rates are set per Lighthouse's contract with the State of Florida, Division of Blind Services (DBS)

***Not to exceed \$ 10,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Lighthouse Central Florida, Inc.

Original to: Program Manager
534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

1) Agency accomplishments this month:

2) Summary of accomplishments made with Seminole County funding this month:

3) Progress to broaden community financial support:

4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Child - EI				120			\$ 70.00	\$0.00
Child - School				22.75			\$ 70.00	\$0.00
TOTAL	0	0	0	23	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: September 25, 2008 Existing New
 Agency: Lighthouse Central Florida, Inc. Program: Vision Rehabilitation Services for Children and their Families
 Program Locations: Lighthouse facility-Orlando, client homes and outreach locations both within and outside of Seminole County.

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>The Florida Association of Agencies Serving the Blind (FAASB) estimate 70 children with severe visual impairments reside in Seminole County</p>	<p>Increased opportunity to achieve developmental parity and school readiness</p> <p>Increased ability to communicate, play and work to fullest potential through enriched learning and play environments that are adapted as necessary</p>	<p>10-12 children will be served whose ages will range from 0-14 years of age</p>	<p>ACTIVITIES – Individual and group early intervention, school aged and expanded core curriculum and technology evaluations, direct instruction. Consultations regarding visual impairment, and its effect on a child's development, along with the recommended interventions. Family education made available through the Lending Library, summer programs, family education, support, community based recreational activities, and weekly groups for children and their families located at center-based location</p> <p>RESOURCES – Service Providers Program Settings Community Factors Collaborations Service Technologies Funding Sources Participants</p>	<ul style="list-style-type: none"> ➤ Semi annual assessment results (birth to 5) and annual assessment results (6-14) ➤ Parent Reports/survey documented annually ➤ Instructors' observations/progress notes documented monthly 	<ul style="list-style-type: none"> ➤ 70% of children with visual impairments will demonstrate increase in important developmental skills integrate into daily routine ➤ 70% of parents and care-givers will demonstrate increased ability to manage the impact of their child's visual impairment on the family unit <p>70% of children will experience increased demonstration of skill level in the areas of daily living skills in the "expanded core curriculum"</p>

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED: **September 29, 2008**

Outcomes	Indicators
Outcome 1: Increased demonstration of important developmental skills integrated into daily routines	1.1 Results of individual functional and developmental assessments 1.2 Observation of integrated skills 1.3 Progress reports 1.4 Parent report Seventy percent (70%) of children with visual impairments will demonstrate increase in important developmental skills integrated into daily routines
Outcome 2: Increased family access, advocacy and management of the impact of visual impairment	2.1 Results of pre and post parent survey 2.2 Observation of family's ability to access, advocate and manage 2.3 Progress notes Seventy percent (70%) of parents and care-givers will demonstrate increased ability to manage the impact of their child's visual impairment on the family
Outcome 3: Increased successful transition into appropriate school programs	3.1 Documentation of participation in IEP transition and/or staffing/placement meeting 3.2 Documentation of transitional activities 3.3 Results of parent satisfaction survey 3.4 Results of receiving classroom teacher survey Seventy percent (70%) of children will experience increased demonstration of skill level in the areas of daily living skills in the "expanded core curriculum"

Notes:

Educators define "core curriculum" as the knowledge and skills expected to be learned by a student by high school graduation. Generally, the core curriculum consists of knowledge and skills related to academic subjects. Mastery of the core curriculum is what both parents and educators stress as essential for academic success in school, and later in life. The core curriculum for visually impaired students is not the same as for sighted students. Indeed, it is much larger and more complex. The "expanded core curriculum" includes compensatory or functional academic skills, including communication modes; orientation and mobility; social interaction skills; independent living skills; recreation and leisure skills; career education; use of assistive technology; visual efficiency skills.

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: **September 29, 2008**

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Increased demonstration of important developmental skills integrated into daily routines	<ul style="list-style-type: none"> ➤ Functional vision and developmental assessments ➤ Progress notes of specialists ➤ Specialist's parent observation report 	Instructors will collect data from 100% of clients served	Initial (upon enrollment) and biannually/annually (in accordance) with FSP/IEP Monthly data collection
2. Parents and care-givers will experience increased ability to manage the impact of the child's visual impairment on the family	<ul style="list-style-type: none"> ➤ Parent satisfaction survey ➤ Progress notes of specialists 	Instructors will collect a minimum of 80% parent's surveys Instructors will collect data from 100% of clients served	Annually and upon ext/transition from the program Monthly
3. Increased demonstration of skill level in the areas of daily living skills in the "expanded core curriculum"	<ul style="list-style-type: none"> ➤ DLS assessments ➤ Progress notes of specialist ➤ Specialist's parent observation report 	Instructors will collect data from 100% of clients served	Initial (upon enrollment) and annually Monthly reports Monthly reports

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1:

Successes:

Challenges:

Outcome #2:

Successes:

Challenges:

Outcome #3:

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

MEALS ON WHEELS, ETC., INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY," and **MEALS ON WHEELS, ETC., INC.**, a Florida non-profit corporation, whose address is 2801 South Financial Court, Sanford, Florida 32773, hereinafter referred to as "MEALS ON WHEELS".

W I T N E S S E T H:

WHEREAS, MEALS ON WHEELS provides programs and services benefiting senior citizens residing in Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as

provided for herein, or, at the option of the COUNTY, immediately in the event that MEALS ON WHEELS fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by MEALS ON WHEELS after MEALS ON WHEELS has received notice of termination. Upon said termination, MEALS ON WHEELS shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. MEALS ON WHEELS shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide programs and services benefiting senior citizens residing in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. MEALS ON WHEELS agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by MEALS ON WHEELS during the term of this Agreement. It is understood that MEALS ON WHEELS has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby MEALS ON WHEELS would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) MEALS ON WHEELS shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to MEALS ON WHEELS or whomsoever,

resulting out of MEALS ON WHEELS' fraud, defalcation, dishonesty, or failure of MEALS ON WHEELS to comply with applicable laws or regulations; or by reason or as a result of any act or omission of MEALS ON WHEELS in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to MEALS ON WHEELS up to a maximum sum of ONE HUNDRED FIFTY-SIX THOUSAND AND NO/100 DOLLARS (\$156,000.00) for all services provided hereunder by MEALS ON WHEELS during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY'S Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that MEALS ON WHEELS has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, MEALS ON WHEELS shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. MEALS ON WHEELS shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of MEALS ON WHEELS, any problems relating to the services to be provided pursuant to this Agreement that might exist for MEALS ON WHEELS and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, MEALS ON WHEELS shall submit on a quarterly basis, a financial report reflecting total MEALS ON WHEELS receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, MEALS ON WHEELS shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) MEALS ON WHEELS shall submit a copy of the minutes from MEALS ON WHEELS' Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. MEALS ON WHEELS shall notify COUNTY prior to cancelled MEALS ON WHEELS' Board meetings and rescheduled MEALS ON WHEELS' Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to MEALS ON WHEELS as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by MEALS ON WHEELS after MEALS ON WHEELS has received such notice of termination. In the event there are any unused COUNTY funds, MEALS ON WHEELS shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. MEALS ON WHEELS shall allow the COUNTY, its duly authorized agent and the public access to such of MEALS ON WHEELS' records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. MEALS ON WHEELS shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For MEALS ON WHEELS:

Sherry Fincher, Executive Director
Meals On Wheels, Etc., Inc.
2801 South Financial Court
Sanford, Florida 32773

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.



Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, MEALS ON WHEELS shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes,

ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to MEALS ON WHEELS as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. MEALS ON WHEELS and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. MEALS ON WHEELS agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any

express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting MEALS ON WHEELS, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
2009, regular meeting.

County Attorney

SED/dre
8/07/09

P:\Users\Lkennedy\My Documents\Community Services\Meals On Wheels 2009.Doc

Attachments:

1. Exhibit "A" - Scope of Services
2. Exhibit "B" - Seminole County Community Service Agency Report Form
3. Exhibit "C" - Program Logic Model



EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: **Meals on Wheels, Etc., Inc.**
 AGENCY ADDRESS: **2801 S. Financial Court, Sanford, FL 32773**
 PRESIDENT/DIRECTOR NAME: **Sherry Fincher**
 AGENCY PHONE NUMBER: **407-333-8877**
 AGENCY FAX NUMBER: **407-829-2468**
 AGENCY E-MAIL: **sfincher@mealsetc.org**
 PRESIDENT/DIRECTOR E-MAIL: **sfincher@mealsetc.org**

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Congregate Meals	1 hot noon meal for 1 senior 5 days a week (includes food & support costs)
2. Home Delivered Meals	1 home delivered meal for 1 senior 5 days a week (includes food & support costs)
3. Transportation	1 one-way trip for 1 senior 5 days a week

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2009-September 2010)?

Service*	Number of County funded units **
1. Congregate Meals	15,501
2. Home Delivered Meals	62,189
3. Transportation	10,600

** Forecast for each service. Service units are transferable based on agency need and actual services provided each month

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Congregate Meals	\$8.00 per unit (Seminole County pays \$1.87 per unit x 15,501 units which = \$28,987 or 27% matching funds)
2. Home Delivered Meals	\$5.00 per unit (Seminole County pays \$1.71 per unit x 62,189 units which = \$106,343 or 33% matching funds)
3. Transportation	\$16.00 per trip (Seminole County pays \$1.95 per trip x 10,600 trips which = \$20,670 or 11% matching funds)

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Congregate Meals	Dept. of Elder Affairs Unit Costing Methodology
2. Home Delivered Meals	Dept. of Elder Affairs Unit Costing Methodology
3. Transportation	Dept. of Elder Affairs Unit Costing Methodology

*Not to exceed \$156,000

EXHIBIT C: PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2010

Program Logic Model – Date Revised: 9/9/09

Agency: MEALS ON WHEELS, ETC., INC.

Program: CONGREGATE MEALS

Program Locations: Community Centers & Churches throughout Seminole County

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
Better Nutrition	ATTEND TO NUTRITIONAL NEEDS OF SEMINOLE COUNTY SENIORS	More than 90% of Clients will feel that attending congregate dining helped them to maintain a healthy diet	<p>RESOURCES</p> <p>SERVICE PROVIDERS: STAFF : 5.27 FTE VOLUNTEERS : 45+</p> <p>PROGRAM SETTING: COMMUNITY CENTERS, CHURCHES</p> <p>COMMUNITY FACTORS & COLLABORATIONS: FOOD BANK, FOOD SERVICE, YMCA, INTERAGENCY & REFERRAL AGREEMENTS, CIVIC & CORPORATE GROUPS</p>	100% of participants receive an agency developed client survey once a year	NUTRITIONAL RISK IS IMPROVED OR MAINTAINED
Ability to stay active and remain living at home for as long as possible	PREVENT PREMATURE NURSING HOME PLACEMENT BY SERVING SENIORS AT RISK PROVIDE TAX SAVINGS	More than 92% of Clients will feel that our services help them to live independently	<p>SERVICE TECHNOLOGIES: INFORMATION SYSTEMS, COMMUNICATION SYSTEMS, KITCHEN</p> <p>FUNDING SOURCES: GOVERNMENT (FEDERAL, COUNTY, CITY), UNITED WAY FOUNDATIONS - VNA, RYAN, DARDEN SERVICE GROUPS, CORPORATIONS, FUNDRAISING EVENTS</p> <p>PARTICIPANTS: CLIENTS AGE 60+ IN SEMINOLE COUNTY</p>	100% of participants receive an agency developed client survey once a year	SENIORS LIVE INDEPENDENTLY
To be around and interact with other people.	REDUCE THE ISOLATION & LONELINESS OF SEMINOLE COUNTY SENIORS	More than 86% of Clients will feel that our services help to reduce their feeling of isolation and loneliness	<p>ACTIVITIES 34,000 PREPARED & DELIVERED HOT NOON MEALS FOR SENIORS FOR A YEAR NUTRITION EDUCATION, INFORMATIONAL PRESENTATIONS, HEALTH SCREENINGS, SCREENING & ASSESSMENTS, VOLUNTEER VISITS, INTERGENERATIONAL PROGRAMS</p>	100% of participants receive an agency developed client survey once a year	ISOLATION & LONELINESS ARE REDUCED

EXHIBIT C: PROGRAM LOGIC MODEL (Continued)...

Name of Program: Congregate Meals

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Meals on Wheels, Etc.

PROGRAM Congregate Meals PLEASE CHECK: EXISTING NEW

DATE REVISED 9/9/09

PROGRAM LOCATION(S): Community Centers & Churches throughout Seminole County

Outcomes	Indicators
Outcome 1: Nutritional risk is improved or maintained.	1.1 Results from MOW annual client survey on maintaining a healthy diet. 1.2
Outcome 2: Seniors live independently.	2.1 Results from MOW annual client survey on Congregate meals helping Seniors to live independently. 2.2
Outcome 3: Isolation and loneliness are reduced.	3.1 Results from MOW annual client survey on feelings of being alone or isolated. 3.2 Results from MOW annual client survey on making new friends through participation in the Congregate Dining Program.

EXHIBIT C: PROGRAM LOGIC MODEL (Continued)...

Name of Program: Congregate Meals

IX. PROGRAM EVALUATION PLAN

AGENCY Meals on Wheels, Etc.

PROGRAM Congregate Meals PLEASE CHECK: EXISTING NEW

DATE REVISED 9/9/09

PROGRAM LOCATION(S): Community Centers & Churches throughout Seminole County

Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. Nutritional risk is improved or maintained.	MOW annual client survey	100% of participants	once per year
2. Seniors live independently.	MOW annual client survey	100% of participants	once per year
3. Isolation and loneliness are reduced.	MOW annual client survey	100% of participants	once per year

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

QUARTERLY OUTCOME MEASUREMENT REPORT

Agency: Meals on Wheels, Etc.

Name of County Funded Program: Congregate Meals

DATA ANALYSIS

Projected Outcome 1: Nutrition risk is improved or maintained.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on maintaining a healthy diet.

(a) **Area(s):** Nutritional Risk

(b) **Population:** Number of clients: 92

(c) **Dates:** Administered Annual Survey May 20, 2009

(d) **Tools:** MOW client survey

(e) **Sample Size:** 100% clients, 91

(f) **Response Rate:** 99%

Results for Outcome 1: 84% of respondents felt that attending congregating helped them maintain a healthy diet.

Projected outcome 2: Seniors live independently.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on living independently.

(a) **Area(s):** Independence

(b) **Population:** Number of clients: 92

(c) **Dates:** Administered Annual Survey May 20, 2009

(d) **Tools:** MOW client survey

(e) **Sample Size:** 100% clients, 91

(f) **Response Rate:** 99%

Results for Outcome 2: 89% of respondents felt that attending congregating helped them to live independently.

Projected outcome 3: Isolation and loneliness are reduced.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on feelings of being alone and making new friends.

(a) **Area(s):** Isolation and Loneliness

(b) **Population:** Number of clients: 92

(c) **Dates:** Administered Annual Survey May 20, 2009

(d) **Tools:** MOW client survey

(e) **Sample Size:** 100% clients, 91

(f) **Response Rate:** 99%

Results for Outcome 3: 82% of respondents felt that if they could not attend congregating, they would feel more alone and 93% of respondents felt that they have made new friends.

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

Agency: Meals on Wheels, Etc.

Name of County Funded Program: Congregate Meals

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome 1: Nutrition risk is improved or maintained.

Successes: Program continues to achieve the desired outcomes.

Challenges: Improving nutrition score can be challenging because a number of clients have health problems and other factors that influence nutritional risk. MOW has control over 1/3 of their daily nutritional requirements, Monday thru Friday only.

Outcome 2: Seniors live independently.

Successes: Program continues to achieve the desired outcomes.

Challenges: Transportation to several sites is limited.

Outcome 3: Isolation and loneliness are reduced.

Successes: In addition to the hot noontime meal, activities & fellowship draw clients to the program. Socialization is an important aspect of this program.

Challenges: Limited transportation.

What insights has staff gained about this program through outcomes based measurement?

The outcomes based measurement continues to demonstrate how the program positively affects the lives & health of the senior population that is served.

What adjustments does staff plan to make to this program based on what has been learned?

No adjustments are planned at this time.

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

The design of the outcome based measurement tool is crafted to reflect the true performance of how successful we are serving the clients through this program. The tool is evaluated each year and, if necessary, is adjusted for optimum measurement of program outcomes.

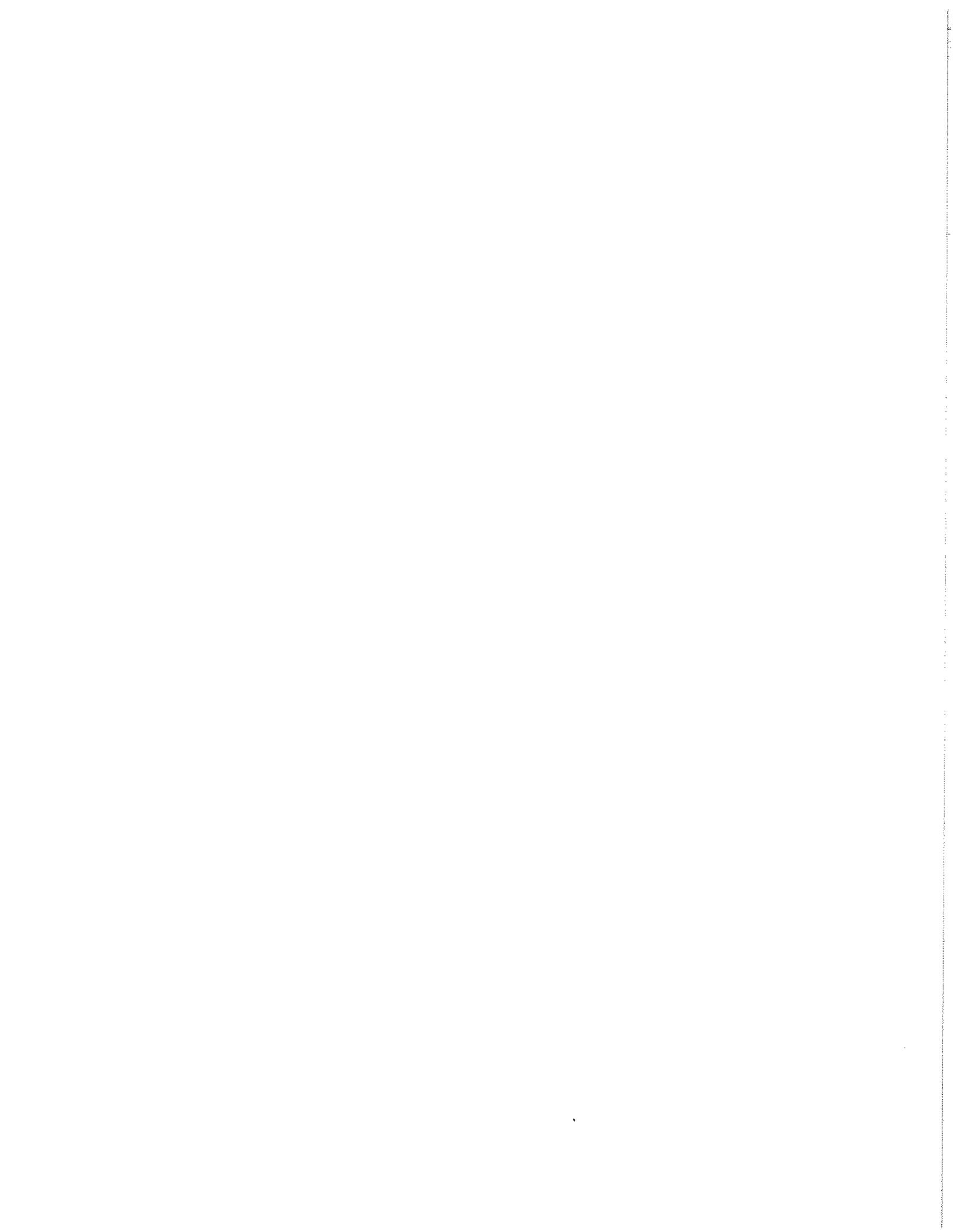


EXHIBIT C: PROGRAM LOGIC MODEL
 *Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2010

Program Logic Model – Date Revised: 9/9/09

Agency: MEALS ON WHEELS, ETC.
 Program: HOME DELIVERED MEALS
 Program Locations: Client's Homes throughout Seminole County
 Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
Better Nutrition	ATTEND TO NUTRITIONAL NEEDS OF SEMINOLE COUNTY SENIORS	Reduce the nutritional risk of more than 66% of the high-risk seniors served annually	<p><u>RESOURCES</u></p> <p><u>SERVICE PROVIDERS:</u> STAFF : 7.5 FTE VOLUNTEERS : 180+</p> <p><u>PROGRAM SETTING:</u> CLIENT HOMES</p>	100% of participants assessed twice per year for nutritional risk utilizing DOEA form 701B	NUTRITIONAL RISK IS IMPROVED OR MAINTAINED
Ability to stay active and remain living at home for as long as possible	PREVENT PREMATURE NURSING HOME PLACEMENT BY SERVING SENIORS AT RISK PROVIDE TAX SAVINGS - COST OF NURSING HOME VS IN-HOME	More than 98% of Clients will feel that our services help them to live independently	<p><u>COMMUNITY FACTORS & COLLABORATIONS:</u> FOOD BANK, FOOD SERVICE, INTERAGENCY & REFERRAL AGREEMENTS, CIVIC & CORPORATE GROUPS</p> <p><u>SERVICE TECHNOLOGIES:</u> INFORMATION SYSTEMS, COMMUNICATION SYSTEMS, KITCHEN</p> <p><u>FUNDING SOURCES:</u> GOVERNMENT (FEDERAL, COUNTY, CITY) ; UNITED WAY FOUNDATIONS - VNA, RYAN, DARDEN FEES, SERVICE GROUPS, CORPORATIONS, FUNDRAISING EVENTS</p> <p><u>PARTICIPANTS:</u> CLIENTS AGE 60+ IN SEMINOLE COUNTY</p> <p><u>ACTIVITIES</u> NUTRITION EDUCATION, SCREENING & ASSESSMENTS, VOLUNTEER VISITS</p>	100% of participants receive an agency developed client survey once a year	SENIORS LIVE INDEPENDENTLY
To be around and interact with other people.	REDUCE THE ISOLATION & LONELINESS OF SEMINOLE COUNTY SENIORS	More than 92% of Clients will feel that our services help to reduce their feeling of isolation and loneliness	<p><u>FUNDING SOURCES:</u> GOVERNMENT (FEDERAL, COUNTY, CITY) ; UNITED WAY FOUNDATIONS - VNA, RYAN, DARDEN FEES, SERVICE GROUPS, CORPORATIONS, FUNDRAISING EVENTS</p> <p><u>PARTICIPANTS:</u> CLIENTS AGE 60+ IN SEMINOLE COUNTY</p> <p><u>ACTIVITIES</u> 103,000 HOME DELIVERED MEALS FOR SENIORS FOR A YEAR</p> <p><u>ACTIVITIES</u> NUTRITION EDUCATION, SCREENING & ASSESSMENTS, VOLUNTEER VISITS</p>	100% of participants receive an agency developed client survey once a year	ISOLATION & LONELINESS ARE REDUCED

EXHIBIT C: PROGRAM LOGIC MODEL (Continued)...

Name of Program: Home Delivered Meals

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Meals on Wheels, Etc.

PROGRAM Home Delivered Meals PLEASE CHECK: EXISTING **X** NEW

DATE REVISED 9/9/09

PROGRAM LOCATION(S): Client's Homes throughout Seminole County

Outcomes	Indicators
Outcome 1: Nutritional risk is improved or maintained.	1.1 Results from DOEA bi-annual assessment on nutrition status of the high-risk Seniors served. 1.2 Results from MOW annual client survey on maintaining a healthy diet.
Outcome 2: Seniors live independently.	2.1 Results from MOW annual client survey on Home Delivered meals helping Seniors to live independently. 2.2
Outcome 3: Isolation and loneliness are reduced.	3.1 Results from MOW annual client survey on feeling that volunteer visits reduce their isolation & loneliness. 3.2

EXHIBIT C: PROGRAM LOGIC MODEL (Continued)...

Name of Program: Home Delivered Meals

IX. PROGRAM EVALUATION PLAN

AGENCY Meals on Wheels, Etc.

PROGRAM Home Delivered Meals PLEASE CHECK: EXISTING NEW

DATE REVISED 9/9/09

PROGRAM LOCATION(S): Client's Homes throughout Seminole County

Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. Nutritional risk is improved or maintained.	DOEA form 701B MOW annual client survey	100% of participants 100% of participants	twice per year once per year
2. Seniors live independently.	MOW annual client survey	100% of participants	once per year
3. Isolation and loneliness are reduced.	MOW annual client survey	100% of participants	once per year

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

QUARTERLY OUTCOME MEASUREMENT REPORT

Agency: Meals on Wheels, Etc.

Name of County Funded Program: Home Delivered Meals

DATA ANALYSIS

Outcome 1: Nutrition risk is improved or maintained.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on maintaining a healthy diet.

(a) **Area(s):** Nutritional Risk

(b) **Population:** Number of clients: 157

(c) **Dates:** Administered Annual Survey May 28-29, 2009

(d) **Tools:** Dept. of Elder Affairs - Nutritional Risk Assessment, MOW Client Survey

(e) **Sample Size:** 100% clients, 145

(f) **Response Rate:** 92%

Results for Outcome 1: 99% of respondents felt that the meals helped them maintain a healthy diet.

Outcome 2: Seniors live independently.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on living independently.

(a) **Area(s):** Independence

(b) **Population:** Number of clients: 157

(c) **Dates:** Administered Annual Survey May 28-29, 2009

(d) **Tools:** Dept. of Elder Affairs - Nutritional Risk Assessment, MOW Client Survey

(e) **Sample Size:** 100% clients, 145

(f) **Response Rate:** 92%

Results for Outcome 2: 98% of respondents felt that home delivered meals helped them to live independently.

Outcome 3: Isolation and loneliness are reduced.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on feelings of reduced isolation due to time spent with the volunteer.

(a) **Area(s):** Isolation and Loneliness.

(b) **Population:** Number of clients: 157

(c) **Dates:** Administered Annual Survey May 28-29, 2009

(d) **Tools:** Dept. of Elder Affairs - Nutritional Risk Assessment, MOW Client Survey

(e) **Sample Size:** 100% clients, 145

(f) **Response Rate:** 92%

Results for Outcome 3: 94% of respondents felt that visits from the volunteers reduced their loneliness.

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

Agency: Meals on Wheels, Etc.

Name of County Funded Program: Home Delivered Meals

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome 1: Nutrition risk is improved or maintained.

Successes: Program continues to achieve the desired outcomes.

Challenges: Improving nutrition score can be difficult as many clients have health problems and other factors that influence nutritional risk. MOW has control over 2/3 of the daily nutritional requirements, Monday thru Friday.

Outcome 2: Seniors live independently.

Successes: Program continues to achieve the desired outcomes.

Challenges: Waiting list for home delivered meals continues to rapidly expand. (There is also a growing need for nutritional supplements such as Ensure for a number of frail clients.)

Outcome 3: Isolation and loneliness are reduced.

Successes: Many volunteers spend extra time with clients and serve as our "eyes & ears".

Challenges: There are 250+ seniors are on waiting list. 15-20 are at risk for malnutrition and premature nursing home placement.

What insights has staff gained about this program through outcomes based measurement?

The outcomes based measurement demonstrates how programs allow seniors to remain living at home through healthy nutrition and daily human contact. Delivering the hot meal "cold" for re-therming, is resulting in a higher quality meal in both appearance and taste. Monthly volunteer orientations have been very successful in educating home-delivered meals volunteers about the meal program and other important agency services.

What adjustments does staff plan to make to this program based on what has been learned?

We continue to monitor the wait list and add the highest priority seniors to service as funding allows.

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

The design of the outcome based measurement tool is crafted to reflect the true performance of how successful we are serving the clients through this program. The tool is evaluated each year and, if necessary, is adjusted for optimum measurement of program outcomes.

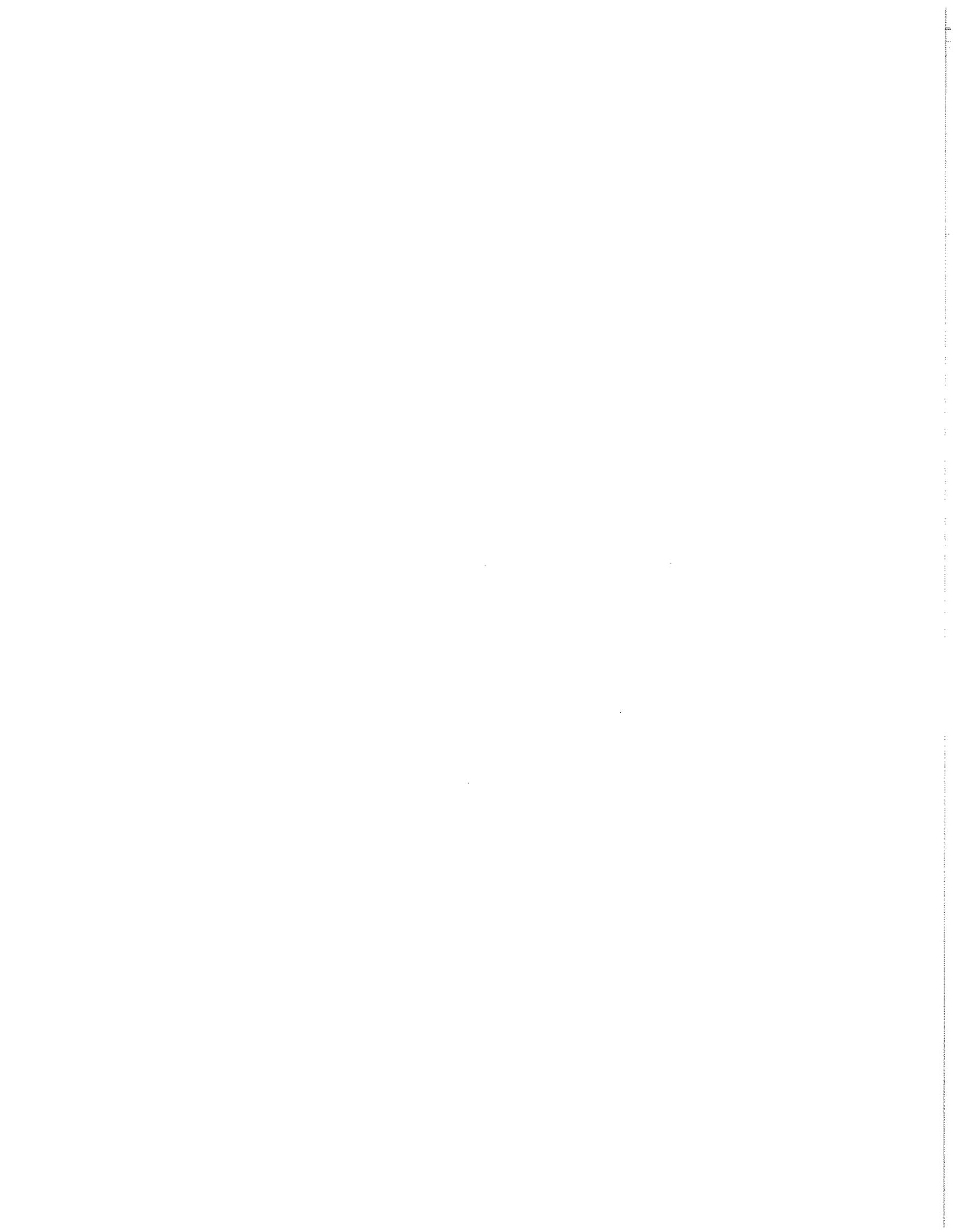


EXHIBIT C: PROGRAM LOGIC MODEL
 *Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2010

Program Logic Model – Date Revised: 9/9/09

Agency: MEALS ON WHEELS, ETC.

Program: TRANSPORTATION

Program Locations: Throughout Seminole County

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
Ability to get to doctor appointments & pick up necessary prescriptions	ATTEND TO THE TRANSPORTATION NEEDS OF SEMINOLE COUNTY SENIORS	More than 97% of Clients will feel that our services help maintain or improve their physical health	<p align="center"><u>RESOURCES</u></p> <p><u>SERVICE PROVIDERS:</u> STAFF : 8.68 FTE</p> <p><u>PROGRAM SETTING:</u> CLIENT HOMES, COMMUNITY CENTERS, CHURCHES, GROCERY STORES, PHYSICIAN'S OFFICES, PHARMACIES</p> <p><u>COMMUNITY FACTORS & COLLABORATIONS:</u> CIVIC & CORPORATE GROUPS, INTERAGENCY & REFERRAL AGREEMENTS</p>	100% of participants receive an agency developed client survey once a year	HEALTH RISK IS IMPROVED OR MAINTAINED
Ability to shop for groceries and attend congregate dining	PREVENT PREMATURE NURSING HOME PLACEMENT BY SERVING SENIORS AT RISK PROVIDE TAX SAVINGS - COST OF NURSING HOME VS IN-HOME SERVICES	More than 99% of Clients will feel that our services help them to live independently	<p><u>SERVICE TECHNOLOGIES:</u> INFORMATION SYSTEMS, COMMUNICATION SYSTEMS, VANS (EQUIPPED FOR THE DISABLED)</p> <p><u>FUNDING SOURCES:</u> GOVERNMENT (FEDERAL, COUNTY, CITY), UNITED WAY FOUNDATIONS - VNA, RYAN, DARDEN SERVICE GROUPS, CORPORATIONS, FUNDRAISING EVENTS</p> <p><u>PARTICIPANTS:</u> CLIENTS AGE 60+ IN SEMINOLE COUNTY</p> <p><u>ACTIVITIES</u> 18,000 TRIPS OF DOOR-TO-DOOR TRANSPORTATION FOR SENIORS FOR A YEAR TRANSPORTATION PROVIDED TO CONGREGATE SITES, MEDICAL APPOINTMENTS, GROCERY STORES, AND ESSENTIAL ERRANDS</p>	100% of participants receive an agency developed client survey once a year	SENIORS LIVE INDEPENDENTLY

EXHIBIT C: PROGRAM LOGIC MODEL (Continued)...

Name of Program: Transportation

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Meals on Wheels, Etc.

PROGRAM Transportation PLEASE CHECK: EXISTING **X** NEW

DATE REVISED 9/9/09

PROGRAM LOCATION(S): Throughout Seminole County

Outcomes	Indicators
Outcome 1: Health risk is improved or maintained.	1.1 Results from MOW annual client survey on transportation helping improve or maintain their physical health. 1.2 Results from MOW annual client survey on increasing Senior's access to medical care & prescriptions.
Outcome 2: Seniors live independently.	2.1 Results from MOW annual client survey on Transportation service helping Seniors to live independently. 2.2

EXHIBIT C: PROGRAM LOGIC MODEL (Continued)...

Name of Program: Transportation

IX. PROGRAM EVALUATION PLAN

AGENCY Meals on Wheels, Etc.

PROGRAM Transportation PLEASE CHECK: EXISTING NEW

DATE REVISED 9/9/09

PROGRAM LOCATION(S): Throughout Seminole County

Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. Health risk is improved or maintained.	MOW annual client survey	100% of participants	once per year
2. Seniors live independently.	MOW annual client survey	100% of participants	once per year

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

QUARTERLY OUTCOME MEASUREMENT REPORT

Agency: Meals on Wheels, Etc.

Name of County Funded Program: Transportation

DATA ANALYSIS

Outcome 1: Health risk is improved or maintained.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on transportation helping maintain or improve their physical health.

(a) **Area(s):** Physical Health and Well-being

(b) **Population:** Number of clients: 39

(c) **Dates:** Administered Annual Survey June 1-5, 2009

(d) **Tools:** MOW client survey

(e) **Sample Size:** 100% clients, 38

(f) **Response Rate:** 97%

Results for Outcome 1: 100% of respondents felt that the transportation service helped them maintain or improve their physical health through trips to congregate sites, medical appointments, and shopping.

Outcome 2: Seniors live independently.

Measurable Objective: Achieved: X Projected: _____

Indicators: Results from MOW annual client survey on living independently.

(a) **Area(s):** Independence

(b) **Population:** Number of clients: 39

(c) **Dates:** Administered Annual Survey June 1-5, 2009

(d) **Tools:** MOW client survey

(e) **Sample Size:** 100% clients, 38

(f) **Response Rate:** 97%

Results for Outcome 2: 100% of respondents felt that the transportation service helped them to live independently.

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

Agency: Meals on Wheels, Etc.

Name of County Funded Program: Transportation

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome 1: Health risk is improved or maintained

Successes: Program continues to achieve the desired outcomes.

Challenges: A number of clients that are served by transportation have health conditions that are outside the control of the agency. Insufficient funding is the barrier to providing service expansion.

Outcome 2: Seniors live independently.

Successes: Program continues to achieve the desired outcomes.

Challenges: Service is provided on a first come, first serve basis. Seniors are continually turned down due to limited seats. Funding is not currently available for additional drivers and vans.

What insights has staff gained about this program through outcomes based measurement?

Outcomes based measurement demonstrates how important transportation is to maintaining independence.

What adjustments does staff plan to make to this program based on what has been learned?

If sufficient funding increases are made available, an additional driver can be hired.

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

The design of the outcome based measurement tool is crafted to reflect the true performance of how successful we are serving the clients through this program. The tool is evaluated each year and, if necessary, is adjusted for optimum measurement of program outcomes.

SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC. AGREEMENT

THIS AGREEMENT is made and entered this ____ day of _____, 20____, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **SEMINOLE COMMUNITY VOLUNTEER PROGRAM, INC.**, a Florida non-profit corporation, whose mailing address is Post Office Box 951636, Lake Mary, Florida 32795-1636, hereinafter referred to as "SCVP".

W I T N E S S E T H:

WHEREAS, SCVP provides a volunteer program to benefit the citizens of Seminole County, Florida through the commitment of volunteer time to various public service agencies and public institutions; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that SCVP fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SCVP after SCVP has received notice of termination. Upon said termination, SCVP shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. SCVP shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide a volunteer program to benefit the citizens of Seminole County, Florida, through commitment of volunteer time to various public service agencies and public institutions, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. SCVP agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by SCVP during the term of this Agreement. It is understood that SCVP has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby SCVP would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) SCVP shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to SCVP or whomsoever, resulting out of SCVP'S fraud, defalcation, dishonesty, or failure of SCVP to comply with applicable laws or regulations; or by reason or as a result of any act or omission of SCVP in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to SCVP up to a maximum sum of THIRTY THOUSAND AND NO/100 DOLLARS (\$30,000.00) for all services provided hereunder by SCVP during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY'S Community Assistance Division that the services for which reimbursement is

sought are in accordance with service projections as described in Exhibit "A" and that SCVP has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, SCVP shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. SCVP shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of SCVP, any problems relating to the services to

be provided pursuant to this Agreement that might exist for SCVP and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, SCVP shall submit on a quarterly basis, a financial report reflecting total SCVP receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, SCVP shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) SCVP shall submit a copy of the minutes from all SCVP Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. SCVP shall notify COUNTY prior to cancelled SCVP Board meetings and rescheduled SCVP Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to SCVP as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SCVP after SCVP has received such notice of termination. In the event there are any unused COUNTY funds, SCVP shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. SCVP shall allow the COUNTY, its duly authorized agent and the public access to such of SCVP'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination

in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. SCVP shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For SCVP:

Patricia Shields, Executive Director
Seminole Community Volunteer Program, Inc.
Post Office Box 951636
Lake Mary, Florida 32795-1636

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, SCVP shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to SCVP as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. SCVP and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. SCVP agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting SCVP, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

SEMINOLE COMMUNITY VOLUNTEER
PROGRAM, INC.



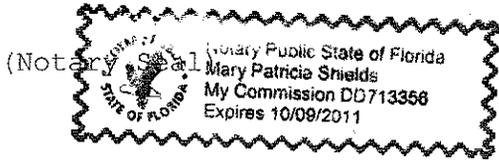
WILLIE K. KING, SR., Secretary
(Corporate Seal)

By: 

BARBARA HUGHES, President
Date: Sept. 17, 09

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 18 day of September, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared BARBARA HUGHES and WILLIE K. KING, SR., as President and Secretary, respectively, of Seminole Community Volunteer Program, Inc., a non profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced _____ as identification and did take an oath. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.



Mary Patricia Shields
Notary Public in and for the County
and State Aforementioned

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
20____, regular meeting.

County Attorney

SED/lpk

8/6/09

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Attachments:

- Exhibit "A" - Scope of Services
- Exhibit "B" - Seminole County Community Service Agency Report Form
- Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Seminole Community Volunteer Program, Inc.
AGENCY ADDRESS: P.O. Box 951636, Lake Mary, 32795-1636
PRESIDENT/DIRECTOR NAME: Patricia Shields, Executive Director
AGENCY PHONE NUMBER: 407-323-4440 ext. 3
AGENCY FAX NUMBER: 407-323-8001
AGENCY E-MAIL: rsvpsem@aol.com
PRESIDENT/DIRECTOR E-MAIL: rsvpsem@aol.com

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Recruitment	One session of community recruitment and outreach averaging one hour
2. Orientation and training	One hour of orientation and training
3. Project Coordination	One coordinated project

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
1. Recruitment	50 Sessions of recruitment
2. Orientation and training	792 Hours of orientation and training
3. Project Coordination	44 Projects coordinated

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (if unit cost is greater than \$5.00, round to the nearest dollar.)
1. Recruitment	\$ 50.00 per session
2. Orientation and training	\$ 25.00 per hour
3. Project Coordination	\$ 175.00 per project

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Recruitment	Industry standard set by SCVP based upon actual cost
2. Orientation and training	Industry standard set by SCVP based upon actual cost
3. Project Coordination	Standard set by SCVP, lower than industry average

***Not to exceed \$**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Seminole Community Volunteer Program, Inc.
Original to: Program Manager
 534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

- 1) Agency accomplishments this month:

- 2) Summary of accomplishments made with Seminole County funding this month:

- 3) Progress to broaden community financial support:

- 4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Recruitment	150			50			50.00	\$0.00
Orientation/trng	1950			792			25.00	\$0.00
Project Coord	130			44			175.00	\$0.00
TOTAL	2230	0	0	886	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C

PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: 09/8/2009 Existing New

Agency: Seminole Community Volunteer Program, Inc. Program: Seminole Community Volunteer Program, Inc.

Program Locations: 100 Weldon Blvd, Sanford, FL 32773

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION METHODS & FREQUENCY	PROJECTED OUTCOMES
Senior citizens need to remain active and involved.	Provide opportunities for all senior citizens to provide service to their community	Increase by 12 quarterly the number of senior citizen volunteers actively providing service to Seminole County. Success will be measured from quarterly service reports of new volunteers	Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director. Interview 10 - 20 volunteers monthly for matching with volunteer organizations' needs Provide one hour of orientation and training for new volunteers monthly. Assist agencies developing volunteer service descriptions to aid in volunteer recruitment and placement	Annual systematic volunteer sampling, on-going review of service records and data base Monthly review of volunteer service records. Quarterly data evaluation and review	Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service
Non profit and public agencies in Seminole County need volunteers to help them meet their missions.	Increase the number of senior citizens, youth, businesses, families, civic groups, community members, communities of faith, and individuals in service to Seminole County.	Increase by 25 quarterly the number of volunteers providing service to Seminole County. Success will be measured from quarterly service reports of new volunteers and by number of completed projects	Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director. Interview 20- 25 volunteers monthly for matching with volunteer organizations' needs	Monthly review of volunteer service, project records and official statistics. (service and project records) Agencies sampled by phone, fax and/or e-mail. Newsletters to all volunteers, calls to special project volunteers.	Provide more volunteers with opportunities for community involvement through on-going assignments and special projects

			<p>Provide one hour of orientation and training for new volunteers monthly.</p> <p>Assist agencies developing volunteer service descriptions to aid in volunteer recruitment and placement</p> <p>Assist agencies develop projects to meet their mission. Recruit volunteers to complete projects.</p>	<p>Review of official statistics</p>	
<p>Seminole County needs to engage more citizen volunteers in disaster related services.</p>	<p>Ensure a culture of preparedness with a more disaster aware and resistant community in order to prepare for, respond to and heal from disasters</p>	<p>Increase by 10 quarterly the number of volunteers serving Seminole County in disaster related planning, drills, events and activities.</p> <p>Measurement will be from the database reflecting volunteers, projects and agencies served.</p>	<p>Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director.</p> <p>Interview 15 - 25 volunteers monthly for matching with volunteer organizations' needs</p> <p>Schedule and conduct overview of community disaster information and classes for recruited volunteers.</p> <p>Newsletters, advertising, technology, surveys, interviews and outreach.</p>	<p>Review of all official statistics of volunteers</p> <p>Review of project reports</p> <p>Review of training records</p> <p>Annual agency sampled survey by phone, fax and/or e-mail</p>	<p>Increase the number of volunteers serving in disaster related planning and activities</p>

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 08/28/2008

Outcomes	Indicators
Outcome 1: Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service	1.1 Seniors will report increase level of community involvement 1.2 Seniors will report volunteering through SCVP increase their ability to fulfill their need to serve. 1.3 Seniors will report increase opportunities to give back to their community.
Outcome 2: Provide more volunteers with opportunities for community involvement through on-going assignments and special projects.	2.1 Database will reflect number of volunteers participating 2.2 Site visits with station partners and community service agencies to develop on going volunteer opportunities and special projects 2.3 Database reflecting projects and volunteer opportunities 2.4 Outreach and recruitment records
Outcome 3: Increase the number of volunteers serving in disaster related planning and activities	3.1 Database reflecting training and orientation of volunteers. 3.2 Project, exercise and drill records 3.3 Outreach and recruitment records

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 08/28/2008

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service	Phone and written surveys, site visits, official statistics	All volunteers systematically sampled, volunteer service records, project records	Annual systematic sampling at volunteer recognition, monthly review of service records, on-going review of data base
2. Provide more volunteers with opportunities for community involvement through on-going assignments and special projects.	Phone, site visits, fax mail and e-mail with station partners Mail, e-mail and phone to volunteers	Agencies sampled by phone, fax and/or e-mail. Newsletters to all volunteers, calls to special project volunteers. Review of official statistics	Quarterly newsletter, routine phone calls and site visits, fax or e-mail. Routine calls to volunteers. Quarterly review of official statistics (service and project records)
3. Increase the number of volunteers serving in disaster related planning and activities	Newsletters, advertising, presentations, technology, surveys, interviews and outreach.	Review of official volunteer statistics Review of project reports Review of training records	Calls or e-mails to volunteers to project completion Quarterly review of official statistics (service, project and training records)

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

QUARTERLY OUTCOME MEASUREMENT REPORT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service

Indicators: Seniors will report increase level of community involvement, seniors will report volunteering through SCVP increase their ability to fulfill their need to serve and seniors will report increase opportunities to give back to their community.

Area(s): attitudes, conditions, knowledge and skills

Population: senior citizen volunteers

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2: Provide more volunteers with opportunities for community involvement through on-going assignments and special projects.

Indicators: Database will reflect number of volunteers participating, site visits with station partners and community service agencies to develop on going volunteer opportunities and special projects, database reflecting projects and volunteer opportunities and outreach and recruitment records

Area(s): knowledge, skills and conditions

Population: community and client volunteers

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: Increase the number of volunteers serving in disaster related planning and activities

Indicators: Database reflecting training and orientation of volunteers, project, exercise and drill records, outreach and recruitment records

Area(s): knowledge and skills,

Population:

Dates:

**Tools, Sample Size, Response Rate:
Results:**

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1:

Successes:

Challenges:

Outcome #2:

Successes:

Challenges:

Outcome #3:

Successes:

Challenges:

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

***PLEASE REMEMBER TO ATTACH A COPY OF YOUR AGENCY'S QUARTERLY FINANCIAL REPORT.**

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Seminole Community Volunteer Program, Inc.
AGENCY ADDRESS: P.O. Box 951636, Lake Mary, 32795-1636
PRESIDENT/DIRECTOR NAME: Patricia Shields, Executive Director
AGENCY PHONE NUMBER: 407-323-4440 ext. 3
AGENCY FAX NUMBER: 407-323-8001
AGENCY E-MAIL: rsvpsem@aol.com
PRESIDENT/DIRECTOR E-MAIL: rsvpsem@aol.com

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

- I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Recruitment	One session of community recruitment and outreach averaging one hour
2. Orientation and training	One hour of orientation and training
3. Project Coordination	One coordinated project

- II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
1. Recruitment	50 Sessions of recruitment
2. Orientation and training	792 Hours of orientation and training
3. Project Coordination	44 Projects coordinated

Service units are transferable based on the agency's need and actual services provided each month.

- III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Recruitment	\$ 50.00 per session
2. Orientation and training	\$ 25.00 per hour
3. Project Coordination	\$ 175.00 per project

- IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Recruitment	Industry standard set by SCVP based upon actual cost
2. Orientation and training	Industry standard set by SCVP based upon actual cost
3. Project Coordination	Standard set by SCVP, lower than industry average

***Not to exceed \$30,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name:

Original to:

Program Manager

534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

1) Agency accomplishments this month:

2) Summary of accomplishments made with Seminole County funding this month:

3) Progress to broaden community financial support:

4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Recruitment								Quarterly finan
TOTAL	0	0	0	0	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C

PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: 09/8/2009 Existing New

Agency: Seminole Community Volunteer Program, Inc. Program: Seminole Community Volunteer Program, Inc.
 Program Locations: 100 Weldon Blvd, Sanford, FL 32773

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION METHODS & FREQUENCY	PROJECTED OUTCOMES
Senior citizens need to remain active and involved.	Provide opportunities for all senior citizens to provide service to their community	Increase by 12 quarterly the number of senior citizen volunteers actively providing service to Seminole County. Success will be measured from quarterly service reports of new volunteers	Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director. Interview 10 - 20 volunteers monthly for matching with volunteer organizations' needs Provide one hour of orientation and training for new volunteers monthly. Assist agencies developing volunteer service descriptions to aid in volunteer recruitment and placement	Annual systematic volunteer sampling, on-going review of service records and data base Monthly review of volunteer service records. Quarterly data evaluation and review	Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service
Non profit and public agencies in Seminole County need volunteers to help them meet their missions.	Increase the number of senior citizens, youth, businesses, families, civic groups, community members, communities of faith, and individuals in service to Seminole County.	Increase by 25 quarterly the number of volunteers providing service to Seminole County. Success will be measured from quarterly service reports of new volunteers and by number of completed projects	Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director. Interview 20- 25 volunteers monthly for matching with volunteer organizations' needs	Monthly review of volunteer service, project records and official statistics. (service and project records) Agencies sampled by phone, fax and/or e-mail. Newsletters to all volunteers, calls to special project volunteers.	Provide more volunteers with opportunities for community involvement through on-going assignments and special projects

<p>Seminole County needs to engage more citizen volunteers in disaster related services.</p>	<p>Ensure a culture of preparedness with a more disaster aware and resistant community in order to prepare for, respond to and heal from disasters</p>	<p>Increase by 10 quarterly the number of volunteers serving Seminole County in disaster related planning, drills, events and activities. Measurement will be from the database reflecting volunteers, projects and agencies served.</p>	<p>Provide one hour of orientation and training for new volunteers monthly. Assist agencies developing volunteer service descriptions to aid in volunteer recruitment and placement Assist agencies develop projects to meet their mission. Recruit volunteers to complete projects.</p>	<p>Review of official statistics</p>	<p>Increase the number of volunteers serving in disaster related planning and activities</p>
			<p>Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director. Interview 15 - 25 volunteers monthly for matching with volunteer organizations' needs Schedule and conduct overview of community disaster information and classes for recruited volunteers. Newsletters, advertising, technology, surveys, interviews and outreach.</p>	<p>Review of all official statistics of volunteers Review of project reports Review of training records Annual agency sampled survey by phone, fax and/or e-mail</p>	

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 08/28/2008

Outcomes	Indicators
Outcome 1: Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service	1.1 Seniors will report increase level of community involvement 1.2 Seniors will report volunteering through SCVP increase their ability to fulfill their need to serve. 1.3 Seniors will report increase opportunities to give back to their community.
Outcome 2: Provide more volunteers with opportunities for community involvement through on-going assignments and special projects.	2.1 Database will reflect number of volunteers participating 2.2 Site visits with station partners and community service agencies to develop on going volunteer opportunities and special projects 2.3 Database reflecting projects and volunteer opportunities 2.4 Outreach and recruitment records
Outcome 3: Increase the number of volunteers serving in disaster related planning and activities	3.1 Database reflecting training and orientation of volunteers. 3.2 Project, exercise and drill records 3.3 Outreach and recruitment records

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 08/28/2008

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service	Phone and written surveys, site visits, official statistics	All volunteers systematically sampled, volunteer service records, project records	Annual systematic sampling at volunteer recognition, monthly review of service records, on-going review of data base
2. Provide more volunteers with opportunities for community involvement through on-going assignments and special projects.	Phone, site visits, fax mail and e-mail with station partners Mail, e-mail and phone to volunteers	Agencies sampled by phone, fax and/or e-mail. Newsletters to all volunteers, calls to special project volunteers. Review of official statistics	Quarterly newsletter, routine phone calls and site visits, fax or e-mail. Routine calls to volunteers. Quarterly review of official statistics (service and project records)
3. Increase the number of volunteers serving in disaster related planning and activities	Newsletters, advertising, presentations, technology, surveys, interviews and outreach.	Review of official volunteer statistics Review of project reports Review of training records	Calls or e-mails to volunteers to project completion Quarterly review of official statistics (service, project and training records)

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

QUARTERLY OUTCOME MEASUREMENT REPORT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: Enrich the lives of seniors by providing opportunities to remain active and the ability to make a difference through volunteer service

Indicators: Seniors will report increase level of community involvement, seniors will report volunteering through SCVP increase their ability to fulfill their need to serve and seniors will report increase opportunities to give back to their community.

Area(s): attitudes, conditions, knowledge and skills

Population: senior citizen volunteers

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2: Provide more volunteers with opportunities for community involvement through on-going assignments and special projects.

Indicators: Database will reflect number of volunteers participating, site visits with station partners and community service agencies to develop on going volunteer opportunities and special projects, database reflecting projects and volunteer opportunities and outreach and recruitment records

Area(s): knowledge, skills and conditions

Population: community and client volunteers

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: Increase the number of volunteers serving in disaster related planning and activities

Indicators: Database reflecting training and orientation of volunteers, project, exercise and drill records, outreach and recruitment records

Area(s): knowledge and skills,

Population:

Dates:

**Tools, Sample Size, Response Rate:
Results:**

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1:

Successes:

Challenges:

Outcome #2:

Successes:

Challenges:

Outcome #3:

Successes:

Challenges:

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

***PLEASE REMEMBER TO ATTACH A COPY OF YOUR AGENCY'S QUARTERLY FINANCIAL REPORT.**

THE SEMINOLE COUNTY COALITION FOR SCHOOL READINESS, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **SEMINOLE COUNTY COALITION FOR SCHOOL READINESS, INC.**, a Florida non-profit corporation, whose address is 239 Rinehart Road, Lake Mary, Florida 34746, hereinafter referred to as the "COALITION".

W I T N E S S E T H:

WHEREAS, the COALITION is a community based agency which provides financial assistance to economically eligible working parents residing in Seminole County, Florida, for child care services and programs in Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that COALITION fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by COALITION after COALITION has received notice of termination. Upon said termination, COALITION shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. COALITION shall use funds from this Agreement, the Federal government, any public or private agency and subsidized parent fees to provide financial assistance to economically eligible working parents residing in Seminole County, Florida, for child care services and programs in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. COALITION agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by COALITION during the term of this Agreement. It is understood that COALITION has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby COALITION would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) COALITION shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs,

attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to COALITION or whomsoever, resulting out of COALITION'S fraud, defalcation, dishonesty, or failure of COALITION to comply with applicable laws or regulations; or by reason or as a result of any act or omission of COALITION in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to COALITION up to a maximum sum of SIXTY-EIGHT THOUSAND AND NO/100 DOLLARS (\$68,000.00) for all services provided hereunder by COALITION during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY'S Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that COALITION has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, COALITION shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. COALITION shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of COALITION, any problems relating to the services to be provided pursuant to this Agreement that might exist for COALITION and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, COALITION shall submit on a quarterly basis, a financial report reflecting total COALITION receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, COALITION shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) COALITION shall submit a copy of the minutes from all COALITION Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. COALITION shall notify COUNTY prior to cancelled COALITION Board meetings and rescheduled COALITION Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to COALITION as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by COALITION after COALITION has received such notice of termination. In the event there are any unused COUNTY funds, COALITION shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. COALITION shall allow the COUNTY, its duly authorized agent and the public access to such of COALITION'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for

inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. COALITION shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For COALITION:

Seminole County Coalition for School Readiness, Inc.
239 Rinehart Road
Lake Mary, Florida 32746



Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, COALITION shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to COALITION as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law.  This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. COALITION and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. COALITION agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin,

or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.  The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting COALITION, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

THE SEMINOLE COUNTY COALITION
FOR SCHOOL READINESS, INC.



JENNIFER GRANT, Executive Director
(Corporate Seal)

By: 

BOB O'MALLEY, Chairman

Date: October 1, 2009

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 1st day of October, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared BOB O'MALLEY and JENNIFER GRANT, as Chairman and Executive Director, respectively, of THE SEMINOLE COUNTY COALITION FOR SCHOOL READINESS, INC., a non-profit corporation organized under the laws of the State of Florida, who are personally

FDL0540773710410

known to me or who have produced ~~FDL G 6534 3270110~~ identification and did take an oath. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.



Notary Public in and for the County
and State Aforementioned

(Notary Seal)



ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
2009, regular meeting.

County Attorney



SED/dre
08/07/08
P:\Users\Lkennedy\My Documents\Community Services\Coalition School Readiness 2009.Doc

Attachments:

1. Exhibit "A" - Scope of Services
2. Exhibit "B" - Seminole County Community Service Agency Report Form
3. Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Intervention Services, Inc.
AGENCY ADDRESS: 3800 Dike Rd, Winter Park, FL 32792
PRESIDENT/DIRECTOR NAME: Anna Baznik, Executive Director
AGENCY PHONE NUMBER: 407-331-8002
AGENCY FAX NUMBER: 407-261-0523
AGENCY E-MAIL: Abaznik@isifl.org
PRESIDENT/DIRECTOR E-MAIL: info@interventionservices.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
Life Skills	Life skills provided to clients at the transitional living service site.

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
Life Skills	1,389 units

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
Life Skills	Cost per unit (day) is \$9

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
Life Skills	This includes the personnel costs associated with like skills development and supervision. The cost per unit of services \$9 per unit based on 15 residents for 365 days.

***Not to exceed \$68,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Intervention Services Inc: The Village
Original to: Program Manager
 534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

- 1) Agency accomplishments this month:**
- 2) Summary of accomplishments made with Seminole County funding this month:**
- 3) Progress to broaden community financial support:**
- 4) Progress made in agency capacity building:**

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
				1389			\$ 9.00	\$0.00
TOTAL	0	0	0	1389	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Agency: Intervention Services Inc. Program Logic Model – Date Revised: 9/4/2009 Existing New
 Program Locations: 3800 Dike Road, Winter Park, FL 32792 Program: The Village Transitional Housing

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
25% of youth that age out of the foster care system experience homelessness.	To provide housing, supervision and financial assistance to youth who are in need of these services to prepare them to eventually live independently.	70% of residents will maintain stable housing at the Village. 80% of discharged residents will transition into stable living situations.	<ul style="list-style-type: none"> -locate affordable housing options. -provide assistance with rental agreements. -provide budgeting and "real life" skill based training classes. -provide a knowledge base for community resources. 	<ul style="list-style-type: none"> -percent of clients that maintain stable housing. - percent of youth that transition into stable housing -percent of youth that have completed three budgets with staff and three on their own 	11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation
3% of foster youth obtain Bachelor degrees.	To provide the stable environment and mentoring necessary for youth to successfully complete their educational and vocational goals.	90% of the youth residing in Transitional Housing or living independently will be enrolled in an educational or vocational program with in 30 days of entering the program or by next semester.	<ul style="list-style-type: none"> -providing enrollment and financial assistance. -providing tutors and mentors for both remedial and college level assistance. -providing transportation assistance. 	<ul style="list-style-type: none"> -percent of clients enrolled in an educational program or vocational setting. -percent of clients making substantial progress towards obtaining their individualized educational goals. 	13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.
Two to four years, after leaving the foster care system, only half of all the youth are regularly employed.	To assist youth in finding and maintaining employment in the community.	90% of youth residing at the Village will be provided access to employment training. 80% of youth that reside at the Village for 90 or more days will gain employment.	<ul style="list-style-type: none"> -providing skills based training classes in interviewing techniques, resumes and applications and essential job skills. -providing education on labor laws and unemployment. -providing access to community resources such as Workforce. 	<ul style="list-style-type: none"> -percent of youth that gain employment -percent of youth that gain significant employment skills. 	12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: xx NEW: DATE REVISED: 9/05/2009

Outcomes	Indicators
<p>Outcome 1: 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation</p>	<p>1.1 Percent of individual Independent Living goals that are achieved.</p> <p>1.2 Length of time a youth resides at one continuous address.</p> <p>1.3 Number of times a youth moves during a six month period</p> <p>1.4 Percent of youth that transition into stable housing.</p>
<p>Outcome 2: 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.</p>	<p>2.1 Number of youth that obtain a High School diploma or GED.</p> <p>2.2 Number of youth enrolled in an educational or vocational program.</p> <p>2.3 Number of youth maintaining a 2.0 GPA or "good standing" in their chosen program.</p> <p>2.4 Number of clients utilizing tutoring and/or mentoring services.</p>
<p>Outcome 3: 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment</p>	<p>3.1 Percent of youth employed</p> <p>3.2 Length of employment</p> <p>3.3 Percent of youth actively seeking employment</p> <p>3.4 Percent of youth that participant in job readiness skills training</p>

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 9/05/2009

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation	Track the number of youth that maintain stable housing. Track the number of youth that transition into stable housing.	All active program participants and discharged youth during the reporting period.	Monthly
2. 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.	Track the number of youth enrolled and currently in good standing in an educational or vocational program.	All active program participants	Monthly and/or quarterly
3. 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment	Track the number of youth currently employed and length of current employment.	All active program participants	Monthly and/or quarterly

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2: 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1: 11 of the 15 active Transitional housing participants will maintain stable housing at the Village or discharge into a stable living situation

Successes:

Challenges:

Outcome #2: 13 of the 15 active Transitional Housing participants will be enrolled in an educational or vocational program.

Successes:

Challenges:

Outcome #3: 12 of the 15 youth with employment goals that reside at the Village for 90 or more days will gain employment

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

SEMINOLE COUNTY PUBLIC SCHOOLS MIDWAY SAFE HARBOR CENTER AGREEMENT

THIS AGREEMENT is made and entered this ____ day of _____, 20____, by and between SEMINOLE COUNTY, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and SEMINOLE COUNTY PUBLIC SCHOOLS, a Florida non-profit corporation, whose address is 400 East Lake Mary Boulevard, Sanford, Florida 32773, hereinafter referred to as "SCPS".

W I T N E S S E T H:

WHEREAS, the SCPS operates a facility in the Midway area of Seminole County, known as the Midway Safe Harbor Center, which provides programs including sports, computer lab, business enterprises, wellness and transportation services to primary school age children residing in Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that SCPS fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SCPS after SCPS has received notice of termination. Upon said termination, SCPS shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. SCPS shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to operate a facility in the Midway area of Seminole County, known as the Midway Safe Harbor Center, which provides programs including sports, computer lab, business enterprise, wellness and transportation services to primary school age children residing in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources.

SCPS agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by SCPS during the term of this Agreement. It is understood that SCPS has not previously entered into, and shall not enter into, an agreement with any other party, including service

recipients hereunder, whereby SCPS would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) SCPS agrees to indemnify the COUNTY for any injury or loss of property, personal injury, or death to the extent determined to have been caused by the negligent or wrongful act or omission of any employee of SCPS while acting within the scope of the employee's office or employment under circumstances in which SCPS, if a private person, would be liable to the claimant, but only to the extent of the partial waiver of sovereign immunity set forth in Section 768.28, Florida Statutes, and then only to the limits prescribed by Section 768.28(5), Florida Statutes, to wit: SCPS shall not be liable to pay a claim or a judgment by any one person which excess the sum of \$100,000 or any claim or judgment, or portions thereof, which, when totaled with all other claims or judgments paid by the State or its agencies or subdivisions arising out of the same incident or occurrence, exceeds the sum of \$200,000, unless and except that portion of any judgment that exceeds these amounts may be reported to the Legislature, but may be paid in part or in whole only by further act of the Legislature.

(b) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to SCPS up to a maximum sum of THIRTY-FIVE THOUSAND AND NO/100 DOLLARS (\$35,000.00) for all services provided hereunder by SCPS during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that SCPS has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, SCPS shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. SCPS shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of SCPS, any problems relating to the services to be provided pursuant to this Agreement that might exist for SCPS and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, SCPS shall submit on a quarterly basis, a financial report reflecting total SCPS receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, SCPS shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) SCPS shall submit a copy of the minutes from all SCPS' Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. SCPS shall notify COUNTY prior to cancelled SCPS' Board meetings and rescheduled SCPS' Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to SCPS as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SCPS after SCPS has received such notice of termination. In the event there are any unused COUNTY funds, SCPS

shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. SCPS shall allow the COUNTY, its duly authorized agent and the public access to such of SCPS'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act; Section 1012.31(3), Florida Statutes; and Chapter 119, Florida Statutes.

Section 11. Audit. SCPS shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For SCPS:

Marjorie Murray, Director of Special Projects
Seminole County Public Schools
400 E. Lake Mary Boulevard
Sanford, Florida 32773

Dr. Anna-Marie Cote
Deputy Superintendent for Excellence and Equity
Seminole County Public Schools
400 E. Lake Mary Boulevard
Sanford, Florida 32773

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, SCPS shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to SCPS as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and

policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. SCPS and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. SCPS agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

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convenience and reference only and shall not be deemed a part of this Agreement.

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(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

ATTEST:

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
20___, regular meeting.

County Attorney

SED/lpk

8/6/09 9/17/09

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Attachments:

- Exhibit "A" - Scope of Services
- Exhibit "B" - Seminole County Community Service Agency Report Form
- Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME:	Seminole County Public Schools / Midway Safe Harbor Program
AGENCY ADDRESS:	400 East Lake Mary Boulevard, Sanford FL 32773
PRESIDENT/DIRECTOR NAME:	Marjorie Murray
AGENCY PHONE NUMBER:	407-320-0244
AGENCY FAX NUMBER:	407-320-0293
AGENCY E-MAIL:	Marjorie_Murray@scps.k12.fl.us
PRESIDENT/DIRECTOR E-MAIL:	Marjorie_Murray@scps.k12.fl.us

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Teen Sports	One hour of sporting activity
2. Business Enterprise Program	One hour of business educational activity
3. Computer Lab	One hour of computer activity
4. Adult/Teen Wellness	One hour of service activity
5. Transportation	Transportation expenditure of Field Trip
6. Swimming Supervision	One hour of swimming supervision

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2009-September 2010)?

Service*	Number of County funded units
1. Teen Sports	1800 hours of sporting activities
2. Business Enterprise Program	1800 hours of business educational activities
3. Computer Lab	1800 hours of computer activities
4. Adult/Teen Wellness	500 hours of service activities
5. Transportation	10 field trips
6. Swimming Supervision	500 hours of swimming supervision

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Teen Sports	\$6.00 per hour
2. Business Enterprise Program	\$6.00 per hour
3. Computer Lab	\$6.00 per hour
4. Adult/Teen Wellness	\$6.00 per hour
5. Transportation	\$160.00 (Actual cost of transportation)
6. Swimming Supervision	\$6.00 per hour

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Teen Sports	Actual cost of administering the program as determined by the Seminole County School Board
2. Business Enterprise Program	Actual cost of administering the program as determined by the Seminole County School Board
3. Computer Lab	Actual cost of administering the program as determined by the Seminole County School Board
4. Adult/Teen Wellness	Actual cost of administering the program as determined by the Seminole County School Board
5. Transportation	Actual cost of transportation
6. Swimming Supervision	Actual cost of administering the program as determined by the Seminole County School Board

***Not to exceed \$35,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Seminole County Public Schools / Midway Safe Harbor Program
Original to: Program Manager
 534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

- 1) Agency accomplishments this month:

- 2) Summary of accomplishments made with Seminole County funding this month:

- 3) Progress to broaden community financial support:

- 4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Teen Sports				1800			\$ 6.00	\$0.00
BE Program				1800			\$ 6.00	\$0.00
Computer Lab				1800			\$ 6.00	\$0.00
A/T Wellness				500			\$ 6.00	\$0.00
Transportation				10			\$ 160.00	\$0.00
Swim Supervis				500			\$ 6.00	\$0.00
TOTAL	0	0	0	6410	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2010. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

**EXHIBIT C
PROGRAM LOGIC MODEL**

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Agency: **Seminole County Public Schools** Program Logic Model – Date Revised: Existing New
 Program Locations: **2405 Rightway, Sanford, Florida 32771** Program: **Midway Safe Harbor**

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Indicators
Outcome 1:	1.1 1.2 1.3 1.4
Outcome 2:	2.1 2.2 2.3 2.4
Outcome 3:	3.1 3.2 3.3 3.4

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1.			
2.			
3.			

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1:

Successes:

Challenges:

Outcome #2:

Successes:

Challenges:

Outcome #3:

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

SEMINOLE COUNTY VICTIM'S RIGHTS COALITION
d/b/a SAFE HOUSSE OF SEMINOLE - FAMILY FOCUS PROGRAM AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC.**, a Florida non-profit corporation, whose mailing address is Post Office Box 471279, Lake Monroe, Florida 32747-1279, hereinafter referred to as the "COALITION".

W I T N E S S E T H:

WHEREAS, the COALITION provides children's services to residents of Seminole County, Florida through the Circuit and County Court systems in Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that COALITION fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by COALITION after COALITION has received notice of termination. Upon said termination, COALITION shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. The COALITION shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide children's services to residents of Seminole County, Florida through the Circuit and County Court systems in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. COALITION agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by COALITION during the term of this Agreement. It is understood that COALITION has not previously entered into, and shall not enter into, an agreement with any other party, including service

recipients hereunder, whereby COALITION would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) COALITION shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to COALITION or whomsoever, resulting out of COALITION'S fraud, defalcation, dishonesty, or failure of COALITION to comply with applicable laws or regulations; or by reason or as a result of any act or omission of COALITION in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to COALITION up to a maximum sum of FORTY THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$40,500.00) for all services provided hereunder by COALITION during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that COALITION has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, COALITION shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. COALITION shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This

assessment shall be in paragraph form and include such information as the general progress of COALITION, any problems relating to the services to be provided pursuant to this Agreement that might exist for COALITION and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, COALITION shall submit on a quarterly basis, a financial report reflecting total COALITION receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, COALITION shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) COALITION shall submit a copy of the minutes from all COALITION Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. COALITION shall notify COUNTY prior to cancelled COALITION Board meetings and rescheduled COALITION Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to COALITION as provided hereinafter.

The COUNTY shall not be obligated to pay for any services provided or costs incurred by COALITION after COALITION has received such notice of termination. In the event there are any unused COUNTY funds, COALITION shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. COALITION shall allow the COUNTY, its duly authorized agent and the public access to such of COALITION'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes as applicable.

Section 11. Audit. COALITION shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771



For COALITION:

Program Director
Seminole County Victim's Rights Coalition
d/b/a Safe House of Seminole Family Focus
Post Office Box 471279
Lake Monroe, Florida 32747-1279

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all

oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, COALITION shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to COALITION as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. COALITION and COUNTY agree that all words, terms and conditions contained herein are to be read in

concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. COALITION agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting COALITION, including its officers, employees and agents, the agent, representative or employee of the

COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

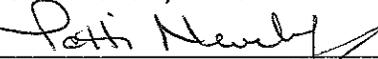
(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:


ERIC J. HORST, ~~Secretary~~
Treasurer
(Corporate Seal)

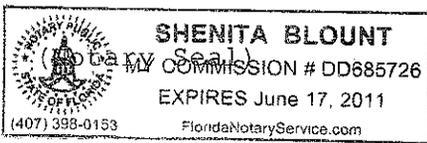
SEMINOLE COUNTY VICTIM'S RIGHTS
COALITION, INC.

By: 
KIP BEACHAM, President

Date: 14 Sept 09

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 17 day of September, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared KIP BEACHAM as President and ERIC J. HORST, as Secretary, of SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC., a Florida non-profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced _____ as identification. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.



Shenita Blount
Print Name Shenita Blount
Notary Public in and for the County
and State Aforementioned

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

ATTEST:

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman



Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
2009, regular meeting.

County Attorney

SED/lpk
08/07/09
P:\Users\Lkennedy\My Documents\Community Services\Safe House Of Seminole Family Focus 2009.Doc

- Attachments:
1. Exhibit "A" - Scope of Services
 2. Exhibit "B" - Seminole County Community Service Agency Report Form
 3. Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: The SafeHouse of Seminole – Family Focus
AGENCY ADDRESS: PO Box 471279 Lake Monroe, FL 32747
Physical address: 901 French Ave. Sanford, FL 32772
PRESIDENT/DIRECTOR NAME: Jeanne Gold
AGENCY PHONE NUMBER: 407-302-5220 x225
AGENCY FAX NUMBER: 407-302-1080
AGENCY E-MAIL: admin@safehouseofseminole.org
PRESIDENT/DIRECTOR E-MAIL: jgold@safehouseofseminole.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Supervision-Visit	1 Supervised visit session for 1 client for 1 hour
2. Supervision-Monitored Exchange	1 Monitored Exchange session for 1 family lasting 1 hour
3. Case Mgmt	1 Hour of case management
4. Parent Education	1 Parent Education class for 1 client for 2.5 hours
5. Assessment	1 Assessment for 1 client for 1 hour

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2009-September 2010)?

Service*	Number of County funded units
1. Supervision-Visit	150 Supervised visitation sessions
2. Supervision-Monitored Exchange	135 Monitored exchange sessions
3. Case Mgmt	350 Hours
4. Parent Education	145 Classes
5. Assessment	100 Hours

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Supervision-Visit	\$65.00 per one hour session per client (supervised visit)
2. Supervision – Monitored Exchange	\$65.00 per session per client (monitored exchange)
3. Case Mgmt	\$30.00 per hour of case management
4. Parent Education	\$55.00 per class per client
5. Assessment	\$35.00 per assessment/intake per client

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Supervision-Visit	Survey of similar programs in United States
2. Supervision-Monitored Exchange	Survey of similar programs in United States
3. Case Mgmt	Survey of similar programs in United States
4. Parent Education	Survey of similar programs in United States
5. Assessment	Survey of similar programs in United States

***Not to exceed \$ 40,500.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: The SafeHouse of Seminole - Family Focus

Original to:

Program Manager: Carmen
534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$3,370.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

1) Agency accomplishments this month:

2) Summary of accomplishments made with Seminole County funding this month:

3) Progress to broaden community financial support:

4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Sup Visit	150			150	13		65.00	\$845.00
Sup Exchange	130			130	11		65.00	\$715.00
Case Mgmt	350			350	29		30.00	\$870.00
Parent Edu	145			145	12		55.00	\$660.00
Assessment	95			95	8		35.00	\$280.00
TOTAL	870	0	0	870	73	0	0	\$3,370.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2010. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C

PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: X Existing New
 Program: Family Focus

Agency: SafeHouse of Seminole
 Program Locations: PO Box 471279 Lake Monroe, FL 32747-1279
 Physical Address is: 901 French Ave. Sanford, FL 32772

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>Children who are victims of abuse and neglect need a safe, secure place to visit their non-custodial parent</p>	<p>To provide a safe and secure structured environment for parents and children when the court ordered to supervised visitation.</p>	<p>Observation forms are completed on each visit of child by the monitor. Uniform law enforcement is provided at visits to enforce security and safety of the child.</p>	<p>Each family will have a monitor during visits. Monitored are trained in observing visits. Each visiting parent is provided with a list of rules for visitation when they do their intake. If they do not abide the rules there visit can be terminated. Uniformed law enforcement is also present to insure that rules are followed and the visits are safe and secure.</p>	<p>Observation forms are completed during the visit. The observation form completed by the monitor describe the behavior, reactions and interactions between children and non-custodial. Any redirection or warnings by the monitor or law enforcement is noted on the observation form</p>	<p>Increase child's feeling of safety during scheduled visits. Increase a positive parent/child interaction.</p>
<p>Seminole County is ranked second in Florida with the number of abuse and neglect calls per month on percent per 100 children. It would seen that there is a need for alternative parenting skills to be taught to parents who have abuse or neglected their children.</p>	<p>To provide an alternative parenting skills and discipline program through the Nurturing Parenting Program.</p>	<p>Attend 12 week parenting classes. 2.5 hours per week. Must complete home work assignment, participate in class discussion. The participant will take the AAPI test at the beginning of the course and again at the end of the course.</p>	<p>Parenting class skills are practiced in class, videos are watched to learn new alternative ways, and class discussion of class assignment is discussed. Participants are given an opportunity to interact with other class members and discuss their parenting skills.</p>	<p>AAPI 2 tests are based on five constructs for the student to complete the test with a satisfactory score they must score a 4 or better on a scale of 1-10. Completion of all class requirements in a satisfactory manner and the AAPI 2 leads to graduation from the course.</p>	<p>Parents gain new confidence in their parenting skills and learn alternative ways in disciplining their children.</p>

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: X NEW: DATE REVISED:

Outcomes	Indicators
Outcome 1: Increase child's feeling of safety during the course of scheduled visits.	1.1 Children and non-custodial parents are observed during visits. A trained monitor is with parent and child at all times which provides the child with feelings of safety. 1.2 Clients through out the intake are made aware of rules, guidelines, expectations and procedure in order to maintain a safe environment. 1.3 Presence of uniform law enforcement provides the child a feeling of safety. 1.4
Outcome 2: Increase positive parent/child interaction.	2.1 Parent and child are encouraged to interact with each other through a variety of activities. 2.2 Decrease intervention or redirection of parent mentor during visits. 2.3 2.4
Outcome 3: Parents gain new confidence in their parenting skills and learn alternative discipline skills.	3.1 Parents attend a 12-week parenting class 3.2 Parents are pre and post tested during the parenting class. 3.3 3.4

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Increase child's feeling of safety during course of scheduled visits.	<p>An observation form is prepared by the monitor during each visit.</p> <p>The non-custodial (visitors) participate in an intake prior to the initiation of the coordination of the visits.</p>	<p>All parents (visitors) and children are observed by a monitor during each visit and is documented in an observation form which is added to the clients file.</p> <p>All parents (visitors) participate in an intake/assessment which is added to the clients file.</p>	<p>Family Focus participants are encouraged to complete surveys while participating in the program.</p>
2. Increase positive parent/child interaction.	<p>An observation report is completed during visit documenting interactions between the child and parent and whether intervention was required from staff in order to aid the parent.</p>	<p>Parents self report concerns to parent mentor as needed, this is documented in progress notes and observation reports.</p>	<p>Participants are encouraged to complete survey. Self reporting is also encouraged and is documented in progress notes and observation reports.</p>
3. Parents gain new parenting skills and learn alternative discipline skills	<p>Attendance to 12 weeks of parenting classes.</p> <p>Score of parenting assessments; improvement in the post test at the end of the 12 week course.</p>	<p>All participants sign a sheet demonstrating their attendance.</p>	<p>All participants receive a survey at the completion of the course giving them an opportunity to provide feedback about the facilitator, the facility and the curriculum.</p> <p>The classes are offered at various times and dates in order to meet the demands.</p>

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: Increase child's feeling of safety during course of scheduled visits.

Indicators: The children and their non-custodial interactions during visits are observed by a monitor.

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2: Increase positive parent/child interaction.

Indicators: Parent and child are encouraged to interact with each other through a variety of activities. Decrease intervention or re-direction of parent mentor during visits.

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: Parents gain new parenting skills and learn alternative discipline skills.

Indicators: Score on parenting assessment (AAPI) post

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1: Increase child's feeling of safety during course of scheduled visits.

Successes:

Challenges:

Outcome #2: Increase positive parent/child interaction.

Successes:

Challenges:

Outcome #3: Parents gain new parenting skills and learn alternative discipline skills

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC. AGREEMENT

THIS AGREEMENT is made and entered this ____ day of _____, 20____, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC.**, a Florida non-profit corporation, whose mailing address is Post Office Box 471279, Lake Monroe, Florida 32747-1279 hereinafter referred to as the "COALITION".

W I T N E S S E T H:

WHEREAS, the COALITION provide shelter, food, basic care items and counseling sessions, including information on the dynamics of domestic violence, assessments and other supportive activities as needed to Seminole County adult and juvenile victims of domestic violence; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that COALITION fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by COALITION after COALITION has received notice of termination. Upon said termination, COALITION shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. The COALITION shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide shelter, food, basic care items and counseling sessions, including information on the dynamics of domestic violence, risk assessments and other supportive activities as needed to Seminole County adult and juvenile victims of domestic violence, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. COALITION agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by COALITION during the term of this Agreement. It is understood that COALITION has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby COALITION would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) COALITION shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to COALITION or whomsoever, resulting out of COALITION'S fraud, defalcation, dishonesty, or failure of COALITION to comply with applicable laws or regulations; or by reason or as a result of any act or omission of COALITION in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY's sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to COALITION up to a maximum sum of SIXTY-SEVEN THOUSAND AND NO/100 DOLLARS (\$67,000.00) for all services provided hereunder by COALITION during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is

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sought are in accordance with service projections as described in Exhibit "A" and that COALITION has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, COALITION shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. COALITION shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:



(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of COALITION, any problems relating to the

services to be provided pursuant to this Agreement that might exist for COALITION and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, COALITION shall submit on a quarterly basis, a financial report reflecting total COALITION receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, COALITION shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) COALITION shall submit a copy of the minutes from all COALITION Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. COALITION shall notify COUNTY prior to cancelled COALITION Board meetings and rescheduled COALITION Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to COALITION as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by COALITION after COALITION has received such notice of termination. In the event there are any unused COUNTY funds, COALITION shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. COALITION shall allow the COUNTY, its duly authorized agent and the public access to such of COALITION'S records as are pertinent to all services provided

hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. COALITION shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For COALITION:

Jeanne Gold, Executive Director
Seminole County Victim's Right Coalition, Inc.
Post Office Box 2921
Sanford, Florida 32772-2921

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, COALITION shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to COALITION as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. COALITION and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. COALITION agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.



Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting COALITION, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.



(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

for

ERIC J. HORST, Secretary Exec.
(Corporate Seal) *Popaditch D.F. Sec'y.*

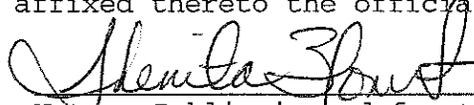
SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC.


By: _____
KIP BEACHAM, President

Date: 10-15-09

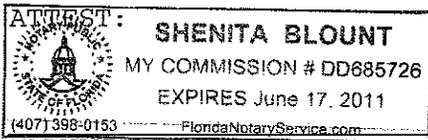
STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 15 day of October, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared KIP BEACHAM and ERIC J. HORST, as President and Secretary, respectively, of SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC., a non profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced _____ as identification and did take an oath. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.



Notary Public in and for the County
and State Aforementioned

(Notary Seal)



BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

By: _____
BOB DALLARI, Chairman

Date: _____

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
2009, regular meeting.

County Attorney

SED/lpk/AEC/sjs
9/3/09, 10/8/09
P:\Users\lkennedy\My Documents\Community Services\victim rights coalition 2009.doc

Attachments:

- Exhibit "A" - Scope of Services
- Exhibit "B" - Seminole County Community Service Agency Report Form
- Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Seminole County Victim's Rights Coalition d/b/a SafeHouse of Seminole
AGENCY ADDRESS: PO Box 471279 Lake Monroe, FL 32747
PRESIDENT/DIRECTOR NAME: Jeanne Gold
AGENCY PHONE NUMBER: 407-302-5220
AGENCY FAX NUMBER: 407-302-1080
AGENCY E-MAIL: admin@safehouseofseminole.org
PRESIDENT/DIRECTOR E-MAIL: jgold@safehouseofseminole.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Shelter Nights	Clients who remain in shelter for safety, food, basic care items, for a minimum of 23 hours
2. Individual counseling	One counseling session lasting an average of one hour minimum. Counseling is advocacy which involves providing information on the dynamics of domestic violence, completing assessment of risk and ongoing safety planning, and engaging in other supportive activities as appropriate.

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2009-September 2010)?

Service*	Number of County funded units
1. Shelter Nights	2508 nights
2. Individual Counseling	780 hours

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Shelter Nights	\$19 per night
2. Individual counseling	\$25 per hour

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Shelter Nights	Industry standard set by the Department of Children and Families
2. Individual Counseling	Industry standard set by the Department of Children and Families

***Not to exceed \$ 67,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: SafeHouse of Seminole

Original and One Copy to:

Program Manager
534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$5,596.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

- 1) Agency accomplishments this month:**
- 2) Summary of accomplishments made with Seminole County funding this month:**
- 3) Progress to broaden community financial support:**
- 4) Progress made in agency capacity building:**

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Shelter Nights	2500			2500	209		19.00	\$3,971.00
Ind. Counseling	780			780	65		25.00	\$1,625.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
TOTAL	3280			3280	274			\$5,596.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2010

Program Logic Model – Existing X New

Agency: SafeHouse of Seminole Program: Domestic Violence Shelter
 Program Locations: PO Box 471279 Lake Monroe, FL 32747

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>In 2007, there were 2,185 reported crimes of domestic violence in Seminole County. This is an increase of 7.2% over the previous year.</p>	<p>To provide a safe, confidential home and safe haven for victims of domestic violence and their children who are in imminent danger.</p>	<p>100% of the 320 victims and their children who enter the safe house will receive immediate safety through the video/audio security system, curfew, advocate monitoring and law enforcement presence.</p>	<p>Advocates will conduct initial screening for emergency shelter over the telephone. All files documented. For confidentiality, entry into the shelter will be with law enforcement escort, when possible. Trained, state certified advocates are on staff at all times, 24/7.</p>	<p>An exit assessment, goal attainment review and future planning are conducted prior to a resident participant leaving the program. Quarterly and yearly audits of files are conducted. Observations and physical/cognitive assessments documented as needed.</p>	<p>Safety of the victims of domestic violence will increase upon entering the shelter.</p>
<p>Victims of Domestic Violence and their children need to prepare safety plans in addition to going to a safe place to escape harm and death.</p>	<p>To engage victims and their children more fully in safety planning and dangerousness assessments.</p>	<p>Have 80% of the SafeHouse population through counseling, support groups sessions and case management to create individualized written safety plans with the assistance of trained advocates.</p>	<p>Advocates will assist with safety planning throughout the stay with copies given to the participant.</p>	<p>Exit assessments, goal planning review are done prior to a participant leaving. Quarterly and yearly audits are done.</p>	<p>All victims participate in an initial safety plan and dangerousness assessment along with educational tools regarding their safety.</p>
<p>Many victims of domestic violence and their children leave for safe and emergency shelter without money and resources.</p>	<p>To provide individualized assessments and case management to victims of domestic violence to tap into benefits and make decisions.</p>	<p>After 72 hours of entering, 75% of the program participants will meet regularly with a case manager and advocate to work on personalized goals and plans during the 12-week program.</p>	<p>Case managers and family service advocates are required to meet with victims and their children within 72 hours of entering SafeHouse. Individualized plans will be placed in their files.</p>	<p>Exit assessments, goal planning review are done prior to a participant leaving. Quarterly and yearly audits are done.</p>	<p>Program participants receive referrals to resources and become more aware of options and benefits available to them within their time at SafeHouse.</p>

<p>Thousands of domestic violence crimes go unreported, according to FCADV and DCF</p> <p>Victims are often alone, far away from their families or with no family support.</p>	<p>Provide individual and group counseling to achieve improvements in the mental health of the victim's and their children.</p> <p>Provide a real person who is trained in crisis counseling, domestic violence advocacy and certified by the state of Florida.</p>	<p>75% of program participants will seek individual and group counseling to assist them with needs and education.</p> <p>98% of calls made to the hotline will result in a conversation with a trained advocate, so the caller will treat domestic violence as a crime.</p>	<p>Individual counseling is available daily as well as a minimum of three support groups per week.</p> <p>SafeHouse advocates and trained volunteers log 30 hours of DV training with FCADV/DCF certified trainers. Complete resource manuals are by the hotline. 24 hours of training is required each employment year.</p>	<p>Exit assessments, and goal attainment reviews during their stay. Staff will meet to monitor progress. Quarterly and yearly audits of the files are maintained.</p> <p>Monthly review of logs and statistical reporting and recording. Yearly audits of personnel files performed by financial auditors and FCADV and DCF.</p>	<p>250 victims and their children will receive counseling services to decrease their anxiety and have their basic needs met in addition to support throughout their stay.</p> <p>More than 4,500 crisis hotline callers will speak with a live trained advocate 24 hours a day, seven days a week. They will offer assistance, referrals, safety plan options, and crisis counseling.</p>
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EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: X NEW: DATE REVISED:

Outcomes	Indicators
Outcome 1: Increase the safety of victims of domestic violence and their children who enter the SafeHouse.	<p>1.1 The number of women and children entering SafeHouse who report they are in danger.</p> <p>1.2 The number of written safety plans implemented.</p> <p>1.3 The number of dangerousness assessments conducted.</p> <p>1.4 The amount of shelter nights provided.</p>
Outcome 2: Increase education on the dynamics of domestic violence in order to decrease resident participant anxiety and help plan for a future without the abuser living in the same household.	<p>2.1 The number and percent of participants taking part in face-to-face counseling.</p> <p>2.2 The number and percent of participants taking part in group counseling.</p> <p>2.3 The number of child's written safety plans implemented.</p> <p>2.4 The number of child assessments.</p>
Outcome 3: Increase resident program residents' awareness of resources and options available to them as victims of domestic violence.	<p>3.1 The number of case management direct service information and referrals.</p> <p>3.2 The number of developed service plans including short term and long term goals.</p> <p>3.3 The number and content of comments made from the resident resident upon exiting from the SafeHouse.</p> <p>3.4 The number of residents who enter transitional housing programs.</p>

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Safety Plans/dangerousness assessments and shelter stays.	Monthly data collected by advocates.	The number of program participants coming into the SafeHouse in any given month. One individual sheltered constitutes one service unit.	At entry into the program Monthly data collection throughout the program duration. All data must be finalized and forwarded to the executive director for review and reporting. Reports due by the end of the first week of the following month.
2. Individual and Group counseling, and child assessments.	Monthly data collected by advocates.	The number of program participants coming into the SafeHouse in any given month. One individual sheltered constitutes one service unit.	Entry into the program. Monthly data collection throughout the program duration. All data must be finalized and forwarded to the executive director for review and reporting. Reports due by the end of the first week of the following month.
3. Referrals and Exit interviews Transitional housing residents	Monthly data collected by advocates	Tracking numbers provided by case managers and advocates.	Entry into the program. Monthly data collection throughout the program duration. All data must be finalized and forwarded to the executive director for review and reporting. Reports due by the end of the first week of the month.

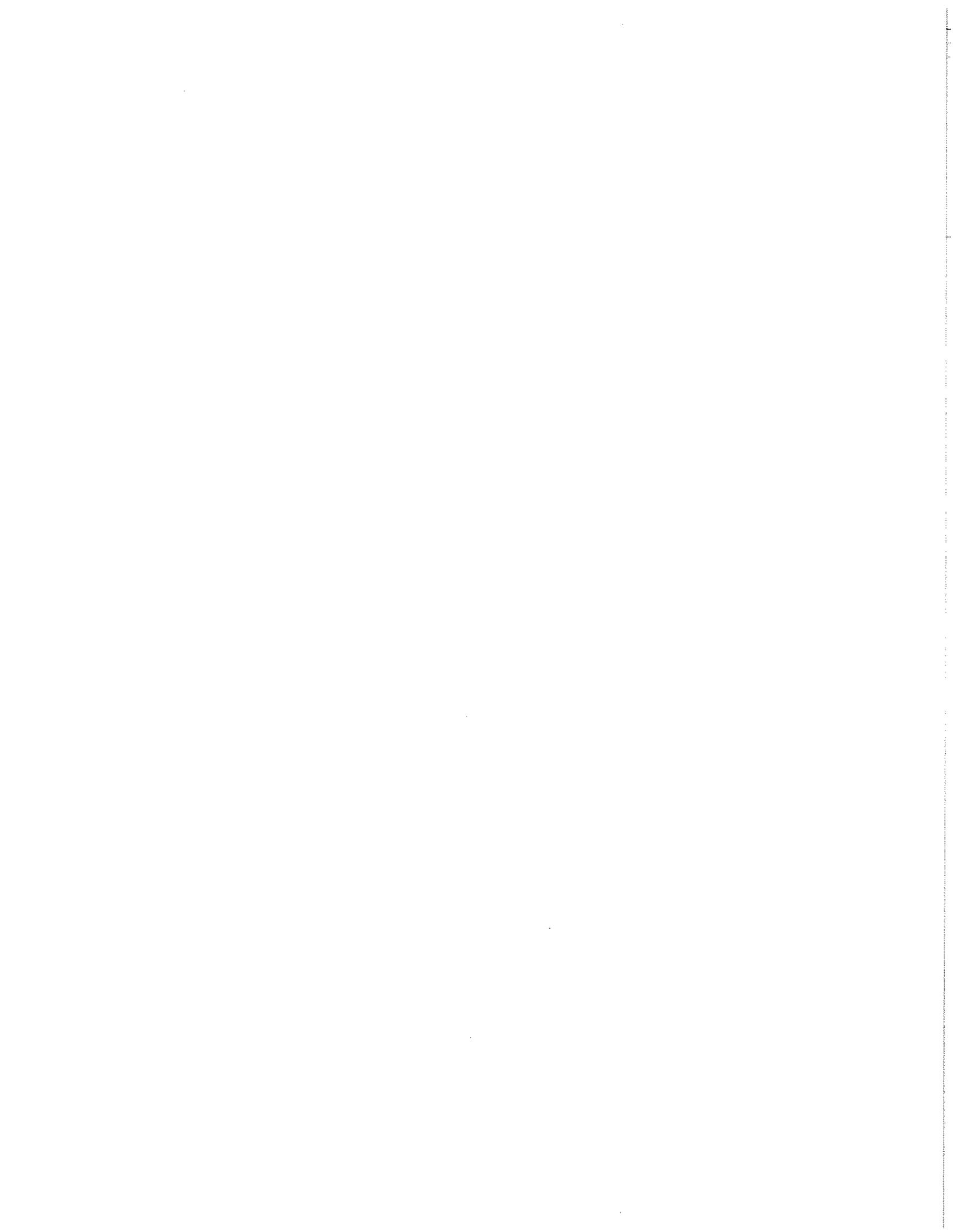


EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

QUARTERLY OUTCOME MEASUREMENT REPORT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: Increase the safety of victims of domestic violence and their children who enter SafeHouse.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:.

Results:

Outcome 2: Increase education on the dynamics of domestic violence in order to decrease participant anxiety and help plan for a future without the abuser living in the same household.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: Increase participant's awareness of resources and options available to them as victims of domestic violence.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1: Increase the safety of victims of domestic violence and their children who enter the SafeHouse.

Successes:

Challenges:

Outcome #2: Increase education on the dynamics of domestic violence in order to decrease participant anxiety and help plan for a future without the abuser living in the same household.

Successes:

Challenges:

Outcome #3: Increase participant's awareness of resources and options available to them as victims of domestic violence.

Successes:

Challenges:

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

***PLEASE REMEMBER TO ATTACH A COPY OF YOUR AGENCY'S QUARTERLY FINANCIAL REPORT.**

SEMINOLE WORK OPPORTUNITY PROGRAM AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 20____, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.**, a Florida non-profit corporation doing business as **SEMINOLE WORK OPPORTUNITY PROGRAM**, whose address is 1095 Belle Avenue, Casselberry, Florida 32708, hereinafter referred to as "SWOP".

W I T N E S S E T H:

WHEREAS, SWOP provides educational, vocational and employment opportunities for developmentally disabled persons at a sheltered workshop located in Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that SWOP fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SWOP after SWOP has received notice of termination. Upon said termination, SWOP shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. SWOP shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide educational, vocational and employment opportunities for developmentally disabled persons at a sheltered workshop located in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. SWOP agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by SWOP during the term of this Agreement. It is understood that SWOP has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby SWOP would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) SWOP shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to SWOP or whomsoever, resulting out of SWOP'S fraud, defalcation, dishonesty, or failure of SWOP to comply with applicable laws or regulations; or by reason or as a result of any act or omission of SWOP in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to SWOP up to a maximum sum of TEN THOUSAND AND NO/100 DOLLARS (\$10,000.00) for all services provided hereunder by SWOP during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY'S Community Assistance Division that the services for which reimbursement is

sought are in accordance with service projections as described in Exhibit "A" and that SWOP has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, SWOP shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. SWOP shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:



(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of SWOP, any problems relating to the services to

be provided pursuant to this Agreement that might exist for SWOP and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, SWOP shall submit on a quarterly basis, a financial report reflecting total SWOP receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, SWOP shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) SWOP shall submit a copy of the minutes from all SWOP Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. SWOP shall notify COUNTY prior to cancelled SWOP Board meetings and rescheduled SWOP Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to SWOP as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SWOP after SWOP has received such notice of termination. In the event there are any unused COUNTY funds, SWOP shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. SWOP shall allow the COUNTY, its duly authorized agent and the public access to such of SWOP's records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination

in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. SWOP shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For SWOP:

William H. Poe, Executive Director
The Kathleen Anderson Comprehensive Work Center, Inc.
D/b/a Seminole Work Opportunity Program
1095 Belle Avenue
Casselberry, Florida 32708

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, SWOP shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to SWOP as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. SWOP and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. SWOP agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting SWOP, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party to be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

THE KATHLEEN ANDERSON
COMPREHENSIVE WORK CENTER, INC.

Ralph Moore
RALPH MOORE, Secretary

By: Curtis Moore
CURTIS MOORE, President

(Corporate Seal)

Date: 9-16-09

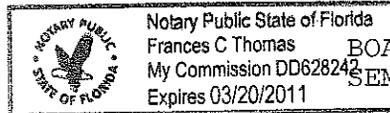
STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 16 day of September, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared CURTIS MOORE, as President and RALPH MOORE, as Secretary, respectively, of THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC., a non-profit corporation organized under the laws of the State of Florida, d/b/a SEMINOLE WORK OPPORTUNITY PROGRAM who are personally known to me or who have produced _____ as identification. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.



Notary Public in and for the County
and State Aforementioned

(Notary Seal)



ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman



Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
20____, regular meeting.

County Attorney

SED/lpk
8/6/09
P:\Users\lkennedy\My Documents\Community Services\swop 2009.doc

Attachments:

- Exhibit "A" - Scope of Services
- Exhibit "B" - Seminole County Community Service Agency Report Form
- Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Seminole Work Opportunity Program
AGENCY ADDRESS: 1095 Belle Av Casselberry FL 32708
PRESIDENT/DIRECTOR NAME: William H Poe
AGENCY PHONE NUMBER: 407-699-4419
AGENCY FAX NUMBER: 407-699-7967
AGENCY E-MAIL: sissy_swop@embarqmail.com
PRESIDENT/DIRECTOR E-MAIL: swop@bellsouth.net

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

- I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Transportation	1. Per trip to and from SWOP – Pickup/home/drop off SWOP = 1 trip. Pickup SWOP/drop off Home = 1 trip Total Trips Annually 480 trips per client

- II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
1. Transportation	333 Units

Service units are transferable based on the agency's need and actual services provided each month.

- III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
Transportation	30.00/Unit

- IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
Transportation	Total Grant divided by total units = cost of 1 unit

***Not to exceed \$10,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Seminole Work Opportunity Program

Original to: Carmen Hall

Program Manager

534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

1) Agency accomplishments this month:

2) Summary of accomplishments made with Seminole County funding this month:

3) Progress to broaden community financial support:

4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
	38,000			333			\$ 30.00	\$0.00
TOTAL	38000	0	0	333	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

* Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: Existing New

Agency:
Program Locations:

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
4000 developmentally disabled identified by state as waiting for services in District VII	Expand vocational opportunities for developmentally disabled adults	100% of DD adults served will achieve or maintain at least 50% of critical skills and functions identified in their IPP	Trail DD adults using classroom curriculum (Project Skill Builders), vocational training by Rehab Staff through completing sub-contract work; provide a salary	Using time studies, contract P/L compare goals and results, assess data, measure success/failure, make adjustments, evaluate on bi-annual basis	100% of DD adults served achieve/maintain 50% of critical skills
The majority of the developmentally disabled unable to find and maintain gainful employment	Increase educational opportunities for developmentally disabled adults.	95% of DD adults served will participate in Project Skill Builders	Adult Basic Education (Project Skill Builders) individual Program Development; Psychological staff	Using consumer satisfaction survey, compare goals and results, assess data measure success/failure, make adjustments bi-annual basis	95% of DD adults served will participate in Project Skill Builders
Upon completion of high school, the developmentally disabled have very limited resources for continued training in order to become semi-independent	Expand the number of developmentally disabled adults served in Seminole County	SWOP will increase by 5% the number of developmentally disabled adults served in Seminole County	Provide spaces, work, training, salary to DD adults as they complete high school	Use admissions information on monthly basis	5% increase in number of DD adults served

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Indicators
Outcome 1: 100% of DD adults served Will achieve/maintain 50% of Critical Skills	1.1 Time Studies 1.2 Profit/Loss Statement 1.3 1.4
Outcome 2: 95% of DD adults served Will participate in Project Skill Builders	2.1 Classroom progress reports 2.2 Consumer satisfaction survey 2.3 2.4
Outcome 3: 5% increase in number of DD adults served	3.1 Admission records 3.2 3.3 3.4

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. 100% DD adults served will achieve/maintain 50% of critical skills	Time Studies/Contract Income Profit/Loss Statement	Time Study 100% of DD Adults, sales from contract Income	Time Studies conducted on Each individual bi-annually. Profit/Loss statement Monthly basis
2. 95% of DD adults served will participate in Project Skill Builders	Classroom progress reports, Consumer satisfaction survey	Review classroom progress Reports on 100% of DD Adults. Review consumer Satisfaction survey on 100% Of DD adults	Classroom Progress reports On monthly basis. Consumer satisfaction survey done annually
3. 5% increase in number of DD adults served	Admission Records	Review all new admissions records	Monthly basis

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1:

Successes:

Challenges:

Outcome #2:

Successes:

Challenges:

Outcome #3:

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

SENIORS FIRST, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 20____, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **SENIORS FIRST, INC.**, a Florida non-profit corporation, whose address is 3113 Lawton Road, Suite 250, Orlando, Florida 32803, hereinafter referred to as "SENIORS FIRST".

W I T N E S S E T H:

WHEREAS, SENIORS FIRST provides home management and personal care services for seniors and provides care management services to determine cost effective and medically acceptable ways for elderly residents of Seminole County, Florida, with health related problems to remain in their homes; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

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Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that SENIORS FIRST fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SENIORS FIRST after SENIORS FIRST has received notice of termination. Upon said termination, SENIORS FIRST shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. SENIORS FIRST shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide home management and personal care services for seniors and provide case management services to determine cost effective and medically acceptable ways for elderly residents of Seminole County, Florida, with health related problems to remain in their homes, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. SENIORS FIRST agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by SENIORS FIRST during the term of this Agreement. It is understood that SENIORS FIRST has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby SENIORS FIRST would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) SENIORS FIRST shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to SENIORS FIRST or whomsoever, resulting out of SENIORS FIRST'S fraud, defalcation, dishonesty, or failure of SENIORS FIRST to comply with applicable laws or regulations; or by reason or as a result of any act or omission of VISTING NURSE in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to SENIORS FIRST up to a maximum sum of TWENTY THOUSAND AND NO/100 DOLLARS (\$20,000.00) for all services provided hereunder by SENIORS FIRST during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that SENIORS FIRST has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
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Sanford, Florida 32773

(d) Notwithstanding the above, however, SENIORS FIRST shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

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(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This

assessment shall be in paragraph form and include such information as the general progress of SENIORS FIRST, any problems relating to the services to be provided pursuant to this Agreement that might exist for VISTING NURSE and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, SENIORS FIRST shall submit on a quarterly basis, a financial report reflecting total SENIORS FIRST receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, SENIORS FIRST shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) SENIORS FIRST shall submit a copy of the minutes from all SENIORS FIRST Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. SENIORS FIRST shall notify COUNTY prior to cancelled SENIORS FIRST Board meetings and rescheduled SENIORS FIRST Board meetings.

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For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771



For SENIORS FIRST:

Scott Clark, Chairman
Seniors First, Inc.
3113 Lawton Road, Suite 250
Orlando, Florida 32803

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the

subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, SENIORS FIRST shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to SENIORS FIRST as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. SENIORS FIRST and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one

heading may be considered to be equally applicable under another in the interpretation of this Agreement.

Section 19. Equal Opportunity. SENIORS FIRST agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting SENIORS FIRST, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are

to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

SENIORS FIRST, INC.

Michelle Hage
MICHELLE HAGE, Secretary

By: [Signature]
SCOTT CLARK, Chairman

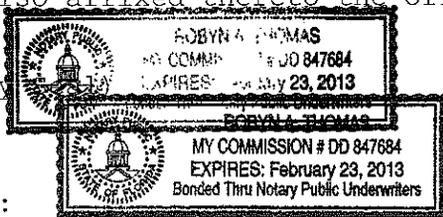
(Corporate Seal)

Date: 9-15-09

STATE OF FLORIDA)
COUNTY OF Orange)

I HEREBY CERTIFY that, on this 15th day of September, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared SCOTT CLARK and MICHELLE HAGE, as Chairman and Secretary, respectively, of SENIORS FIRST, INC., a non profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced N/A as identification and did take an oath. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.

(Notary



Robyn A. Thomas
Notary Public in and for the County
and State Aforementioned

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

 As authorized for execution by the Board
of County Commissioners at its _____,
20____, regular meeting.

County Attorney

SED/dre
8/06/09

P:\Users\lkennedy\My Documents\Community Services\seniors first 2009.doc

Attachments:

1. Exhibit "A" - Scope of Services
2. Exhibit "B" - Seminole County Community Service Agency Report Form
3. Exhibit "C" - Program Logic Model

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Seniors First Inc.
AGENCY ADDRESS: 3113 Lawton Road, Suite 250, Orlando, Fl. 32803
PRESIDENT/DIRECTOR NAME: Marsha Lorenz, President/CEO
AGENCY PHONE NUMBER: 407-628-2884
AGENCY FAX NUMBER: 407-581-9361
AGENCY E-MAIL:
PRESIDENT/DIRECTOR E-MAIL: mlorenz@seniorsfirstinc.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

- I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
Case Management	One hour of case management
Homemaker	One hour of homemaker service
Personal Care	One hour of personal care service

- II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2009-September 2010)?

Service*	Number of County funded units
Case Management	146
Homemaker	376
Personal Care	352

Service units are transferable based on the agency's need and actual services provided each month.

- III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (if unit cost is greater than \$5.00, round to the nearest dollar.)
Case Management	\$40.00
Homemaker	\$18.00
Personal Care	\$21.00

- IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
Case Management	DEOA unit cost methodology
Homemaker	DEOA unit cost methodology
Personal Care	DEOA unit cost methodology

***Not to exceed \$20,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: SENIORS FIRST INC.

Original to:

Program Manager
534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

1) Agency accomplishments this month:

2) Summary of accomplishments made with Seminole County funding this month:

3) Progress to broaden community financial support:

4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Case Man	1600			146				
Homemaker	6000			376				
Pers Care	4360			352				\$0.00
TOTAL	4360	0	0	352	0	0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: N/A Existing New

Agency: Seniors First, Inc.
 Program: Community Care for the Elderly (CCE)
 Program Locations: Seminole County

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>In the state of Florida, there are 3.9 million persons age 60 and older. Florida ranks number one in the percentage (23% in 2004) of its citizens who are elders. Research shows that an average of 30% of these seniors have a problem performing at least one Activity of Daily Living (ADL).</p>	<p>Through the delivery of cost effective home services, the elders' quality of life is increased and nursing home placement is delayed or prevented</p>	<p>70% of the clients will be maintained in their home throughout the entire year.</p>	<p>Activities: Telephone screening of frail, low income, homebound seniors (age 60+). Case management in-home assessment completed on all admitted Seminole County clients. Care plan developed with client/caregiver. Regular and on-going monitoring of client/caregiver status and service needs. Total eligibility assessment completed yearly on all clients. In Home services arranged and provided per care plan. Resources: Funding sources from DOEA and Florida Commission, HIFUW, City of Orlando, Orange and Seminole County Governments, Private. Collaborations: Other senior agencies, UCF, private businesses, churches. Service Providers: Master level CEO, Master level COO, CFO and Master level VP of Client Care Programs Director of Data Ops, Director of Technical Services Director of Community Relations and Marketing Director of Volunteers 2 degreed Case Management Supervisors 17 degreed Case Managers to include 1 Master level and 3 bilingual Adult Day Care Director Licensed Practical Nurse 2 Scheduling Supervisors 30 Homemakers and 26 Personal Care Workers 9 Administrative Support Personnel 50+ Volunteers</p>	<p>Client record Service logs Nursing home admission data from the CCE termination codes</p>	<p>70% of the clients will be maintained in their home throughout the entire year.</p>

EXHIBIT C (2) PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Program Logic Model – Date Revised: N/A Existing New

Agency: Seniors First, Inc.
 Program: Community Care for the Elderly (CCE)
 Program Locations: Seminole County

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>By the year 2010, the 60+ population is expected to increase by 34%. Due to the increase in the elderly population, more and more Seminole County residents are now in caregiver roles. Many of these caregivers lack the information and resources to adequately take care of their loved one.</p>	<p>Support caregivers in their role to reduce the feelings of stress.</p>	<p>90% of caregivers will reduce their level of stress.</p>	<p>Activities: Telephone screening of frail, low income, homebound seniors (age 60+). Case management in-home assessment completed on all admitted Seminole County clients. Care plan developed with client/caregiver. Regular and on-going monitoring of client/caregiver status and service needs. Total eligibility assessment completed yearly on all clients. In Home services arranged and provided per care plan. Resources: Funding sources from DOEA and Florida Commission, HFUW, City of Orlando, Orange and Seminole County Governments, Private. Collaborations: Other senior agencies, UCF, private businesses, churches. Service Providers: Master level CEO, Master level COO, CFO and Master level VP of Client Care Programs Director of Data Ops, Director of Technical Services Director of Community Relations and Marketing Director of Volunteers 2 degreed Case Management Supervisors 17 degreed Case Managers to include 1 Master level and 3 bilingual Adult Day Care Director Licensed Practical Nurse 2 Scheduling Supervisors 30 Homemakers and 26 Personal Care Workers 9 Administrative Support Personnel 50+ Volunteers</p>	<p>Caregiver survey mailed yearly.</p>	<p>90% of caregivers will reduce their level of stress.</p>

EXHIBIT C (3)
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED: N/A

Outcomes	Indicators
Outcome 1: 70% of the clients will be maintained in their home throughout the entire year.	1.1 A quarterly analysis of the CCE client caseload will be completed. The number of clients remaining in their home will be compared to the number placed in a nursing home or ALF. 1.2 Regular case management visits and weekly contact by field staff verifies client status in the home.
Outcome 2: 90% of caregivers will reduce their level of stress.	2.1 Responses on a standardized, confidential written survey will be tabulated to indicate less stress for caregivers of CCE clients.

EXHIBIT C (4)
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. 70% of the clients will be maintained in their home throughout the entire year.	a) Client record b) Service logs c) Nursing home/ALF admission data from the CCE termination codes	All active CCE clients during the period of 1/1/09 – 9/30/09.	a) Regular reviews by case managers, every 3 months. b) Weekly documentation by field staff. c) Termination report run for period of 1/1/09 – 9/30/09.
2. 90% of caregivers will reduce their level of stress.	a) Written, confidential survey mailed each year, in November, to all Seminole County CCE caregivers	All CCE clients with caregivers.	a) Yearly written survey in September 2009.

EXHIBIT C (5)
PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3:

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C (6)

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1:

Successes:

Challenges:

Outcome #2:

Successes:

Challenges:

Outcome #3:

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

SPECIAL OLYMPICS FLORIDA, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 20____, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **SPECIAL OLYMPICS FLORIDA, INC.**, a Florida non profit corporation, whose address is 1105 Citrus Tower Boulevard, Clermont, Florida 34711-1905, hereinafter referred to as the "SPECIAL OLYMPICS".

W I T N E S S E T H:

WHEREAS, the SPECIAL OLYMPICS provides athletic training, competition and socialization opportunities for mentally challenged residents of Seminole County, Florida; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and



WHEREAS, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that SPECIAL OLYMPICS fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SPECIAL OLYMPICS after SPECIAL OLYMPICS has received notice of termination. Upon said termination, SPECIAL OLYMPICS shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. The SPECIAL OLYMPICS shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government,  or any public or private agency to provide athletic training, uniforms, competition, transportation and socialization opportunities for the mentally challenged residents of Seminole County in order to build confidence and self-esteem through such opportunities, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. SPECIAL OLYMPICS agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by SPECIAL OLYMPICS during the term of this Agreement. It is understood that SPECIAL OLYMPICS has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby SPECIAL OLYMPICS would be paid

for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) SPECIAL OLYMPICS shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss of any monies paid to SPECIAL OLYMPICS or whomsoever, resulting out of SPECIAL OLYMPICS' fraud, defalcation, dishonesty, or failure of SPECIAL OLYMPICS to comply with applicable laws or regulations; or by reason or as a result of any act or omission of SPECIAL OLYMPICS in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY's sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to SPECIAL OLYMPICS up to a maximum sum of TEN THOUSAND AND NO/100 DOLLARS (\$10,000.00) for all services provided hereunder by SPECIAL OLYMPICS during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that SPECIAL OLYMPICS has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, SPECIAL OLYMPICS shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. SPECIAL OLYMPICS shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of SPECIAL OLYMPICS, any problems relating to the services to be provided pursuant to this Agreement that might exist for SPECIAL OLYMPICS and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, SPECIAL OLYMPICS shall submit on a quarterly basis, a financial report reflecting total SPECIAL OLYMPICS' receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, SPECIAL OLYMPICS shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) SPECIAL OLYMPICS shall submit a copy of the minutes from all SPECIAL OLYMPICS' Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. SPECIAL OLYMPICS shall notify COUNTY prior to cancelled SPECIAL OLYMPICS' Board meetings and rescheduled SPECIAL OLYMPICS' Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to SPECIAL OLYMPICS as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SPECIAL OLYMPICS after SPECIAL

OLYMPICS has received such notice of termination. In the event there are any unused COUNTY funds, SPECIAL OLYMPICS shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. SPECIAL OLYMPICS shall allow the COUNTY, its duly authorized agent and the public access to such of SPECIAL OLYMPICS' records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. SPECIAL OLYMPICS shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For SPECIAL OLYMPICS:

Special Olympics Florida, Inc.
1105 Citrus Tower Boulevard
Clermont, Florida 34711-1905

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.

Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, SPECIAL OLYMPICS shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to SPECIAL OLYMPICS as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as

to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. SPECIAL OLYMPICS and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. SPECIAL OLYMPICS agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

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Section 24. Conflict of Interest.

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(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Special Olympics Seminole County
AGENCY ADDRESS: P.O. BOX 520742, Longwood, FL 32752
PRESIDENT/DIRECTOR NAME: Marie El-Khoury
AGENCY PHONE NUMBER: 407-782-0525
AGENCY FAX NUMBER: 407-637-2370
AGENCY E-MAIL: info@specialolympicsseminolecounty.org
PRESIDENT/DIRECTOR E-MAIL: mel-khoury@specialolympicsseminolecounty.org

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. Transportation	To transport athletes to various Area & State Competitions.
2. Lodging	Lodging for athletes while attending various Area & State Competitions.
3. Uniforms	Provide uniforms for athletes participating in sporting events.

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2008-September 2009)?

Service*	Number of County funded units
1. Transportation	26 chartered buses and vans
2. Lodging	50 units/rooms
3. Uniforms	50 uniforms (to include shirts, leotards, bathing suits, etc.)

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. Transportation	Approximately \$1,000 per chartered bus and \$100.00 per van
2. Lodging	Approximately \$60 per room
3. Uniforms	Approximately \$15 per item

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. Transportation	Quotes from local & previously used charter bus/van agencies.
2. Lodging	Special Olympics Florida's room & board rates.
3. Uniforms	Quotes from local & previously used sportswear agencies.

***Not to exceed \$ 10,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Special Olympics Florida - Seminole County
Original and One Copy to: Program Manager
 534 W. Lake Mary Blvd. Sanford, FL 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: *(Narrative must include all three items below to be considered complete)*

1) Agency accomplishments this month:

2) Summary of accomplishments made with Seminole County funding this month:

3) Progress to broaden community financial support:

4) Progress made in agency capacity building:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Transportation	26 units	0	0	26 buses/vans			1,000.00	\$0.00
Lodging	50 units	0	0	50 units			60.00	\$0.00
Uniforms	50 units	0	0	50 uniforms			15.00	\$0.00
								\$0.00
								\$0.00
								\$0.00
TOTAL		0	0		0	0	0	\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2009. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C

PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2010

Program Logic Model – Date Revised: 9/17/2009 Existing New

Agency: Special Olympics Florida – Seminole County

Program: Special Olympics Sports Training

Program Locations: Various Venues throughout Seminole County

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
Transportation to Area and State Special Olympics Competitions throughout the State of Florida.	To provide adequate and safe transportation to Area and State games for Special Olympics Seminole County Athletes.	To provide a total 26 chartered buses and vans over the grant year to transport athletes.	Secure vehicles (vans or buses) to transport athletes to various sports venues.	Survey parents of athletes to determine if they would be able to provide transportation for their athletes by any other means.	Special Olympics Seminole County providing transportation for participating athletes. Most athletes presently participating would not be able to advance beyond the County level of competition.
Lodging for athletes while attending various competitions throughout the State of Florida.	To provide adequate and safe lodging at Area and State games for Special Olympics Seminole County Athletes.	To provide a total of 50 units/rooms over the grant year.	Secure lodging for athletes at various Area and State games and competitions.	Survey parents of athletes and Special Olympics State Office to determine if they would be able to provide lodging for athletes.	Special Olympics Seminole County providing lodging for participating athletes. Most athletes presently participating would not be able to advance beyond the County level of competition
Provide uniforms for new and current athletes participating in sporting events.	To outfit all athletes safely and properly for their chosen sport.	50 pieces of uniform as needed for athletes to play their sport.	Secure, manage and provide uniforms as needed.	Uniforms as needed by submitting actual invoices for the purchase of said uniforms.	Athletes will be safely and appropriately outfitted for competitions in their chosen sport.

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Indicators
<p><u>Outcome 1:</u></p> <p>Transportation to Area and State Special Olympics competitions throughout the State of Florida utilizing 26 variable modes of transportation.</p>	<p>1.1 Competition locations that require transportation of athletes.</p> <p>1.3 Type of transportation needed to accommodate all attendees.</p> <p>1.2 Rosters of athletes attending competitions traveled to.</p> <p>1.4 Total number transported including coaches and chaperones.</p>
<p><u>Outcome 2:</u></p> <p>To provide approximately 50 units of adequate and safe lodging at Area and State games for Special Olympics Seminole County Athletes.</p>	<p>2.1 Competition locations that require overnight stays.</p> <p>2.3 Amount of lodging needed to accommodate all attendees.</p> <p>2.2 Rosters of athletes attending competitions traveled to.</p> <p>2.4 Total number requiring lodging including coaches and chaperones.</p>
<p><u>Outcome 3:</u></p> <p>Provide 50 pieces of uniform as needed to outfit all athletes safely and properly for their chosen sport.</p>	<p>3.1 Uniforms needed to accommodate the increase in new younger participants as well as current athletes.</p> <p>3.2 Ensure athletes are safely and properly outfitted to participate in chose sport.</p> <p>3.3 List of needed uniforms, and copies of invoices for purchases.</p>

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Transportation to Area and State Special Olympics competitions throughout the State of Florida utilizing 26 variable modes of transportation.	Quotes & Invoices of rental costs	Rosters of athletes attending competitions and requiring transportation.	At the completion of each major sports season/competition; approximately quarterly.
2. To provide approximately 50 units of adequate and safe lodging at Area and State games for Special Olympics Seminole County Athletes.	Quotes & Invoices of lodging costs	Rosters of athletes attending competitions and requiring transportation.	At the completion of each major sports season/competition; approximately quarterly.
3. Provide 50 pieces of uniform as needed to outfit all athletes safely and properly for their chosen sport.	Quotes & Invoices of uniform purchases	Lists of sports needing uniform purchases to for new participants.	As needed and reported quarterly; prior to the beginning of sports seasons.

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

QUARTERLY OUTCOME MEASUREMENT REPORT

NOTE: The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: Transportation to Area and State Special Olympics competitions throughout the State of Florida utilizing 26 variable modes of transportation.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2: To provide approximately 50 units of adequate and safe lodging at Area and State games for Special Olympics Seminole County Athletes.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: Provide 50 pieces of uniform as needed to outfit all athletes safely and properly for their chosen sport.

Indicators:

Area(s):

Population:

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1: Transportation to Area and State Special Olympics competitions throughout the State of Florida utilizing 26 variable modes of transportation.

Successes:

Challenges:

Outcome #2: To provide approximately 50 units of adequate and safe lodging at Area and State games for Special Olympics Seminole County Athletes.

Successes:

Challenges:

Outcome #3: Provide 50 pieces of uniform as needed to outfit all athletes safely and properly for their chosen sport.

Successes:

Challenges:

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).

***PLEASE REMEMBER TO ATTACH A COPY OF YOUR AGENCY'S QUARTERLY FINANCIAL REPORT.**

THE CHRISTIAN SHARING CENTER, INC. AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **THE CHRISTIAN SHARING CENTER, INC.**, a Florida non profit corporation, whose address is 600 North Highway 17/92, Suite 158, Longwood, Florida 32750, hereinafter referred to as the "CENTER".

W I T N E S S E T H:

WHEREAS, the CENTER provides food assistance and other basic services to individuals and families in Seminole County, Florida,; and

WHEREAS, the COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, the COUNTY has  appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2009 through September 30, 2010, the date of signature by the parties notwithstanding, unless earlier terminated as provided herein.

Section 3. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than

thirty (30) days' prior written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that CENTER fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by CENTER after CENTER has received notice of termination. Upon said termination, CENTER shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder. Any requirements set forth in Sections 7, 8 and 11 hereunder shall survive the term of this Agreement as a whole.

Section 4. Services. The CENTER shall use funds from this Agreement, in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide food assistance and other basic services to individuals and families in Seminole County, Florida, as described in Exhibit "A," attached hereto and incorporated herein by reference.

Section 5. Revenue from Other Sources. CENTER agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by CENTER during the term of this Agreement. It is understood that CENTER has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby CENTER would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) CENTER shall hold harmless and indemnify the COUNTY from and against any and all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type, or nature which the COUNTY may sustain, suffer or incur or be required to pay by reason of the loss

of any monies paid to CENTER or whomsoever, resulting out of CENTER'S fraud, defalcation, dishonesty, or failure of CENTER to comply with applicable laws or regulations; or by reason or as a result of any act or omission of CENTER in the performance of the Agreement or any part thereof; or as may otherwise result in any way or instance whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property damage attributable to the negligent acts or omissions arising out of this Agreement of that party and the officers, employees and agents thereof.

(c) The parties further agree that nothing contained herein shall be construed or interpreted as denying to any party any remedy or defense available to such parties under the laws of the State of Florida, nor as a waiver of the COUNTY'S sovereign immunity.

Section 7. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to CENTER up to a maximum sum of FIFTY-ONE THOUSAND AND NO/100 DOLLARS (\$51,000.00) for all services provided hereunder by CENTER during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY'S Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that CENTER has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Program Manager
Community Assistance Division
Reflections Plaza
534 West Lake Mary Boulevard
Sanford, Florida 32773

(d) Notwithstanding the above, however, CENTER shall not submit payment requests to the COUNTY which cumulatively total more than or equal to ninety percent (90%) of the sum set forth hereinabove prior to July 1, 2010.

Section 8. Reporting Requirements. CENTER shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "B" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of programs and activities and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of CENTER, any problems relating to the services to be provided pursuant to this Agreement that might exist for CENTER and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, CENTER shall submit on a quarterly basis, a financial report reflecting total CENTER receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, CENTER shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "C".

(e) CENTER shall submit a copy of the minutes from all CENTER Board meetings held during the term of this Agreement within thirty (30) days of approval of such minutes. CENTER shall notify COUNTY prior to cancelled CENTER Board meetings and rescheduled CENTER Board meetings.

Section 9. Unavailability of Funds. If the COUNTY learns that funding from the State of Florida or Federal government cannot be obtained, or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to CENTER as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by CENTER after CENTER has received such notice of termination.

In the event there are any unused COUNTY funds, CENTER shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. CENTER shall allow the COUNTY, its duly authorized agent and the public access to such of CENTER'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with the Health Insurance Portability and Accountability Act and Chapter 119, Florida Statutes.

Section 11. Audit. CENTER shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2010, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

Section 12. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County
Department of Community Services
1101 E. First Street
Sanford, Florida 32771

For CENTER:

Angie Romagosa, President/Director
The Christian Sharing Center, Inc.
600 North Highway 17/92, Suite 158
Longwood, Florida 32750

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 13. Assignments. Neither party to this Agreement shall assign this Agreement, or any interest arising herein, without the written consent of the other.



Section 14. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 15. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, CENTER shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes,

ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to CENTER as provided hereinabove.

Section 16. Disclaimer of Third Party Beneficiaries. This Agreement is made for the sole benefit of the parties hereto and their respective successors and assigns and is not intended to and shall not benefit any third party. No third party shall have any rights hereunder or as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 17. Governing Law. This Agreement shall be governed by the laws of the State of Florida and the ordinances, resolutions and policies of COUNTY not prohibited thereby. The parties hereby consent to venue in the Circuit Court in and for Seminole County, Florida, as to State actions and the United States District Court for the Middle District of Florida, Orlando Division, as to Federal actions.

Section 18. Interpretation. CENTER and COUNTY agree that all words, terms and conditions contained herein are to be read in concert, each with the other, and that a provision contained under one heading may be considered to be equally applicable under another in the interpretation of this Agreement

Section 19. Equal Opportunity. CENTER agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin, or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

Section 20. Severability. If any one or more of the covenants or provisions of this Agreement shall be held to be contrary to any

express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall, for any reason whatsoever, be held invalid, then such covenants or provisions shall be null and void, shall be deemed separable from the remaining covenants or provisions of this Agreement, and shall, in no way, affect the validity of the remaining covenants or provisions of this Agreement.

Section 21. Counterparts and Headings. This Agreement may be executed simultaneously and in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The headings herein set out are for convenience and reference only and shall not be deemed a part of this Agreement.

Section 22. Independent Contractors. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing a relationship of copartners between the parties, or as constituting CENTER, including its officers, employees and agents, the agent, representative or employee of the COUNTY for any purpose or in any manner whatsoever. The parties are to be and shall remain independent contractors with respect to all matters pertinent to this Agreement.

Section 23. Exhibits. Exhibits "A", "B" and "C" to this Agreement shall be deemed to be incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 24. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida

Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

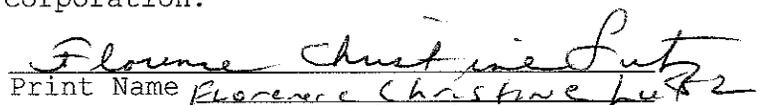

TOM MARIN
Secretary
Chairman of Board
(Corporate Seal)

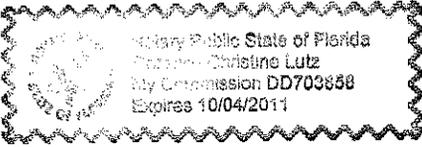
 THE CHRISTIAN SHARING CENTER, INC.
By: 
ANGELA M. ROMAGOSA
President
Date: 9/21/09

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 21 day of September, 2009, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ANGELA A. ROMAGOSA, as President and TOM MARIN, as Secretary of The Christian Sharing Center, Inc., a non-profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced as identification. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.

(Notary Seal)


Print Name Florence Christine Lutz
Notary Public in and for the County
and State Aforementioned



BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

ATTEST:

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.
Approved as to form and
legal sufficiency.

As authorized for execution by the Board
of County Commissioners at its _____,
2009, regular meeting.

County Attorney

SED/dre
08/07/09

F:\Users\LKennedy\My Documents\Community Services\Christian Sharing Center 2009.Doc

Attachments:

1. Exhibit "A" - Scope of Services
2. Exhibit "B" - Seminole County Community Service Agency Report Form
3. Exhibit "C" - Program Logic Model



EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: The Christian Sharing Center, Inc.
AGENCY ADDRESS: 600 N. Hwy. 17-92, Ste. 158, Longwood, FL 32750
PRESIDENT/DIRECTOR NAME: Angie Romagosa
AGENCY PHONE NUMBER: 407.260.9155
AGENCY FAX NUMBER: 407.332.0535
AGENCY E-MAIL: cases@thesharingcenter.org
PRESIDENT/DIRECTOR E-MAIL: angie.romagosa@thesharingcenter.org

The above agency will provide the following services for the residents of Seminole County during FY 2009-2010:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
Provide food assistance to low income residents of Seminole County	A bag of nutritious food supplies valued at \$24

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2009-September 2010)?

Service*	Number of County funded units
Provide food assistance to low income residents of Seminole County	The number of bags of food funded by the county is 2,125.

Service units are transferable based on the agency's need and actual services provided each month.

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
Provide food assistance to low income residents of Seminole County	The cost per bag of food is valued at \$24

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
Provide food assistance to low income residents of Seminole County	The standard unit of food supply is a single bag of groceries valued at \$24 based on an adjustment down from Second Harvest Food bank's value of \$26.72 and is defined to be, on average, a two-day supply of food per individual.

***Not to exceed \$51,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Christian Sharing Center

Original and One Copy to:

Annie Knight, Project Specialist
400 W. Airport Blvd., Sanford 32773

Month	
Date Mailed/delivered:	
Reimbursement amount:	
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

NARRATIVE: (Narrative must include all three items below to be considered complete)

1) Agency accomplishments this month:

Distributed ____ bags of food to low income families at a cost of \$ _____. Assisted a total of ____ low-income people at a cost of \$ _____ for all services.

2) Summary of accomplishments made with Seminole County funding this month:

Assisted ____ Seminole County families with ____ bags of groceries valued at \$ _____.

3) Progress to broaden community financial support:

Efforts are made through fund raisers such as the Annual Golf Tournament, Walk-a-thon, Penny drives, and annual food drives made by community organizations to broaden financial support. The Director or Development is constantly recruiting new supporters from corporate and private sources. Also, requests for funding from public, private and foundation sources are continuously being pursued.

4) Progress made in agency capacity building:

Grants have been submitted to the following organizations: City of Altamonte Springs, Douglas Halliday Family Foundation, The Able Trust Foundation, Ryan Foundation, and BJ's Charitable Foundation. To date, The Christian Sharing Center has received a total of approximately \$88,700 in external grant funding.

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Food Assistance	30000	0	0	2125	0	0	\$24.00	\$0.00
TOTAL	30000	0	0	2125	0	0	\$24.00	\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2006. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

For County Staff Only	
Received (original):	
Complete:	
Processed:	
No. of corrections:	
Annual audit-date:	

*Client Service Record (breakdown of all billable units & client numbers) must be attached prior to processing.

EXHIBIT C PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, 2010, April 30, 2010, July 31, 2010 and October 31, 2010

Agency: The Christian Sharing Center, Inc
 Program Locations: 600 N. Hwy. 17-92, Suite 158, Longwood, FL 32750-3638
 515 E. 25th St. Sanford, FL 32771
 Program Logic Model – Date Revised: Existing New
 Program: Food Assistance for Seminole County Residents

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>In accordance with the U.S. Census Bureau Small Area Income & Poverty Estimates for 2005-2007, there are approximately 36,822 residents in Seminole County who live below the poverty level, which is about 9.1% of the county's total population. Roughly 11.4% of the children in Seminole County live below the poverty level. There were no specific indicators for seniors or disabled adults listed in the data sets; however we are witnessing a significant increase of disabled and senior citizens living on a fixed income having difficulties maintaining nutritionally balanced food in their pantries.</p> <p>Additionally, there appears to be a rising trend of clients who are living above the poverty level in Seminole County who have had a devastating blow to their income that has exhausted their assets in a short period of time and caused them to fall below the poverty level and to seek assistance through our program. All too often such temporary set-backs have now become a long-term struggle that has a stronghold that may last for months or for a few years.</p>	<p>Provide Seminole County Residents experiencing financial hardships with emergency food assistance</p>	<p>1. Up to 3,125 units of food assistance will be rendered to Seminole County residents. 2. At least 80% of all sampled clients will require fewer than 4 renderings of food assistance by the agency during any 3 month period. 3. At least 80% of all sampled clients will indicate that the available foods selections provided by the agency met their needs or requirements. References: The standard unit of food supply is a single bag of groceries valued at \$24 based on an adjustment down from Second Harvest Food bank's value and is defined to be, on average, a two-day supply of food per individual.</p>	<p>Activities: Interview and evaluate clients for eligibility and needs. Provide case management services to clients. Provide food assistance services to clients through Agency's on-site Food Pantry. Provide clients with referrals, such as counseling, financial planning, and food stamps, as appropriate. Provide educational materials regarding food budgeting and nutritional meal planning. Resources: Agency's client database, facilities, Food Pantry, Thrift Store, Boards of Directors, and staff. Second Harvest Food Bank Seminole County CSA, Seminole County Extension Services, Team Resources, and RSVP. Local grocery stores, food vendors, farms, and restaurants. Local churches, businesses, civic groups, and schools. Volunteers and donors</p>	<p>1. Statistics regarding the number of units of food assistance rendered will be regularly maintained in the agency's client database and case management records. Reports may be generated from the information in this database and in these records. 2. Statistics regarding the client visit activity will be regularly maintained in the agency's client database and case management records. Reports may be generated from the information in this database and in these records.</p>	<p>1. Up to 3,125 units of food assistance will be rendered to Seminole County residents. 2. At least 80% of all sampled clients will require fewer than 4 renderings of food assistance by the agency during any 3 month period. 3. At least 80% of all sampled clients will indicate that the available food selections provided by the agency met their needs or requirements.</p>

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 9/11/2009

Outcomes	Indicators
Outcome 1: Up to 30,000 units of food assistance will be rendered to Seminole County residents	1.1 Numbers of units rendered 1.2 Residency
Outcome 2: At least 80% of all sampled clients will require fewer than 4 renderings of food assistance by the agency during any 3 month period.	2.1 Frequency of visits
Outcome 3: At least 80% of all sampled clients will indicate that the available food selections provided by the agency met their needs or requirements	3.1 Food selection 3.2 Availability of USDA food 3.3 Overall Nutrition of diet 3.4 Overall health

Notes:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 9/11/2009

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Up to 30,000 units of food assistance will be rendered to Seminole County residents	Clients will be interviewed and evaluated by agency caseworkers, and the results of the interviews will be recorded in the agency's case management records and in the client database.	100% of all records in the agency's client database and case management records will indicate the number of units of food assistance rendered to Seminole County residents.	Agency's case management records are updated daily, in real time. Agency's client database is updated daily.
2. At least 80% of all sampled clients will require fewer than 4 renderings of food assistance by the agency during any 3 month period.	Statistics will be collected by agency caseworkers during client interviews and will be recorded in agency's case management records and in agency's client database.	100% of all records in the agency's client database and case management records will indicate the number of visits by client during any 3 month period.	Agency's case management records are updated daily, in real time. Agency's client database is updated daily.
3. At least 80% of all sampled clients will indicate that the available foods selection provided by the agency met their needs or requirements.	Statistics will be collected by agency caseworkers during client interviews using agency surveys.	100% of all returned agency surveys will indicate whether or not the agency's available food selection met the clients' needs or requirements.	Agency's surveys are returned daily, in real time. Results of agency surveys are collated no less than once each quarter.

Notes:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

NOTE: *The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.*

DATA ANALYSIS

List a **maximum of three program outcomes and indicators** and report on the following:

- (1) Areas addressed in each outcome (knowledge, skills, behaviors, attitudes, conditions)
- (2) Target population of each outcome (client, agency, community)
- (3) Data Collection Dates
- (4) Tools, Sample Size, Response Rate
- (5) Preliminary results of data analysis

Outcome 1: Up to 30,000 units of food assistance will be rendered to Seminole County residents.

Indicators: Numbers of units rendered; residency

Area(s): Seminole County

Population: low-income individuals/ families

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 2: At least 80% of all sampled clients will require fewer than 4 renderings of food assistance by the agency during any 3 month period.

Indicators: Frequency of visits

Area(s): Seminole County

Population: low-income individuals/ families

Dates:

Tools, Sample Size, Response Rate:

Results:

Outcome 3: At least 80% of all sampled clients will indicate that the available food selections provided by the agency met their needs or requirements.

Indicators: Food selection; availability of UDSA foods; special dietary needs; overall nutrition of diet; overall health

Area(s): Seminole County

Population: low-income individuals/ families

Dates:

Tools, Sample Size, Response Rate:

Results:

EXHIBIT C

PROGRAM LOGIC MODEL (Continued)

EXPLANATION OF RESULTS

Please explain what factors you believe impacted the results of this program's outcomes (listed under data analysis). Explain both successes and challenges.

Outcome #1: Up to 30,000 units of food assistance will be rendered to Seminole County residents.

Successes:

Challenges:

Outcome #2: At least 80% of all sampled clients will require fewer than 4 renderings of food assistance by the agency during any 3 month period.

Successes:

Challenges:

Outcome #3: At least 80% of all sampled clients will indicate that the available food selections provided by the agency met their needs or requirements.

Successes:

Challenges:

This section is to be completed by a member of the agency's management team.

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

TOOLS

Describe staff's assessment of the measurement tools (i.e., validity, reliability, issues with implementation, response rates, modification needed).