
**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Community Service Agencies 2007-08 Contracts

DEPARTMENT: Community Services

DIVISION: Community Assistance

AUTHORIZED BY: David Medley

CONTACT: Shirley Boyce

EXT: 2363

MOTION/RECOMMENDATION:

Approve and authorize the Chairman to execute the attached Community Service Agency Grant Agreements for the 2007-2008 budget year.

County-wide

Shirley Boyce

BACKGROUND:

During the 2007-2008 Budget Work Sessions, the Board approved a distribution of Nine Hundred Four Thousand Dollars (\$904,000.00) to fourteen (14) local Non-Profit Agencies to provide a variety of services to Seminole County residents. The Agreements are attached for Board consideration and approval.

STAFF RECOMMENDATION:

Approve and authorize the Chairman to execute the attached Community Service Agency Grant Agreements for the 2007-2008 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
- 15. Agreement

Additionally Reviewed By:
<input checked="" type="checkbox"/> County Attorney Review (Susan Dietrich)
<input checked="" type="checkbox"/> 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; 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, 2007 through September 30, 2008, 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 ONE HUNDRED TWENTY THOUSAND AND NO/100 DOLLARS (\$120,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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 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 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 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:

Mark Shamley
MARK SHAMLEY, Secretary

(Corporate Seal)

BOYS & GIRLS CLUBS OF
CENTRAL FLORIDA, INC.

By: Gary W. Cain
GARY W. CAIN, President

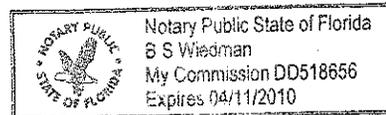
Date: 10/29/07

STATE OF FLORIDA)
)
COUNTY OF)

I HEREBY CERTIFY that, on this 29th day of October, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GARY W. CAIN, as President and MARK SHAMLEY, 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 5540-559-65-387-0 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.

B.S. Wiedman
Print Name B.S. Wiedman
Notary Public in and for the County
and State Aforementioned

(Notary Seal)



BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

ATTEST:

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

By: _____
_____, Chairman

Date: _____

For the use and reliance
of Seminole County only.

As authorized for execution by the Board
of County Commissioners at its _____,
200__, regular meeting.

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk

10/5/07 10/24/07

P:\Users\lkennedy\My Documents\Community Services\boys and girls club 2007.doc

Three (3) 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
SCHEDULE L (1): SERVICE & COST PROPOSAL

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

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds. See schedule J(2) of application for examples.

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.

I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
1.Character & Leadership	200 sessions (1 hour per 10 children)
2.Education & Careers	3,750 hours
3.Health & Life Skills	270 sessions (1 hour per 10 children)
4.The Arts	2,994 hours
5.Sports, Fitness, & Recreation	7,000 hours

** 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.Character & Leadership	\$18.00 per session
2.Education & Careers	\$13.00 hour
3.Health & Life Skills	\$7.00 per session
4.The Arts	\$8.00 per hour
5.Sports, Fitness, & Recreation	\$6.00 per hour

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

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

*Funding will not exceed \$ 120,000

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name:

Original and One Copy to:

Program Manager

534 W.Lake Mary Blvd., Sanford 32772

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
Leadership				227			\$ 18.00	\$0.00
Careers & Ed				4000			\$ 13.00	\$0.00
Health & Life				274			\$ 7.00	\$0.00
Arts				3000			\$ 8.00	\$0.00
Sports				7000			\$ 6.00	\$0.00
TOTAL	0	0	0	14501	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, 2008. 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:	

EXHIBIT C - PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

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 METHODS & FREQUENCY	PROJECTED OUTCOMES
For at-risk youth ages 6-18 in underserved neighborhoods in Seminole County:	At age 18, Boys & Girls Club Youth will enter the adult world with the capacities to be:	<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 <u>Participant</u> status or better on the President's Challenge Physical Fitness Test.</p> <p><u>Objective #3:</u> Youth surveyed will report average scores of 65% or higher on the Educational Competence, Club Opportunities & Supports, and Health/Risk Behavior scales of the Boys & Girls Clubs of America youth survey.</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</u> <u>Leadership Training</u> <u>Youth of the Year</u></p> <p><u>Education & Careers</u> <u>Power Hour</u> – (homework help), <u>Making the Grade</u>, <u>Computer Labs</u></p> <p><u>Health & Life Skills</u> <u>SMART Moves</u> – (drug & alcohol abuse & teen pregnancy prevention)</p> <p><u>The Arts</u> <u>Arts & Crafts, performing</u> - <u>Fine Arts, Cultural Events</u></p> <p><u>Sports, Fitness & Recreation</u> <u>Fun & Games, Field Trips</u> <u>Intramural sports,</u> <u>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> B&GCA Youth Survey will be administered once annually, in the spring. Information gathered will be reported to the national office of Boys & Girls Clubs of America, which will in turn provide survey results approximately 3 months later. Results 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: Positive Self Concept Educational, Social, Employment, Emotional, Cultural Competencies Community & Civic Involvement Health & Well-being A Moral Compass</p>

EXHIBIT C (2): PROGRAM LOGIC MODEL (Continued)...

Name of Program: East Altamonte Branch & Midway Branch -- Youth Development Services

IX. PROGRAM EVALUATION PLAN

AGENCY Boys & Girls Clubs of Central Florida, Inc.

PROGRAM Youth Development Services

PLEASE CHECK: EXISTING REVISED

DATE REVISED N/A

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>

EXHIBIT C (3)

Agency: Boys & Girls Clubs of Central Florida
Name of County Funded Program: E. Altamonte & Midway Branches Youth Clubs

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a) **Area(s):** Areas addressed in each outcome

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

(c) **Dates:** Please list dates of when data is collected

(d) **Tools:** Measurement tools such as surveys, report cards, assessments, ect....

(e) **Sample Size:** (# out of (b))

(f) **Response Rate:** (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

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

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

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

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

(b) **Population:**

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

INTERVENTION SERVICES, 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 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, 2007 through September 30, 2008, 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 TWENTY-TWO THOUSAND AND NO/100 DOLLARS (\$22,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32771

For ISI:

Anthony D. Minnis, 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.


AMY POUNDS, Secretary

By: 
~~ANTHONY D. MANNIS~~, President
Virginia Scanlon

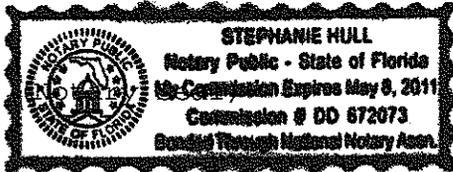
(Corporate Seal)

Date: 10/25/07

[ATTESTATION CONTINUED ON PAGE 10]

STATE OF FLORIDA)
)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 24th day of October, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ANTHONY D. MINNIS, as President and AMY POUNDS, 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.



Stephanie Hull
Print Name _____
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: _____, Chairman

For the use and reliance
of Seminole County only.

Date: _____

As authorized for execution by the Board
of County Commissioners at its _____,
200__, regular meeting.

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk
10/5/07

P:\Users\lkennedy\My Documents\Community Services\intervention services 2007.doc

Three (3) 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: 150 Spartan Drive.
PRESIDENT/DIRECTOR NAME: Susan Becker, Executive Director
AGENCY PHONE NUMBER: 407-331-8002
AGENCY FAX NUMBER: 407-261-0523
AGENCY E-MAIL: info@interventionservices.com
PRESIDENT/DIRECTOR E-MAIL: sbecker@interventionservices.com

The above agency will provide the following services for the residents of Seminole County during FY 2007-2008:

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

Service*	Description (Define a unit of service)
Transitional Living On-Site	Client night spent residing in Transitional Living Home including all service delivery needs.

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units
Transitional Living On-Site	290 County Funded Units

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.)
Transitional Living On-Site	\$76 per day

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

Service*	How Unit Cost determined
Transitional Living On-Site	Actual agency cost of providing for a day of care.

***Funding allocation not to exceed \$22,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Intervention Services

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
1day of care				290			\$ 76.00	\$0.00
TOTAL	0	0	0	290	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, 2008. 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 (1)-PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2007

Program Logic Model – Date Revised: 07/25/07

Agency: Intervention Services, Inc
 Program: The Village
 Program Locations: 3790 and 3800 Dike Rd., Winter Park

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION METHODS & FREQUENCY	PROJECTED 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 youth will maintain stable housing during the first program year and 85% by year three.	<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. -match each youth with a mentor. 	<ul style="list-style-type: none"> -percent of clients that maintain stable housing. -evaluating life skills using the Daniel Memorial assessment test at intake and 6 month intervals. 	11 of the 15 active Transitional Living and participants will maintain stable housing situations.
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.	80% of the youth residing in Transitional Housing or living independently will be enrolled in an educational or vocational program.	<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. -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 clients enrolled in an educational program or vocational setting. -percent of clients making substantial progress towards obtaining their individualized educational goals. 	12 of the 15 active IL and TH 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.	80% of the youth with an employment goal will maintain stable 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 maintain stable employment. -percent of youth that gain significant employment skills. 	12 of the 15 youth with employment goals will maintain stable employment.

EXHIBIT C (2): PROGRAM LOGIC MODEL (Continued)...

Name of Program: The Village – Transitional Housing

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Intervention Services, Inc

PROGRAM The Village NEW

DATE REVISED 6/05/07

Outcomes	Indicators/Thresholds that Determine Successful Outcomes
Outcome 1: 11 of the 15 active Transitional Housing and Independent Living participants will maintain stable housing.	1.1 Number of times a youth moves during a six month period. 1.2 Length of time a youth resides at one continuous address. 1.3 Number of "homeless" days a youth experiences. 1.4 Percent of individual Independent Living goals that are achieved.
Outcome 2: 12 of the 14 active TH and IL participants will be enrolled in an educational or vocational program.	2.1 Number of youth that obtain a High School diploma or GED. 2.2 Number of youth enrolled in an educational or vocational program. 2.3 Number of youth maintaining a 2.0 GPA or "good standing" in their chosen program. 2.4 Number of clients utilizing tutoring and mentoring services.
Outcome 3: 12 of the 15 active participants will maintain stable employment.	3.1 Number of youth employed. 3.2 Length of employment. 3.3 Number of days during a six month period that youth remains unemployed. 3.4 Percent of youth that participant in job training classes.

EXHIBIT C (3): PROGRAM LOGIC MODEL (Continued)...

Name of Program: The Village – Transitional Living

IX. PROGRAM EVALUATION PLAN

AGENCY Intervention Services, Inc

PROGRAM The Village – Transitional Living PLEASE CHECK: EXISTING XX NEW

DATE REVISED 06/05/2007

Projected Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. 11 of the 15 active independent Living and Transitional housing participants will maintain stable housing situations	Track the number of youth that maintain stable housing.	All active program participants.	Monthly
2. 12 of the 15 active IL and TH 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 will maintain stable employment	Track the number of youth currently employed and length of current employment.	All active program participants.	Monthly and/or quarterly

EXHIBIT C (4)

Agency: Intervention Services

Name of County Funded Program: The Villages

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a) **Area(s):** Areas addressed in each outcome

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

(c) **Dates:** Please list dates of when data is collected

(d) **Tools:** Measurement tools such as surveys, report cards, assessments, ect....

(e) **Sample Size:** (# out of (b))

(f) **Response Rate:** (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

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

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

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

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

(b) **Population:**

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

LIGHTHOUSE 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 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, 2007 through September 30, 2008, 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 FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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.



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 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.

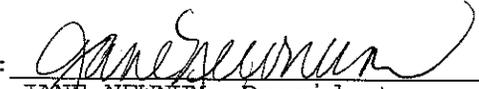
(c) The parties hereby agree that Federal or State monies, which may be received as a result of activities performed pursuant to this Agreement, shall not be used for the purpose of lobbying any branch of government, agency or employee of the Federal or State government.

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:

LIGHTHOUSE CENTRAL FLORIDA, INC.


BARBARA HOWELL, Secretary

By: 
JANE NEWNUM, President

(Corporate Seal)

Date: October 29, 2007

[ATTESTATION CONTINUED ON PAGE 10]

STATE OF FLORIDA)
COUNTY OF Orange)

I HEREBY CERTIFY that, on this 29th day of October, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared JANE NEWNUM and BARBARA HOWELL, 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 _____ 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-STATE OF FLORIDA
 Donna Lynn Amundson
(Notary) Commission #DD392286
Expires: FEB. 25, 2009
Bonded Thru Atlantic Bonding Co., Inc.


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: _____
Chairman

Date: _____


For the use and reliance
of Seminole County only.

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

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk
10/22/07

P:\Users\lkennedy\My Documents\Community Services\lighthouse 2007.doc

Three (3) 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
AGENCY ADDRESS: 215 E. New Hampshire Street, Orlando 32804
PRESIDENT/DIRECTOR NAME: Lee Nasehi
AGENCY PHONE NUMBER: 407-898-2483
AGENCY FAX NUMBER: 407-895-0236
AGENCY E-MAIL: cstolp@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 2007-2008:

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

Service*	Description (Define a unit of service)
1. Vision Rehabilitation Services	One hour of vision rehabilitation service (Assessment, Independent Living Skills, Access Technology, Orientation & Mobility Services, Braille Instruction, Vocational Services, Peer Support, Low Vision Training, Transition, Supported Employment).
2. Children's Habilitation Services – Early Intervention	One hour of home/community or center based early intervention service
3. 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 2007-September 2008)?

Service*	Number of County funded units
1. Vision Rehabilitation Services	100
2. Children's Habilitation Services – Early Intervention	100
3. Children's Habilitation Services – School Aged	35.7

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. Vision Rehabilitation Services	\$55.00
2. Children's Habilitation Services – Early Intervention	\$70.00
3. 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. Vision Rehabilitation Services	Florida Association of Agencies Serving the Blind (FAASB) did a composite cost study of member agencies in 2001. The average cost of vision rehabilitation services for the member agencies was \$55.00 per service unit. No adjustments for wage increases or other associated cost increases since the original study have been made, despite the fact that that wages for professionals in the field have increased over 10% in just the last few years.
2. Children's Habilitation Services – Early Intervention	Service unit rates are set per LCF's contract with the State of Florida, Division of Blind Services
3. Children's Habilitation Services – School Aged	Service unit rates are set per LCF's Agreement of Understanding with the State of Florida, Division of Blind Services

*** Not to Exceed \$15,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: LightHouse of Central Florida

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
Vision Rehab				100			\$55.00	\$0.00
Child Early Inter				100			\$70.00	\$0.00
Child School Aged				35.7			\$70.00	\$0.00
TOTAL	0	0	0	236	0	0	\$0.00	\$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, 2008. 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, 2008

Program Logic Model – Existing New

Agency: Lighthouse of Central Florida

Program: Vision Rehab for Children & Adults

Program Locations: Orlando center, client homes and outreach locations both within and outside of Seminole County

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>8,965 Seminole County residents have severe visual impairments and or legal blindness and may not have the skill to function independently.</p>	<p>Individuals with visual impairments and blindness attain their self-determined level of independence and maintain and active participation in family and community life.</p>	<p>Within the contract year at least 50 clients will receive one or more visual rehabilitation services identified in assessments conducted by Lighthouse staff and recorded in individualized plans of service.</p>	<p>Initial screening provided by determination eligibility achieved by receipt of eye medical information. Comprehensive Functional Assessment completed by staff and client. Copy offered</p>	<p>Assessment Pre/Post Tools will be scored prior to and at completion of training. Analysis will include the average change in scores for 100% of clients. Program Evaluation-Satisfaction Questionnaire will be administered at the completion of training. Analysis will include the number of clients who reported an increase in outcome. 100% of clients will be asked to complete the tool. A response rate of 30-40% is expected.</p>	<p>25 adults with visual impairments will receive vision rehabilitation services that result in one or more of the following outcomes: Improved abilities to perform activities of daily life with adaptations for blindness or severe visual impairments. Increased confidence in social interactions with family, friends or others in the community.</p>
<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>10-12 children will be served whose ages will range from 0-14.</p>	<p>Individual and group early intervention, school aged and expanded core curriculum and technology evaluations, direct instruction. Consultations will be conducted regarding visual impairment, effect on development, and the recommended interventions. Family education will also be made available to include the Lending Library and summer programs.</p>	<p>Semi annual assessment and annual assessment results. Parent reports/survey documented annually</p>	<p>70% of children with visual impairments will demonstrate increase in important developmental skills integrated into daily routines. 70% of parents and caregivers will demonstrate increased ability to manage the visual impairment on the family.</p>

EXHIBITC (1)
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 10/15/07

Outcomes	Indicators
Outcome 1: Increased ability to perform activities of daily living with adaptations for blindness or severe visual impairments	1.1 Progress Reports 1.2 Observation of task completion 1.3 Student self report Seventy-five (75%) of clients enrolled in Independent Living Skills training will demonstrate improvement in ability to perform activities of daily living.
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 demonstration of important developmental skills integrated into daily routines	3.1 Results of Individual functional and developmental assessments 3.2 Observation of integrated skills 3.3 Progress reports 3.4 Parent report Seventy (70%) of children with visual impairments will demonstrate Increase in important developmental skills integrated into daily routines

Notes:

EXHIBIT C (2)
PROGRAM LOGIC MODEL (Continued)

PROGRAM EVALUATION PLAN

PLEASE CHECK: EXISTING: NEW: DATE REVISED: 10/15/07

Outcomes	Measurement Tool/Approach	Sampling Strategy & Sample Size	Frequency & Schedule of Data Collection
1. Increased ability to perform activities of daily living with adaptations for blindness or severe visual impairments	<ul style="list-style-type: none"> • Progress reports • Observations • Student self report 	100% of clients will receive a pre/post test that will be scored prior to and at the completing of training.	Initially and upon completion of training.
2. Increased family access, advocacy, and management of the impact of visual impairment	<ul style="list-style-type: none"> • Parent satisfaction survey • Progress notes of specialists 	Instructors will collect a minimum of 80% of parents surveys Instructors will collect data from 100% of clients served	Annually and upon exit/transition from the program Monthly
3. Increased demonstration of important developmental skills integrated into daily routines.	<ul style="list-style-type: none"> • Functional vision and developmental assessments • Progress notes of specialist's • 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 (3)
PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

Light House of Central Florida

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

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 (3)

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:

Please have a member of management complete the questions below:

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 _____, 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 "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, 2007 through September 30, 2008 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'S 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 TWO HUNDRED THOUSAND AND NO/100 DOLLARS (\$200,000.00) 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:

Original and one copy 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, 2008.

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".

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'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. MEALS ON WHEELS shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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 Statutes, or Section 220.115, Seminole County Code, relating to ethics in government.

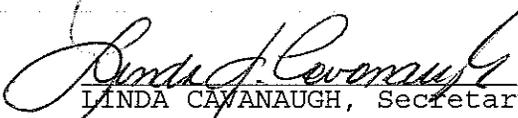
(b) The parties hereby certify that no officer, agent or employee has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the party be conducted hereunder, and that no such person shall have any such interest at any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

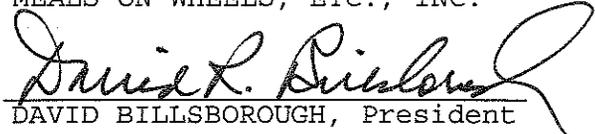
IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purpose herein expressed on the day and year first above written.

ATTEST:

MEALS ON WHEELS, ETC., INC.


LINDA CAVANAUGH, Secretary

By:


DAVID BILLSBOROUGH, President

(Corporate Seal)

Date: 10-22-07

[ATTESTATION CONTINUED ON PAGE 10]

RECEIVED

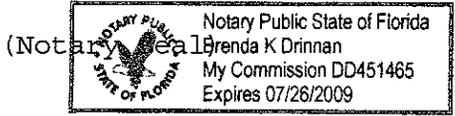
OCT 22 2007

COMMUNITY
ASSISTANCE

STATE OF FLORIDA)
)
COUNTY OF)

I HEREBY CERTIFY that, on this 22nd day of OCTOBER, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DAVID BILLSBOROUGH, as President and LINDA CAVANAUGH as Secretary, of MEALS ON WHEELS, ETC., 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.

BRENDA K. DRINAN
BRENDA K. DRINAN



Print Name _____
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: _____, Chairman



Date: _____

For the use and reliance
of Seminole County only.

As authorized for execution by the Board
of County Commissioners at its _____,
200__, regular meeting.

Approved as to form and
legal sufficiency.

County Attorney
SED/lpk
10/5/07
P:\Users\lkennedy\My Documents\Community Services\meals on wheels 2007.doc

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

RECEIVED
OCT 22 2007
COMMUNITY
ASSISTANCE

EXHIBIT A: SERVICE & COST PROPOSAL

AGENCY NAME: Meals on Wheels, Etc., Inc.
AGENCY ADDRESS: 2801 S. Financial Court, Sanford 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 2007-2008:

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 2005-September 2006)?

Service*	Number of County funded units
1. Congregate Meals	33,000
2. Home Delivered Meals	65,000
3. Transportation	21,858

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	\$7.00 per unit (Seminole County pays \$1.82 per unit x 30,000 units which = \$54,600 or 29% matching funds)
2. Home Delivered Meals	\$5.00 per unit (Seminole County pays \$1.63 per unit x 65,000 units which = \$105,950 or 31% matching funds)
3. Transportation	\$16.00 per trip (Seminole County pays \$1.83 per trip x 23,499 trips which = \$21,858 or 17% 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 \$200,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Meals On Wheels

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:

*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
Congregate				30,000			\$7.00	\$0.00
Home Del				80,000			\$5.00	\$0.00
Transportation				21,858			\$16.00	\$0.00
TOTAL	0	0	0	131858	0	0	\$0.00	\$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, 2007. 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 (Continued)...

Name of Program: Congregate Meals

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Meals on Wheels, Etc.

PROGRAM Congregate Meals PLEASE CHECK: EXISTING **X** NEW

DATE REVISED 6/26/07

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: Transportation

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Meals on Wheels, Etc.

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

DATE REVISED 6/26/07

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

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: 6/26/07

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 95% of Clients will feel that our services help maintain or improve their physical health	<p style="text-align: center;"><u>RESOURCES</u></p> <p style="text-align: center;"><u>SERVICE PROVIDERS:</u> STAFF : 8.70 FTE</p> <p style="text-align: center;"><u>PROGRAM SETTING:</u> CLIENT HOMES, COMMUNITY CENTERS, CHURCHES, GROCERY STORES, PHYSICIANS OFFICES, PHARMACIES</p> <p style="text-align: center;"><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 98% of Clients will feel that our services help them to live independently	<p style="text-align: center;"><u>SERVICE TECHNOLOGIES:</u> INFORMATION SYSTEMS · COMMUNICATION SYSTEMS VANS (EQUIPPED FOR THE DISABLED)</p> <p style="text-align: center;"><u>FUNDING SOURCES:</u> GOVERNMENT (FEDERAL, COUNTY, CITY) , UNITED WAY FOUNDATIONS - VNA, RYAN, DARDEN SERVICE GROUPS, CORPORATIONS, FUNDRAISING EVENTS</p> <p style="text-align: center;"><u>PARTICIPANTS:</u> CLIENTS AGE 60+ IN SEMINOLE COUNTY</p> <p style="text-align: center;"><u>ACTIVITIES</u> 21,858 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

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: 6/26/07

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 94% of Clients will feel that attending congregate dining helped them to maintain a healthy diet	<p style="text-align: center;"><u>RESOURCES</u></p> <p style="text-align: center;"><u>SERVICE PROVIDERS:</u> STAFF : 6.34 FTE VOLUNTEERS : 45+</p> <p style="text-align: center;"><u>PROGRAM SETTING:</u> COMMUNITY CENTERS, CHURCHES</p> <p style="text-align: center;"><u>COMMUNITY FACTORS & COLLABORATIONS:</u> 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 93% of Clients will feel that our services help them to live independently	<p style="text-align: center;"><u>SERVICE TECHNOLOGIES:</u> INFORMATION SYSTEMS, COMMUNICATION SYSTEMS, KITCHEN</p> <p style="text-align: center;"><u>FUNDING SOURCES:</u> GOVERNMENT (FEDERAL, COUNTY, CITY), UNITED WAY FOUNDATIONS - VNA, RYAN, DARDEN SERVICE GROUPS, CORPORATIONS, FUNDRAISING EVENTS</p> <p style="text-align: center;"><u>PARTICIPANTS</u> 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 85% of Clients will feel that our services help to reduce their feeling of isolation and loneliness	<p style="text-align: center;"><u>ACTIVITIES</u></p> <p style="text-align: center;">30,000 PREPARED & DELIVERED HOT NOONMEALS 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

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: 6/26/07

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 style="text-align: center;"><u>RESOURCES</u></p> <p><u>SERVICE PROVIDERS:</u> STAFF: 7.05 FTE VOLUNTEERS: 180+</p> <p><u>PROGRAM SETTING:</u> CLIENT HOMES</p> <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> 80,000 HOME DELIVERED MEALS FOR SENIORS FOR A YEAR NUTRITION EDUCATION, SCREENING & ASSESSMENTS, VOLUNTEER VISITS</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 96% of Clients will feel that our services help them to live independently		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 85% of Clients will feel that our services help to reduce their feeling of isolation and loneliness		100% of participants receive an agency developed client survey once a year	ISOLATION & LONELINESS ARE REDUCED
Worried about having enough to eat and/or eating balanced meals.	REDUCE FOOD INSECURITY AMONG SEMINOLE COUNTY SENIORS	More than 88% of Clients will feel that our services increase their Food Security		100% of participants receive an agency developed client survey once a year	FOOD SECURITY IS INCREASED

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 6/26/07

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
4. Food Security is increased.	MOW annual client survey	100% of participants	once per year

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 6/26/07

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)...

Name of Program: Congregate Meals

IX. PROGRAM EVALUATION PLAN

AGENCY Meals on Wheels, Etc.

PROGRAM Congregate Meals PLEASE CHECK: EXISTING NEW

DATE REVISED 6/26/07

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)...

Name of Program: Congregate Meals

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Meals on Wheels, Etc.

PROGRAM Congregate Meals PLEASE CHECK: EXISTING **X** NEW

DATE REVISED 6/26/07

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

Agency: Meals On Wheels

Name of County Funded Program: _____

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due January 31, April 30, July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a) Area(s): Areas addressed in each outcome

(b) Population: Number of clients: _____

(c) Dates: Please list dates of when data is collected

(d) Tools: Measurement tools such as surveys, report cards, assessments, ect....

(e) Sample Size: (# out of (b))

(f) Response Rate: (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

(a) Area(s):

(b) Population: Number of clients: _____

(c) Dates:

(d) Tools:

(e) Sample Size:

(f) Response Rate:

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

(a) Area(s):

(b) Population:

(c) Dates:

(d) Tools:

(e) Sample Size:

(f) Response Rate:

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

THE SEMINOLE COUNTY COALITION FOR SCHOOL READINESS, INC. AGREEMENT

THIS AGREEMENT is made and entered this 30 day of October, 2007, 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, 2007 through September 30, 2008, 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 EIGHTY-FIVE THOUSAND AND NO/100 DOLLARS (\$85,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

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

By: _____, Chairman

Date: _____

For the use and reliance
of Seminole County only.

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

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk

10/5/07 10/24/07

P:\Users\lkennedy\My Documents\Community Services\coalition school readiness 2007.doc

Three (3) 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: Early Learning Coalition of Seminole
 AGENCY ADDRESS: 239 Rinehart Road, Lake Mary, FL 32746
 PRESIDENT/DIRECTOR NAME: Ramicah Watkins
 AGENCY PHONE NUMBER: 407-871-1101
 AGENCY FAX NUMBER: 407-871-1100
 AGENCY E-MAIL: debby@seminoleearlylearning.org
 PRESIDENT/DIRECTOR E-MAIL: Ramicah@seminoleearlylearning.org

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds.

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

Service*	Description (Define a unit of service)
Subsidized Child Care	Unit of Service = One day of child care

I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
Subsidized Child Care	Increase funding by 15% to serve 57 children.

** 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.)
Subsidized Child Care	Average Daily Cost of Care = \$15.00

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

Service*	How Unit Cost determined
Subsidized Child Care	Sliding Fee Schedule and Reimbursement Rate Schedules as approved by the Early Learning Coalition of Seminole and Agency for Workforce Central Florida.

*** Funding Allocation shall not Exceed \$85,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: School Readiness Coalition

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
1 day of care				57			15.00	\$0.00
TOTAL	0	0	0	57	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, 2008. 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 (1)-PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – School Readiness Subsidized Childcare and Related Services **Date Revised:** Initial Submission

Agency: Early Learning Coalition of Seminole
 Program: School Readiness Services and Subsidized Childcare
 Program Locations: Throughout Seminole County

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	PROJECTED OUTCOMES
<p>A June 2000 study by WCF and EDC of Mid-Florida ranked childcare as a top issue for employees and businesses.</p> <p>According to the CDF, in 2005 the cost of four years of center-based care in Seminole County is approximately \$24,696.</p> <p>There are roughly 1,767 families with children under the age of 5 living in poverty in Seminole County.</p> <p>Children from low income families are less likely to enter school ready to learn.</p> <p>A 2004 study found pre-school programs have a measurable impact on children from low income families particularly males and Hispanics and African American children. (Demographically African-Americans represent 8.5% of the population, 13.3% self-report being Hispanic ethnicity.)</p> <p>Census reports just under 25,000 children residing in the county who are less than 5 years of age (6.3% of the population).</p>	<p>All Seminole County parents have access to high quality child care information and referral services.</p> <p>100% of available federal matching funds are accessed.</p>	<p>During a 12-month period, we will:</p> <p>Maximize the number of children enrolled in child care services. Target: Serve not less than an average of 2,000 children monthly.</p> <p>Strengthen the Coalition's ability to generate needed matching funds. Develop niche marketing materials for use at matching fund development activities</p> <p>Initiate sponsorship program. Target: Obtain at least 20% of matching fund requirements from local businesses and municipalities.</p>	<p>Via contract with 4C Orlando, the Coalition activities include leveraging the Seminole Commission grant against federal matching funds to</p> <ol style="list-style-type: none"> respond to family inquires for information regarding quality child care indicators, available providers, and subsidy options perform eligibility determination and enroll low income children into subsidized child care services provide technical assistance and training to enhance the quality of care offered by Seminole County early education and care providers <p>Resources include: Coalition staff – Executive Director, Quality/Inclusion Specialist, and Finance Officer, Provider Coordinator, Community Affairs Director. 4C Family Services staff – Vice President, Program Analyst, degreed Eligibility Coordinators and Supervisors, Eligibility trainer, Eligibility</p>	<p>Monthly desk top monitoring is conducted via provider reports to assess</p> <ol style="list-style-type: none"> the number of families receiving information and referral services children enrolled in care providers receiving program evaluations overall corporate expenditures <p>Semi-annually desk top monitoring is conducted via provider reports, to assess</p> <ol style="list-style-type: none"> parent satisfaction opportunities for continuous program improvement <p>Annually reports provided by the State are reviewed to assess the number and percent of children passing the state mandated school readiness test.</p>	<p>An average of 2,000 Seminole County low-income children receives child care services on a monthly basis.</p> <p>100% of available federal matching funds accessed.</p>

<p>The 2006 Child and Adolescent Health Survey reports 62.9% of parents with children 5 years of age or younger serve as the child's primary caregiver. These parents would likely be classified as "stay at home moms". 17.9% of parents use licensed family or center-based care. 9.6% use other family members or friends. Another 9.4% report the use of other types of care (the report offers no explanation of these types).</p> <p>In 2005, roughly 29% of Seminole County children are below or seriously below grade level on letter recognition and 34% are just as at-risk on initial sound recognition.</p>		<p>Counselors <u>Collaborations</u> – SR providers, public schools, child care association, local businesses, community college local government, community based organization, parents</p>		
--	--	---	--	--

EXHIBIT C (2): PROGRAM LOGIC MODEL (Continued)...

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Early Learning Coalition of Seminole
 PROGRAM School Readiness Subsidized Childcare and Related Services
 DATE REVISED Initial Submission

PROGRAM LOCATION(S): Throughout Seminole County

Outcomes	Indicators
<p>Outcome 1: An average 2,000 Seminole County low-income children receive child care services monthly.</p>	<p>1.1 Total number of children reported as receiving services each month of the quarter.</p> <p>1.2 Total number of children reported as receiving services each month of the quarter.</p> <p>1.3 Total number of children reported as receiving services each month of the quarter.</p> <p>1.4 Total number of children reported as receiving services for the year divided by 12.</p>
<p>Outcome 2: 100% of available federal matching funds accessed.</p>	<p>2.1 Total amount of local funds raised during the quarter compared with required match.</p> <p>2.2 Total amount of local funds raised during the first 6 months compared with required match.</p> <p>2.3 Total amount of local funds raised during the first 9 months compared with required match.</p> <p>2.4 Total amount of local funds raised compared with required match.</p>
<p>Outcome 3: All Seminole County families have access to high quality child care and education services.</p>	<p>2.1 Total number of Community awareness events attended and/or hosted.</p> <p>2.2 Increase in provider environmental rating scale scores for program quality.</p> <p>2.3 Total number of providers attending workshops or conferences funded by the Coalition throughout the year.</p> <p>2.4 Total number of children scoring "ready" for kindergarten on FLKRS test.</p>

EXHIBIT C (3): PROGRAM LOGIC MODEL (Continued)...

IX. PROGRAM EVALUATION PLAN

AGENCY Early Learning Coalition of Seminole
 PROGRAM School Readiness Subsidized Childcare and Related Services
 PLEASE CHECK: EXISTING NEW
 DATE REVISED Initial Submission
 PROGRAM LOCATION(S) Throughout Seminole County

Projected Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. An average of 2,000 Seminole County low income children receive child care services.	Enrollment reports Slot Utilization reports	5% eligibility sample review	Monthly review of reports Quarterly desk top evaluator reports
2. 100% of available federal matching funds accessed.	Reimbursement requests and reports to State	100% review of match reports	Monthly review of reimbursement request Quarterly review of match reports
3. All Seminole County families have access to high quality care and education services.	FLKRS (Kindergarten Readiness Test) Report Community Outreach Reports Provider Training and Technical Assistance Reports	100% review of selected reports	Annual review of FLKRS results Quarterly review of Community Outreach reports Quarterly review of Provider Training and Technical Assistance Reports

EXHIBIT C (4)

Agency: Seminole County Coalition For School Readiness, Inc

Name of County Funded Program: Seminole County Coalition For School Readiness

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a)Area(s): Areas addressed in each outcome

(b)Population: Number of clients: _____

(c)Dates: Please list dates of when data is collected

(d)Tools: Measurement tools such as surveys, report cards, assessments, ect....

(e)Sample Size: (# out of (b))

(f) Response Rate: (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

(a) Area(s):

(b) Population: Number of clients: _____

(c) Dates:

(d) Tools:

(e) Sample Size:

(f) Response Rate:

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

(a)Area(s):

(b)Population:

(c)Dates:

(d)Tools:

(e)Sample Size:

(f) Response Rate:

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

SEMINOLE COUNTY PUBLIC SCHOOLS MIDWAY SAFE HARBOR CENTER AGREEMENT

THIS AGREEMENT is made and entered this 23 day of Oct, 2007, 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 E. 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.

This original document
must be returned to
Karen Ponder, SCPS

Section 2. Term. The term of this Agreement is from October 1, 2007 through September 30, 2008, 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 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 SCPS or whomsoever, resulting out of SCPS'S fraud, defalcation, dishonesty, or failure of SCPS to comply with applicable laws or regulations; or by reason or as a result of any act or omission of SCPS 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 SCPS up to a maximum sum of FORTY-FIVE THOUSAND AND NO/100 DOLLARS (\$45,000.00) 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:

Original and one copy 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, 2008.

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"

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 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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

For SCPS:

Marjorie Murray, President/Director
Seminole County Public Schools Midway Safe Harbor Center
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.



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 SCPS, 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:

William Vogel
WILLIAM VOGEL, Ed. D.
Superintendent

(Corporate Seal)

SEMINOLE COUNTY PUBLIC SCHOOLS

By: Barry W. Gainer
BARRY W. GAINER
Chairman

Date: 10/23/07

[ATTESTATION CONTINUED ON PAGE 10]

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

I HEREBY CERTIFY that, on this 23 day of OCT, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared BARRY W. GAINER, as Chairman and WILLIAM VOGEL, as Superintendent, of SEMINOLE COUNTY PUBLIC SCHOOLS, a non-profit corporation organized under the laws of the State of Florida, who are ~~X~~ personally known to me or who have produced Ka 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)

Karen Ponder
Print Name _____
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: _____, Chairman

Date: _____

For the use and reliance
of Seminole County only.

As authorized for execution by the Board
of County Commissioners at its _____,
2007, regular meeting.

Approved as to form and
legal sufficiency.

County Attorney
SED/lpk
10/5/07

P:\Users\lkennedy\My Documents\Community Services\midway safe harbor center 2007.doc

Three (3) 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: Seminole County Public Schools/ Midway Safe Harbor Program

AGENCY ADDRESS: 400 E. Lake Mary Blvd. 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.ker.fl.us

PRESIDENT/DIRECTOR E-MAIL: Marjorie_Murray@scps.ker.fl.us

The above agency will provide the following services for the residents of Seminole County during FY 2007-2008:

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 activities
3. Presentations	One presentation
4. Computer Lab	One hour of activity on the computer
5. Transportation	Transportation expenditure of Field Trip
6. Adult/Teen Wellness	One hour of service

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units
1. Teen Sports	2000 hours of sporting activities
2. Business Enterprise Program	2000 hours business educational activities
3. Presentations	20 presentations
4. Computer Lab	200 computer hours
5. Transportation	14 field trips
6. Adult/Teen Wellness	2150 service activities

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. Presentations	\$250.00 per hour
4. Computer Lab (summer)	\$12.00 per hour
5. Transportation (summer)	Cost of Actual of transportation \$112.00
6. Adult/Teen Wellness	\$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. Presentations	Actual cost of presenter and program materials
4. Computer Lab	Actual cost of administering the program as determined by the Seminole County School Board
5. Transportation	Actual cost of transportation
6. Adult/Teen Wellness	Actual cost of administering the program as determined by the Seminole County School Board

***Not to exceed \$ 45,000.00**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name:

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
Teen Sports				2000			\$ 6.00	\$0.00
BE Program				2000			\$ 6.00	\$0.00
Presentations				20			\$ 250.00	\$0.00
Computer Lab				200			\$ 12.00	\$0.00
Transport				14			\$ 112.00	\$0.00
A/T Wellness				2150			\$ 6.00	\$0.00
TOTAL	0	0	0	6384	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, 2008. 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:	

*Client Service Record (breakdown of all billable units & client numbers) must be

EXHIBIT C

PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: Existing New

Agency: Seminole County Schools

Program Locations:

Program: Midway Safe Harbor

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES

EXHIBIT C (1)
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 (2)
PROGRAM LOGIC MODEL (Continued)
 Midway Safe Harbor
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 (3)
PROGRAM LOGIC MODEL (Continued)
Midway Safe Harbor
OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due July 31, and October 31, 2008

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 (3)

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).

SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC. AGREEMENT

THIS AGREEMENT is made and entered this 30 day of October, 2007, 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 2921, Sanford, Florida 32772-2921, 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, 2007 through September 30, 2008, 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 EIGHTY-FIVE THOUSAND AND NO/100 DOLLARS (\$85,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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:

SEMINOLE COUNTY VICTIM'S
RIGHTS COALITION, INC.


FRANK VANDE LOO, Secretary

By: 
KIP BEACHAM, President

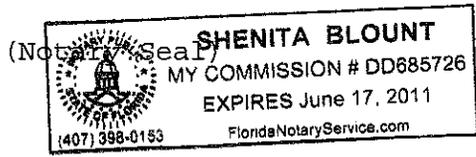
(Corporate Seal)

Date: 10-30-07

[ATTESTATION CONTINUED ON PAGE 10]

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 30 day of October, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared KIP BEACHAM and FRANK VANDE LOO, 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.



Shenita Blount
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: _____, 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 their _____, 20____
regular meeting.

County Attorney
SED/lpk
11/17/06
P:\Users\lkennedy\My Documents\Community Services\victim rights coalition 2007.doc

- Three (3) 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: Seminole County Victims' Rights Coalition
 AGENCY ADDRESS: P.O. Box 2921, Sanford, FL 32772
 PRESIDENT/DIRECTOR NAME: Kip Beacham, President; Jeanne Gold, Executive Director
 AGENCY PHONE NUMBER: 407-302-5220, Ext. 225
 AGENCY FAX NUMBER: 407-302-5218
 AGENCY E-MAIL: www.safehouseofseminole.org
 PRESIDENT/DIRECTOR E-MAIL: jgold@safehouseofseminole.org

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds.

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.

I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
1. Shelter nights	3,300 nights
2. Individual counseling	1,092 hours

** 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. 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

Funding allocation will not Exceed \$85,000

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Safe House of Seminole

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
Shelter nights				3045			\$ 19.00	\$0.00
Individual Cou				1092			\$ 25.00	\$0.00
TOTAL	0	0	0	4137	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, 2008. 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, 2008

Program Logic Model – Date Revised: Existing New

Agency:
Program Locations:

Program:

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>In 2004, there were 2,285 reported crimes of domestic violence in Seminole County, 80% of murders in the County were domestic violence. Sem. Co. was 2nd only to Miami Dade in the number of domestic violence murders in the State of Florida.</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 is 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>The safety of 320 victims of domestic violence and their children will increase upon entering the safe house.</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/or death.</p>	<p>To engage victims and their children more fully in safety planning and lethality/risk assessments</p>	<p>Mobilize 60% of the SafeHouse population through counseling, support group sessions and case management to create written safety plans with the assistance of trained advocates.</p>	<p>Advocates will help with safety planning throughout a victim's stay. Safety plans and lethality assessments will be written and kept on file.</p>	<p>An exit assessment, goal attainment review and future planning is conducted prior to a participant leaving the program. Quarterly and yearly audits of files are conducted.</p>	<p>264 victims living at Safe House participated in safety planning and lethality assessments to provide more education about the dangers of domestic violence crimes.</p>
<p>Many victims of domestic violence and their children leave for safe emergency shelter without money and resources.</p>	<p>To provide individualized assessments and case management to enable victims of domestic violence and their children to tap into mainstream benefits and make decisions as to their own lives.</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 services advocates are required to meet with the victims and children within 72 hours of entering the safe house to develop an individualized plan.</p>	<p>An exit assessment, goal attainment review and future planning is conducted prior to a participant leaving the program. Quarterly and yearly audits of files are conducted. Observations and physical/cognitive assessments documented as needed.</p>	<p>250 program participants received referrals to resources and became more aware of options and benefits available to them within 12 weeks of staying at Safe House.</p>
<p>Thousands of domestic violence crimes go unreported, according to FCADV and DCF. Countless women and children who have resided at SafeHouse utilized services but were too afraid to report the domestic violence crime.</p>	<p>Provide individual and group counseling to achieve significant improvements in domestic violence victims' and their children's physical and mental health through non-judgmental support at all levels.</p>	<p>75% of program participants will seek individual counseling and attend support groups to help them with their needs and educate about the dynamics of domestic violence during the 12-week program.</p>	<p>Individual counseling is available on-going at all hours as needed by the resident program participants. Support groups are offered at a minimum of 3 times per week. Collaborations with Seminole Co. Mental Health, Women's Resource Center, UCF, volunteers and trained advocates provide assistance. Counseling will focus on a variety of topics</p>	<p>An exit assessment, goal attainment review and future planning is conducted prior to a participant leaving the program. Quarterly and yearly audits of files are conducted. Staff will meet periodically to monitor progress. Observations and physical/cognitive assessments documented as needed</p>	<p>250 victims and their children will receive counseling services to help decrease their anxiety and will have their basic needs met in addition to individualized support throughout their stay</p>

EXHIBIT C (1)
PROGRAM LOGIC MODEL (Continued)

PROGRAM OUTCOMES & INDICATORS

PLEASE CHECK: EXISTING: NEW: DATE REVISED:

Outcomes	Indicators
Outcome 1: Increase the safety of victims of domestic violence and their children who enter the Safe House.	<p>1.1 The number of women and children entering Safe House who report they are in danger.</p> <p>1.2 The number of written safety plans implemented.</p> <p>1.3 The number of lethality 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 written safety plans implemented.</p> <p>2.4 The number of child assessments.</p>
Outcome 3: Increase resident program participants' 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 participant upon exiting from the SafeHouse.</p> <p>3.4 The number of resident participants who enter transitional housing programs.</p>

Notes:

EXHIBIT C (2) 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
<p>1. The safety of 320 victims of domestic violence and their children will increase upon entering the safe house.</p>	<p>Monthly data collected by advocates. Observation by program staff.</p>	<p>The number of program participants coming into the Safe House in any given month. One individual sheltered constitutes one service unit.</p>	<p>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.</p>
<p>2. One-hundred ninety victims living at Safe House participated in safety planning and lethality assessments and were thereby provided additional education about the dangers of domestic violence crimes</p>	<p>Monthly data collected by advocates. Observation by program staff. Exit interview and goal assessments as available</p>	<p>The number counseling hours and assistance hours for participants receiving direct service case management, including safety plans, information, referrals and child assessments each month.</p>	<p>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. Exit interviews are reviewed as received.</p>
<p>3. . A minimum of 200 program participants received referrals to resources and became more aware of options and benefits available to them within 12 weeks of staying at Safe House.</p>	<p>Monthly data collected by advocates. Observations by program staff. Survey/exit interview and goal assessments as available.</p>	<p>The number of case management and counseling hours, tracking the number of direct service information and referrals are provided about domestic violence and available services and resources appropriate to each individual need. The number of program participants transitioning into housing.</p>	<p>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. Exit interviews are reviewed as received.</p>

Notes:

EXHIBIT C (3)
PROGRAM LOGIC MODEL (Continued)

OUTCOME MEASUREMENT

Safe House of Seminole Quarterly Report

Quarterly Outcomes Measurement Reports are due July 31, and October 31, 2008

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 (3)
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).

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, 2007 through September 30, 2008, 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 SIXTY THOUSAND AND NO/100 DOLLARS (\$60,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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.

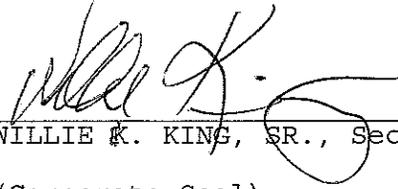
(a) The parties agree they will not engage in any action that would create a conflict of interest in the performance of their obligations pursuant to this Agreement or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, or Section 220.115, Seminole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



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

SEMINOLE COMMUNITY VOLUNTEER
PROGRAM, INC.

By: 

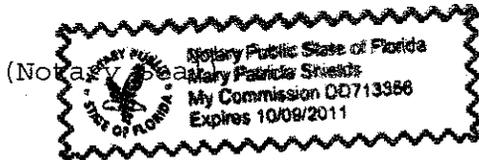
BARBARA HUGHES, President

Date: Oct. 12, 07

[ATTESTATION CONTINUED ON PAGE 10]

STATE OF FLORIDA)
)
COUNTY OF)

I HEREBY CERTIFY that, on this 12 day of October, 2007, 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 Swicks
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: _____, Chairman

Date: _____

For the use and reliance
of Seminole County only.

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

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk
10/5/07

P:\Users\lkennedy\My Documents\Community Services\volunteer program 2007.doc

Three (3) 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: Seminole Community Volunteer Program, Inc.
 AGENCY ADDRESS: P.O. Box 951636, Lake Mary, 32795
 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

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds.

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

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

- I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
1. Service Coordination	1090 Hours of service coordination
2. Recruitment	80 Sessions of recruitment
3. Orientation and training	1100 Hours of orientation and training
4. Project Coordination	80 Projects coordinated

** 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. Service Coordination	\$ 20.00 per hour
2. Recruitment	\$ 20.00 per session
3. Orientation and training	\$ 22.00 per hour
4. Project Coordination	\$ 155.00 per project

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

Service*	How Unit Cost determined
1. Service Coordination	Industry standard set by SCVP based upon actual cost
2. Recruitment	Industry standard set by SCVP based upon actual cost
3. Orientation and training	Industry standard set by SCVP based upon actual cost
4. Project Coordination	Industry standard set by SCVP, based upon actual cost which is lower than industry average, determined by other counties volunteer centers

*** Funding Allocation will not exceed \$60,000.**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Seminole Community Volunteer Program
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
Service Coord				1090			\$ 20.00	\$0.00
Recruitment				80			\$ 20.00	\$0.00
Orientation				1100			\$ 22.00	\$0.00
Project Coord				80			\$ 155.00	\$0.00
TOTAL	0	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, 2008. 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, 2008

Program Logic Model – Date Revised: August 21, 2007

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

Existing New

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 40 quarterly the number of senior citizen volunteers actively providing service to Seminole County. Success will be measured from quarterly service reports of new volunteers	<p>Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director.</p> <p>Interview 10 - 20 volunteers monthly for matching with volunteer organizations' needs</p> <p>Provide one hour of orientation and training for new volunteers monthly.</p> <p>Post and update volunteer opportunities on Internet sites for recruitment</p> <p>Assist agencies developing volunteer service descriptions to aid in volunteer recruitment and placement</p>	<p>Annual systematic volunteer sampling, ongoing review of service records and data base</p> <p>Monthly review of volunteer service records.</p> <p>Quarterly data evaluation and review</p>	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 80 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	<p>Recruiting events, presentations and speaking engagements by volunteer coordinator and executive director.</p> <p>Interview 20 - 30 volunteers monthly for matching with volunteer organizations' needs</p> <p>Provide one hour of orientation and training for</p>	<p>Monthly review of volunteer service, project records and official statistics. (service and project records)</p> <p>Agencies sampled by phone, fax and/or e-mail. Newsletters to all volunteers, calls to special project volunteers.</p>	Provide more volunteers with opportunities for community involvement through

<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 25 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>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>on-going assignments and special projects</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 Provide one hour of orientation and training for new volunteers monthly. Schedule and conduct overview of community disaster information and classes for recruited volunteers on Introduction to Disaster Services. 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>	<p>Increase the number of volunteers serving in disaster related planning and activities</p>

EXHIBIT C (2): PROGRAM LOGIC MODEL (Continued)...

Name of Program: Seminole Community Volunteer Program, Inc.

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Seminole Community Volunteer Program, Inc.

PROGRAM Seminole Community Volunteer Program, Inc. NEW

DATE REVISED August 21, 2007

Outcomes	Indicators/Thresholds that Determine Successful Outcomes
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

EXHIBIT C (3): PROGRAM LOGIC MODEL (Continued)...

Name of Program: Seminole Community Volunteer Program, Inc.

IX. PROGRAM EVALUATION PLAN

AGENCY Seminole Community Volunteer Program, Inc.

PROGRAM Seminole Community Volunteer Program, Inc.

PLEASE CHECK: EXISTING NEW

DATE REVISED August 21, 2007

Projected Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected 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)

EXHIBIT C (4)

Agency: Seminole Community Volunteer Program
Name of County Funded Program: Seminole Community Volunteer Program

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a) **Area(s):** Areas addressed in each outcome

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

(c) **Dates:** Please list dates of when data is collected

(d) **Tools:** Measurement tools such as surveys, report cards, assessments, ect....

(e) **Sample Size:** (# out of (b))

(f) **Response Rate:** (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

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

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

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

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

(b) **Population:**

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

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, 2007 through September 30, 2008, 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's 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:

Original and one copy 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, 2008.

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".

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'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. SPECIAL OLYMPICS shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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.

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 SPECIAL OLYMPICS, 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.

Exhibit A: SERVICE & COST PROPOSAL

AGENCY NAME: Special Olympics Florida – Seminole County
 AGENCY ADDRESS: 225 Newburyport Avenue
 PRESIDENT/DIRECTOR NAME: Debbie Jo Taylor
 AGENCY PHONE NUMBER: 407-571-8812
 AGENCY FAX NUMBER: 407-830-6814
 AGENCY E-MAIL: vinniec@altamonte.org
 PRESIDENT/DIRECTOR E-MAIL:

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds.

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

Service*	Description (Define a unit of service)
1. Transportation	Provide transport to area and state competition
2. Lodging	Provide lodging for athletes attending state games

I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
1. Transportation	4 single day trips to area games by chartered bus
	6 weekend trips using vans
	4 weekend trips using chartered bus (Avg 3 days per trip)
2. Lodging	10 weekend trips averaging 6 rooms per trip

** 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. Transportation	1 bus @ \$750 per day / 1 van @ \$175.00 per weekend plus gas
2. Lodging	\$70.00 per room per night

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

Service*	How Unit Cost determined
1. Transportation	Average actual cost per day per current rates
2. Lodging	Average actual cost per room per night.

*Funding will not Exceed \$10,000

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Special Olympics

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								\$0.00
Lodging								\$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, 2008. 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 (1)-PROGRAM LOGIC MODEL

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2006

Program Logic Model -- Date Revised: _____

Agency: _____
 Program: _____
 Program Locations: _____

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
Transportation to Area and State Special Olympic games throughout the State of Florida	To provide adequate and safe transportation to Area and State games for Seminole County Special Olympic Athletes.	To provide a total of 8 chartered buses and 18 vans over grant year to transport athletes	Secure vehicles to transport athletes to sports venues	Surveyed parents of athletes to determine if they would be able to provide for their athletes by any other means	Seminole County Special Olympics providing transportation. Most of the athletes presently participating would not be able to advance beyond the County level of competition.
Lodging for athletes at State games throughout the State of Florida	To provide proper accommodations with chaperones for athletes while attending State games throughout the State of Florida	To provide a total of 60 Accommodations for athletes to attend state games over grant year.	Secure lodging for athletes to attend state games	State office of Special Olympics Florida negotiates best rate at local hotels in the vicinity of the various state games.	Seminole County Special Olympics provides adequate and safe lodging for all participants attending the various state games throughout the State of Florida.

Exhibit C (2): PROGRAM LOGIC MODEL (Continued)...

Name of Program: Seminole County Special Olympics

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY Special Olympics Florida- Seminole County

PROGRAM Seminole County Special Olympics NEW _NO_

DATE REVISED _____

PROGRAM LOCATION(S): Various Venues

Outcomes	Indicators
Outcome 1: Athletes were transported to Area and State Games	1.1 Secure a bus rental in order to transport large groups of athletes to competitions 1.2 Secure van rentals for smaller groups of athletes 1.3 Secure Seminole County School bus with driver during the year to transport athletes to competition 1.4 Secure volunteers to transport small groups of athletes to competition.
Outcome 2: Athletes were provided with proper housing while attending State games competition	2.1 Secure appropriate housing for large athlete delegations. 2.2 Secure appropriate housing for small groups
Outcome 3: Competition results for athletes	3.1 Number of athletes attending games- Supply rosters of various teams and events

Exhibit C (3): PROGRAM LOGIC MODEL (Continued)...

Seminole County Special Olympics

Name of Program: _____

IX. PROGRAM EVALUATION PLAN

AGENCY : Special Olympics- Florida – Seminole County

PROGRAM : Seminole County Special Olympics PLEASE CHECK: EXISTING NEW

DATE REVISED May 18, 2006

PROGRAM LOCATION(S) Seminole County Florida

Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. Transport Athletes to area regional, sectional and state competitions throughout Florida	The number of athletes that need to be transported will depend on which method of transportation is employed to which competition. Sports rosters will determine this.	Depending on the size of the team required to play and practice the sport safely will depend on the roster size, number of teams etc. It will vary accordingly.	Weekly attendance is taken and reported on a monthly basis including rosters for those actually competing in area, regional, sectional and state competitions as these may vary
2. Provide adequate and safe lodging for all participants attending various state games throughout the State of Florida	The number of athletes that will need accommodations will depend on the various quotas and team sizes that have been compiled at both local and state levels	Depending on the size of the team required to play and practice the sport safely will depend on the roster size, number of teams etc. It will vary accordingly. Individual competition will also dictate accommodations for various competitions.	Weekly attendance is taken and reported on a monthly basis including rosters for those actually competing in area, regional, sectional and state competitions as these may vary

THE CHRISTIAN SHARING CENTER, 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 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, 2007 through September 30, 2008 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 SIXTY-FIVE THOUSAND AND NO/100 DOLLARS (\$65,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

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:

Angela M Romagosa
ANGELA M. ROMAGOSA
President/CEO

(Corporate Seal)

THE CHRISTIAN SHARING CENTER, INC.
By: Paul Hoyer
PAUL HOYER
Chairman

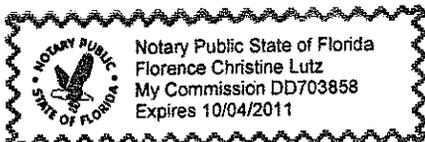
Date: 10/24/07

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 24 day of October, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared PAUL HOYER, as Chairman and ANGELA M. ROMAGOSA, as President/CEO 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)

Florence C. Lutz
Print Name Florence C. 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: _____, Chairman

Date: _____

For the use and reliance
of Seminole County only.

As authorized for execution by the Board
of County Commissioners at its _____,
200__, regular meeting.

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk

10/5/07

P:\Users\lkennedy\My Documents\Community Services\christian sharing center 2007.doc

Three (3) 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: Christian Sharing Center
AGENCY ADDRESS: 600 N. Highway 17-92, Suite 158, Longwood 32750
PRESIDENT/DIRECTOR NAME: Angie Romagosa
AGENCY PHONE NUMBER: 407-260-9155
AGENCY FAX NUMBER: 407-332-0535
AGENCY E-MAIL: office@christiansharing.org
PRESIDENT/DIRECTOR E-MAIL: angie.romagosa@christiansharing.org

The above agency will provide the following services for the residents of Seminole County during FY 2007-2008:

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

Service*	Description (Define a unit of service)
1. Food Assistance	Feed one (1) person one (1) bag for two (2) days on one occasion

- II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units
1. Food Assistance	3,620 two day units of food assistance

- 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. Food Assistance	\$18 per two (2) day period

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

Service*	How Unit Cost determined
1. Food Assistance	Industry Standard set by FEMA

***Funding allocation will not to exceed \$65,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: The Christian Sharing Center

Original and One Copy to:

Program Manager

400 W. Airport Blvd., Sanford 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
Food				3,620			18.00	\$0.00
TOTAL	0	0	0	3620	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, 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, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: 07/02/07

Agency: The Christian Sharing Center
 Program: Food Assistance for Seminole County Residents
 Program Locations: 600 N. Hwy 17-92, #158, Longwood, FL 32750-3638

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION METHODS & FREQUENCY	PROJECTED OUTCOMES
<p>Based on the latest census statistics, approximately 33,354 residents in Seminole County live below the poverty level, which is approximately 8.6% of the county's total population.</p> <p>Approximately 11.6% of the children in Seminole County live below the poverty level.</p> <p>During 2000-2004 (U.S. Census Bureau), the population of Seminole County grew approximately 7% or 26,253 people. During the same four year period, the number of people living below the poverty level increased by 9%, or 9,128 people.</p>	<p>Provide Seminole County Residents experiencing financial hardships with emergency food assistance</p>	<p>1. Up to 5,556 units of food assistance will be rendered to Seminole County residents.</p> <p>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.</p> <p>3. At least 80% of all sampled clients will indicate that the available foods selections provided by the agency met their needs or requirements.</p> <p>References: The F.E.M.A. standard unit of food supply is a single bag of groceries, is valued at \$18 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.</p> <p>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>3. Statistics regarding the food selection will be collected via the agency's client surveys. Reports may be generated from tabulations of the information collected by these surveys</p>	<p>1. Up to 5,556 units of food assistance will be rendered to Seminole County residents.</p> <p>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.</p> <p>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)...

Name of Program:

Food Assistance to Seminole County Residents

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY The Christian Sharing Center

PROGRAM Food Assistance for Seminole County Residents NEW

DATE REVISED 07/02/07

Outcomes	Indicators/Thresholds that Determine Successful Outcomes
<p>Outcome 1:</p> <p>Up to 5,556 units of food assistance will be rendered to Seminole County residents</p>	<p>1.1 Numbers of units rendered</p> <p>1.2 Seminole County residency</p>
<p>Outcome 2:</p> <p>At least 80% of all sampled clients will require fewer than 4 renderings of food assistance by the agency during any 3 month period.</p>	<p>2.1 Frequency of visits</p>
<p>Outcome 3:</p> <p>At least 80% of all sampled clients will indicate that the available food selections provided by the agency met their needs or requirements</p>	<p>3.1 Food selection</p> <p>3.2 Availability of USDA food</p> <p>3.3 Overall Nutrition of diet</p> <p>3.4 Overall health</p>
<p>:</p>	

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

Food Assistance for Seminole County Residents

Name of Program: _____

IX. PROGRAM EVALUATION PLAN

AGENCY The Christian Sharing Center

PROGRAM Food Assistance for Seminole County Residents

PLEASE CHECK: EXISTING NEW

DATE REVISED 07/02/07

Projected Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. Up to 5,556 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.

EXHIBIT C

Agency: Christian Sharing Center

Name of County Funded Program: _____

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due January 31, April 30, July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a) **Area(s):** Areas addressed in each outcome

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

(c) **Dates:** Please list dates of when data is collected

(d) **Tools:** Measurement tools such as surveys, report cards, assessments, ect....

(e) **Sample Size:** (# out of (b))

(f) **Response Rate:** (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

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

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

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

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

(b) **Population:**

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

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, 2007 through September 30, 2008 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 TWENTY THOUSAND AND NO/100 DOLLARS (\$20,000.00) 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:

Original and one copy 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, 2008.

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".

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, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
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 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.

Chuck Moore
CHUCK MOORE, Secretary

By Curtis A. Moore
CURTIS MOORE, President

(Corporate Seal)



Date: 10-29-2007

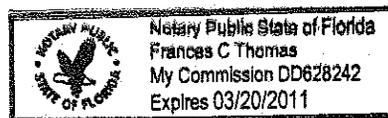
STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 29 day of Oct, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared CURTIS MOORE, as President and CHUCK 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.

Francis C Thomas
Print Name

(Notary Seal)

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: _____, Chairman

Date: _____

For the use and reliance
of Seminole County only.

As authorized for execution by the Board
of County Commissioners at its _____,
200__, regular meeting.

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk

10/10/07

P:\Users\lkennedy\My Documents\Community Services\swop 2007.doc

Three (3) 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: Seminole Work Opportunity Program
 AGENCY ADDRESS: 1095 Belle Ave Casselberry FL 32708
 PRESIDENT/DIRECTOR NAME: William Poe
 AGENCY PHONE NUMBER: (407)699-4419
 AGENCY FAX NUMBER: (407)699-967
 AGENCY E-MAIL: swop@bellsouth.net
 PRESIDENT/DIRECTOR E-MAIL: swop@bellsouth.net

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds.

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

Service*	Description (Define a unit of service)
1. Comp Training	3 Consumers, 250 days/year each
2. Transportation	4 Consumers, 500 Trips/year each

I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
1. Comp Training	750 Units
2. Transportation	1875 Units

** 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. Comp Training	30.00/Unit
2. Transportation	4.00/Unit

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

Service*	How Unit Cost determined
1. Comp Training	3 Consumers x 250 days/year each = # of Units. Total Grant divided By total units = cost of 1 Unit
2. Transportation	4 Consumers x 469 Trips/year each = # of Units. Total Grant Divided By total units = cost of 1 unit

*Funding shall not exceed \$20,000

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: **Seminole Work Opportunity**
 Original and One Copy to: **Program Manager**
534 W. Lake Mary Blvd., Sanford 32772

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
Training				750			\$ 20.00	\$0.00
Transportation				833			\$ 6.00	\$0.00
								\$0.00
								\$0.00
								\$0.00
TOTAL	0	0	0	1583	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, 2008. 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, 2008

Program Logic Model – Date Revised: _____

Agency: Seminole work Opportunity Program

Program: Sheltered Workshop

Program Locations: 1095 Belle Avenue, Casselberry, FL 32708

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITES AND RESOURCES	EVALUATION	OUTCOMES
4000 developmentally disabled identified by state as waiting for services in District VII	Experienced 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/failures, make adjustments, evaluate on a bi-annual basis	100% of DD adults served achieve/maintain 50% of official 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 successes/failures, make adjustments on a 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 a monthly basis.	5% increases in number of DD adults served

EXHIBIT C (1): PROGRAM LOGIC MODEL (Continued)...

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY: Seminole Work Opportunity Program

PROGRAM Sheltered Workshop

EXISTING: x NEW

DATE REVISED _____

PROGRAM LOCATION(S): Casselberry

Outcomes	Indicators
Outcome 1: 100% of DD adults served will achieve/maintain 50% of critical skills	1.1 Time studies 1.2 Project/Loss Statement
Outcome 2: 95% of DD adults served will participate in Project skill Builders	2.1 Classroom progress reports 2.2 Consumer satisfaction survey
Outcome 3: 5% increase in number of DD adults served.	3.1 Admission records

THE SALVATION ARMY FAMILY FOCUS 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 SALVATION ARMY, a Georgia non-profit corporation, authorized to conduct business in the State of Florida, whose address is 1424 NE Expressway N.E., Atlanta, Georgia 30329, hereinafter referred to as the "SAFF".

W I T N E S S E T H:

WHEREAS, the SAFF 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, 2007 through September 30, 2008 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 SAFF 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 SAFF after SAFF has received notice of termination. Upon said termination, SAFF 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 SAFF 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. SAFF 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 SAFF during the term of this Agreement. It is understood that SAFF has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby SAFF would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) SAFF 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 SAFF or whomsoever, resulting out of SAFF'S fraud, defalcation, dishonesty, or failure of SAFF to comply with applicable laws or regulations; or by reason or as a result of any act or omission of SAFF 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 SAFF up to a maximum sum of FIFTY-TWO THOUSAND AND NO/100 DOLLARS (\$52,000.00) for all services provided hereunder by SAFF 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 SAFF has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Original and one copy to:

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

(d) Notwithstanding the above, however, SAFF 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, 2008.

Section 8. Reporting Requirements. SAFF 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 SAFF, any problems relating to the services to

be provided pursuant to this Agreement that might exist for SAFF 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, SAFF shall submit on a quarterly basis, a financial report reflecting total SAFF receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

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

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 SAFF as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SAFF after SAFF has received such notice of termination. In the event there are any unused COUNTY funds, SAFF shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. SAFF shall allow the COUNTY, its duly authorized agent and the public access to such of SAFF'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. SAFF shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2008,

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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

For SAFF:

Program Director
Salvation Army Family Focus Program
1610 W. Airport Boulevard
Sanford, Florida 32771

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, SAFF 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 SAFF 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. SAFF 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. SAFF 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 SAFF, 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:

X [Signature]
WILLIAM R.N. GOODIER
Secretary



THE SALVATION ARMY
a Georgia Corporation

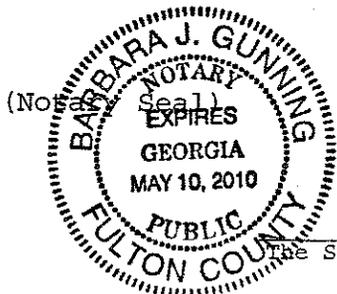
By: X [Signature]
ISRAEL L. GAITHER

(Corporate Seal)

Date: OCT 30 2007

STATE OF Georgia)
COUNTY OF FULTON)

I HEREBY CERTIFY that, on this 30th day of October, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ISRAEL L. GAITHER, as Chairman and WILLIAM R.N. GOODIER, as Secretary, of THE SALVATION ARMY, a Georgia non-profit corporation, authorized to do business in 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.



X [Signature]
Print Name BARBARA GUNNING
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: _____, Chairman

Date: _____

For the use and reliance
of Seminole County only.

As authorized for execution by the Board
of County Commissioners at its _____,
200__, regular meeting.

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk
10/5/07

P:\Users\lkennedy\My Documents\Community Services\s Salvation Army 2007.doc

Three (3) 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 Salvation Army – Family Focus
AGENCY ADDRESS: 1610 W. Airport Blvd. Sanford, FL 32773
PRESIDENT/DIRECTOR NAME: Ida Rivera
AGENCY PHONE NUMBER: 407-323-6848
AGENCY FAX NUMBER: 407-321-3491
AGENCY E-MAIL:
PRESIDENT/DIRECTOR E-MAIL: Ida_Rivera@uss.salvationarmy.org

The above agency will provide the following services for the residents of Seminole County during FY 2007-2008:

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-Exchange	1 Monitored Exchange session for 1 family lasting 1 hour
3. Case Management	1 hour of case management
4. Parent Education	1 Parent Education class for 1 client for 2 ½ 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 2007-September 2008)?

Service*	Number of County funded units
1. Supervision-Visit	220 supervised visitation session
2. Supervision-Exchange	220 monitored exchange session
3. Case Management	350 hours
4. Parent Education	182 classes
5. Assessment	100 hours

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-Exchange	\$65.00 per session per family (monitored exchange)
3. Case Management	\$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-Exchange	Survey of similar programs in United States
3. Case Management	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 \$52,000

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Salvation Army Family Focus

Original and One Copy to:

Kelly Metcalf, Program Manager
400 W. Airport Blvd., Sanford 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
Supervised Visit				220			\$65.00	\$0.00
Sup Exchange				220			\$65.00	\$0.00
Case Manage				350			\$30.00	\$0.00
Parent Education				182			\$55.00	\$0.00
Assessment				100			\$35.00	\$0.00
TOTAL	0	0	0	1072	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, 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, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: _____

Agency: The Salvation Army
 Program: Family Focus Program
 Program Locations: 1610 Airport Blvd, Sanford, Florida 32773

Existing New

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 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. Monitors 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 the visits are safe and secure</p>	<p>Observation forms are completed at the end of each visit. The observation form indicates completed by the monitor indicates how the visit went. The observation indicates how the child and parent reacted during the visit. 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 1000 children. It would seem that there is a need for alternative parenting skills to be taught to parents who have abused or neglected their children.</p>	<p>To provide an alternative parenting skills and punishment program through the Nurturing Parenting Program.</p>	<p>Attend 12 week parenting class 2 hours a week. Must complete homework assigned in text book. Must participate in class discussion. Will take the AAPI 2 test at the beginning of the course and again at the end of the course.</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 all class requirements in a satisfactory manner and the AAPI 2 leads to graduation from the course.</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 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

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: _____

Agency: The Salvation Army
 Program: Family Focus Program
 Program Locations: 1610 Airport Blvd, Sanford, Florida 32773

Existing New

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 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. Monitors 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 the visits are safe and secure</p>	<p>Observation forms are completed at the end of each visit. The observation form indicates completed by the monitor indicates how the visit went. The observation indicates how the child and parent reacted during the visit. 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 1000 children. It would seem that there is a need for alternative parenting skills to be taught to parents who have abused or neglected their children.</p>	<p>To provide an alternative parenting skills and punishment program through the Nurturing Parenting Program.</p>	<p>Attend 12 week parenting class 2 hours a week. Must complete homework assigned in text book. Must participate in class discussion. Will take the AAPI 2 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 watch to learn new alternatives, class discussion of class assignment is discussed. Parents are given an opportunity to interact with other class members about 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 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 (2): PROGRAM LOGIC MODEL (Continued)...

Family Focus Program

Name of Program: _____

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY__The Salvation Army – A Georgia Corporation

PROGRAM__Family Focus Program_ PLEASE CHECK: EXISTING ____NEW_

DATE REVISED _____

PROGRAM LOCATION(S):_ 1610 Airport Blvd, Sanford, Florida 32773

Outcomes	Indicators
Outcome 1: Increase child's feeling of safety during course of scheduled visits.	1.1 Parents gain new confidence in their parenting skills and learn alternative disciplining skills 1.2 Presence of uniform law enforcement provides the child a feeling of safety. 1.3 Trained monitor with child at all times provides child with a safe feeling
Outcome 2: Increase positive parent/child interaction	2.1 Clients made aware of rules and guidelines in order to maintain a safe environment. 2.2 Parent and child are encouraged to interact with each other through a variety of activities.
Outcome 3: Parents gain new confidence in their parenting skills and learn alternative disciplining skills	3.1 Parents attend a 12 week parenting class. 3.2 Parents are pre and post tested during the parenting class.

EXHIBIT C (3): PROGRAM LOGIC MODEL (Continued)...

Family Focus Program

Name of Program: _____

IX. PROGRAM EVALUATION PLAN

AGENCY_The Salvation Army – A Georgia Corproation_____

PROGRAM_ Family Focus Program _____ PLEASE CHECK: EXISTING _____ NEW _____

DATE REVISED _____

PROGRAM LOCATION(S)___ 1610 Airport Blvd, Sanford, Florida 32773

Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected Sample Size	Frequency & Schedule of Data Collection
1. Increase child's feeling of safety during scheduled visits.	Completion of Observation form on visit by trained monitor. Presence of uniform law enforcement	Comprehensive Observation forms are completed at the end of each visit by the monitor of the visit. This is complete on every child who is in visitation.	Children in visitation have visits with the non-custodian parent every two weeks. After the visit the monitor completes the observation forms.
2. Increase positive parent /child interaction	Interaction is based on observation of the monitor . Encouragement of monitor to have parent child to do activities together.	Every child in the visitation program	Every time a child has a visit
3. Parents gain new confidence in their parenting skills and learn alternative disciplining skill.	Parents must complete all a pre and post test with a score of 4/5 in all five skill areas.	All students must complete the requirements of the course to graduate.	APPI 2 test given at beginning of course and at the end of the course.

EXHIBIT C

Agency: Salvation Army
Name of County Funded Program: Family Focus

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due January 31, April 30, July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a) Area(s): Areas addressed in each outcome

(b) Population: Number of clients: _____

(c) Dates: Please list dates of when data is collected

(d) Tools: Measurement tools such as surveys, report cards, assessments, ect....

(e) Sample Size: (# out of (b))

(f) Response Rate: (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

(a) Area(s):

(b) Population: Number of clients: _____

(c) Dates:

(d) Tools:

(e) Sample Size:

(f) Response Rate:

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

(a) Area(s):

(b) Population:

(c) Dates:

(d) Tools:

(e) Sample Size:

(f) Response Rate:

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

VISITING NURSE ASSOCIATION 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 VISITING NURSE ASSOCIATION OF CENTRAL FLORIDA, INC., a Florida non profit corporation, whose address is 3113 Lawton Road, Suite 250, Orlando, Florida 32803, hereinafter referred to as the "VISITING NURSE".

W I T N E S S E T H:

WHEREAS, VISITING NURSE 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.

Section 2. Term. The term of this Agreement is from October 1, 2007 through September 30, 2008, 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 VISTING NURSE 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 VISTING NURSE after VISTING NURSE has received notice of termination. Upon said termination, VISTING NURSE 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. VISITING NURSE 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. VISTING NURSE 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 VISTING NURSE during the term of this Agreement. It is understood that VISTING NURSE has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby VISTING NURSE would be paid for providing the above services except as specified in Section 4 herein.

Section 6. Liability and Indemnification.

(a) VISTING NURSE 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 VISTING NURSE or whomsoever, resulting out of VISTING NURSE'S fraud, defalcation, dishonesty, or failure of VISTING NURSE 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 VISTING NURSE up to a maximum sum of TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00) for all services provided hereunder by VISTING NURSE 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 VISTING NURSE has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Original and one copy to:

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

(d) Notwithstanding the above, however, VISTING NURSE 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, 2008.

Section 8. Reporting Requirements. VISTING NURSE 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 VISTING NURSE, 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, VISTING NURSE shall submit on a quarterly basis, a financial report reflecting total VISTING NURSE receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

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

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 VISTING NURSE as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by VISTING NURSE after VISTING NURSE has received such notice of termination. In the event there are any unused COUNTY funds, VISTING NURSE shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

Section 10. Access to Records. VISTING NURSE shall allow the COUNTY, its duly authorized agent and the public access to such of VISTING NURSE'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. VISTING NURSE shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773

For VISTING NURSE:

Scott Clark, Chairman
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, VISTING NURSE 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 VISTING NURSE 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. VISTING NURSE 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. VISTING NURSE 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 VISTING NURSE, 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:

VISITING NURSE ASSOCIATION OF
CENTRAL FLORIDA, INC.

Michelle Hage

STEVEN LUBLIN, Secretary

Michelle Hage
(Corporate Seal)

By: _____

SC
SCOTT CLARK, Chairman

Date: _____

10-23-07

[ATTESTATION CONTINUED ON PAGE 10]

STATE OF FLORIDA)
)
COUNTY OF)

I HEREBY CERTIFY that, on this 23rd day of October, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared SCOTT CLARK and ~~STEVEN~~ *Michelle* *mcl* ~~LUBLIN~~, as Chairman and Secretary, respectively, of VISITING NURSE ASSOCIATION 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 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.

Hage

Michelle
mcl

(Notary Seal)

Diane Peterson
Notary Public in and for the County
and State Aforementioned



BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

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

By: _____, Chairman

Date: _____

For the use and reliance
of Seminole County only.


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

Approved as to form and
legal sufficiency.

County Attorney

SED/lpk

10/5/07

P:\Users\lkennedy\My Documents\Community Services\visiting nurse 2007.doc

Three (3) 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: Visiting Nurse Association of Central Florida, Inc
 AGENCY ADDRESS: 2100 Aloma Ave., Suite 100 Winter Park, Florida 32792
 PRESIDENT/DIRECTOR NAME: Marsha Lorenz
 AGENCY PHONE NUMBER: (407) 628-2884
 AGENCY FAX NUMBER: (407) 628-3170
 AGENCY E-MAIL:
 PRESIDENT/DIRECTOR E-MAIL: Marsha.Lorenz @orhs.org

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds.

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

Service*	Description (Define a unit of service)
1. Case Management	1 hour of case management
2. Homemaker	1 hour of light housecleaning and home management tasks
3. Personal Care	1 hour of bathing, dressing and grooming assistance
4.	
5.	

I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
1. Case Management	162
2. Homemaker	470
3. Personal Care	450
4.	
5.	

** 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. Case Management	\$41.00 per hour
2. Homemaker	\$18.00 per hour
3. Personal Care	\$22.00 per hour
4.	
5.	

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

Service*	How Unit Cost determined
1. Case Management	Dept. of Elder Affairs standard unit cost methodology
2. Homemaker	Dept. of Elder Affairs standard unit cost methodology
3. Personal Care	Dept. of Elder Affairs standard unit cost methodology
4.	
5.	

*Funding will not exceed \$25,000

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Visiting Nurse Association

Original and One Copy to:

Program Manager
534 W. Lake Mary Blvd., Sanford 32772

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 Manage				180			41.00	\$0.00
Home Maker				522			18.00	\$0.00
Personal Care				601			22.00	\$0.00
TOTAL	0	0	0	1303	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, 2008. 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, 2008

Program Logic Model – Date Revised: N/A

Agency:

Visiting Nurse Association of Central Florida, Inc.

Program:

Community Care for the Elderly

Program Locations:

Seminole County

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>In the state of Florida, there are 3.7 million seniors over the age of 60, with 815,939 over the age of 80. 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 ongoing 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 DOE 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 Executive Director and Program Administrator Master Level Director of Volunteers Fiscal and Information Support Administrators 3 degreed Case Management Supervisors 21 degreed Case Managers to include 4 Master level and 3 bilingual Adult Day Care Director Licensed Practical Nurse 3 Scheduling Supervisors 40 Homemakers and 35 Personal Care Workers 8 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-PROGRAM LOGIC MODEL (Continued)...

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: N/A

Agency:

Visiting Nurse Association of Central Florida, Inc.

Program:

Community Care for the Elderly

Program Locations:

Seminole County

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>The Florida Demographic Estimating Conference (2001) projects an 80% increase in the 85+ population, in Seminole County, by the year 2015. Due to this tremendous increase in the elderly population, cost effective in-home service programs need to be in place to reduce the cost to taxpayers.</p>	<p>Delivery of cost effective in-home services.</p>	<p>90% of clients will receive increased access to care, with individuals receiving 2 or more services.</p>	<p><u>Activities:</u> Case management in-home assessment completed on all admitted 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. <u>Resources:</u> Funding sources from DOE and Florida Commission, HFUW, City of Orlando, Orange and Seminole County Governments, Private. <u>Collaborations:</u> Other senior agencies, UCF, private businesses, churches. <u>Service Providers:</u> Master level Executive Director and Program Administrator Master Level Director of Volunteers Fiscal and Information Support Administrators 3 degreed Case Management Supervisors 21 degreed Case Managers to include 4 Master level and 3 bilingual Adult Day Care Director Licensed Practical Nurse 3 Scheduling Supervisors 40 Homemakers and 35 Personal Care Workers 8 Administrative Support Personnel 50+ Volunteers</p>	<p>Community Survey Client records/care plans Service logs Initial assessment Report of services in place at time of assessment</p>	<p>90% of clients will receive increased access to care, with individuals receiving 2 or more services.</p>

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

*Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31, and October 31, 2008

Program Logic Model – Date Revised: N/A

Agency:

Visiting Nurse Association of Central Florida, Inc.

Program:

Community Care for the Elderly

Program Locations:

Seminole County

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION	OUTCOMES
<p>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: Care plan developed with client/caregiver. Case management in-home assessment completed on all admitted clients. Regular and on-going monitoring of client/caregiver status and service needs. Total assessment completed yearly on all clients. In Home services arranged and provided per care plan.</p> <p>Resources: Funding sources from DOEA and Florida Commission, HFUW, City of Orlando, Orange and Seminole County Governments, Private.</p> <p>Collaborations: Other senior agencies, UCF, private businesses, churches.</p> <p>Service Providers: Master level Executive Director and Program Administrator Master Level Director of Volunteers Fiscal and Information Support Administrators 3 degreed Case Management Supervisors 21 degreed Case Managers to include 4 Master level and 3 bilingual Adult Day Care Director Licensed Practical Nurse 3 Scheduling Supervisors 40 Homemakers and 35 Personal Care Workers 8 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 (2): PROGRAM LOGIC MODEL (Continued)...

Name of Program: Community Care for the Elderly

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY: Visiting Nurse Association of Central Florida, Inc.
 PROGRAM: Community Care for the Elderly Existing
 DATE REVISED: N/A New
 PROGRAM LOCATION(S): Seminole County

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 clients will receive increased access to care, with individuals receiving two or more services.	2.1 Initial comprehensive assessment completed to determine needs on newly enrolled CCE clients during period 1/1/06 – 9/30/06. 2.2 Individualized care plans will be written to address client needs. 2.3 Using the community survey developed by the Miller Center and Senior Resource Alliance, evaluate what priority services are being offered to the client to meet their needs. 2.4 Compare number of newly arranged services to those services client had in place when they began the CCE program.
		2.5 Review case management visits and weekly contact by field staff to verify receipt of services.
Outcome 3:	90% of caregivers will reduce their level of stress.	3.1 Responses on a standardized, confidential written survey will be tabulated to indicate less stress for caregivers of CCE clients.

EXHIBIT C (2): PROGRAM LOGIC MODEL (Continued)...

Name of Program: Community Care for the Elderly

IX. PROGRAM EVALUATION PLAN

AGENCY: Visiting Nurse Association of Central Florida, Inc.

PROGRAM: Community Care for the Elderly

DATE REVISED:

PROGRAM LOCATION(S): Seminole County

Please check: Existing New

Outcomes	Measurement Tool/Approach	Sampling Strategy & Projected 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 1/1/08 – 9/30/08.	a) Regular reviews by case managers, every 3 months. b) Weekly documentation by field staff. c) Termination report run for period of 1/1/08 – 9/30/08.
2. 90% of clients will receive increased access to care, with individuals receiving 2 or more services.	a) Community survey b) Client record/care plans c) Services logs d) Initial assessment e) Report of Service in place at time of assessment	All newly enrolled CCE clients from 1/1/08 – 9/30/08.	a) Initial assessment and report of services in place completed on each new client. b) Survey of clients records and care plans on each new client (9/30/06). c) Weekly documentation by field staff and providers.
3. 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 November 2008.

EXHIBIT C (3)

Agency: Visiting Nurse Association
Name of County Funded Program: Community Care for the Elderly

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a)Area(s): Areas addressed in each outcome

(b)Population: Number of clients: _____

(c)Dates: Please list dates of when data is collected

(d)Tools: Measurement tools such as surveys, report cards, assessments, ect....

(e)Sample Size: (# out of (b))

(f) Response Rate: (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

(a) Area(s):

(b) Population: Number of clients: _____

(c) Dates:

(d) Tools:

(e) Sample Size:

(f) Response Rate:

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

(a)Area(s):

(b)Population:

(c)Dates:

(d)Tools:

(e)Sample Size:

(f) Response Rate:

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

KIDS HOUSE OF SEMINOLE, 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 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, 2007 through September 30, 2008, 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 ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) 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:

Original and one copy 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, 2008.

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".

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.

Section 11. Audit. KIDSHOUSE shall submit to the COUNTY an audit report for the term of this Agreement on or before December 31, 2008, 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:

Director
Seminole County
Department of Community Services
534 West Lake Mary Boulevard
Sanford, Florida 32773



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.

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, KIDSHOUSE 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 KIDSHOUSE 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. 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 L. Bouwens
CHRISTINA L. BOUWENS, Secretary

KIDS HOUSE OF SEMINOLE, INC.

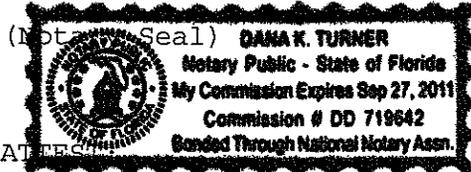
By: Denny Bowman
DENNY BOWMAN, President

(Corporate Seal)

Date: 11/16/07

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 16th day of November, 2007 before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DENNY BOWMAN and CHRISTINA L. BOUWENS, as President 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.



Dana K. Turner
Notary Public in and for the County and State Aforementioned

ATTEST:



BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

By: _____
Brenda Carey, Chairman

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

Date: _____

For the use and reliance
of Seminole County only.

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

Approved as to form and
legal sufficiency.

County Attorney
SED/lpk
10/5/07 10/24/07
P:\Users\lkennedy\My Documents\Community Services\kidshouse 2007.doc

Three (3) 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) 324-3045

AGENCY E-MAIL:

PRESIDENT/DIRECTOR E-MAIL: Crawford@kidshouse.org:

Answer the questions below to describe the service(s) your agency will provide with Seminole County funds.

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
3. Case Review	1 case review for risk evaluation to ensure child safety
4. Therapy	1 sexual, physical, neglect, and/or emotional trauma counseling
5. Professional Training	1 hour of child abuse intervention and prevention training to professionals

I. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2007-September 2008)?

Service*	Number of County funded units **
1. Crisis Intervention	300 sessions
2. Risk Reduction	1176 services
3. Case Review	75 cases
4. Therapy	300 sessions
5. Training	85 hours

** 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. Crisis Intervention	\$50 per session
2. Risk Reduction	\$30 per service
3. Case Review	\$90 per session
4. Therapy	\$125 per session
5. Training	\$65 per hour

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
3. Case Review	Industry standards for Case Management set by DCF
4. Therapy	Industry standards set by Mental Health
5. Training	Industry standards set by DCF and Educators

***Funding Allocation will not exceed \$100,000**

EXHIBIT B

Seminole County Community Service Agency Report Form

Agency Name: Kids House of Seminole

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
Crisis Inter				300			\$ 50.00	\$0.00
Risk Reduction				1176			\$ 30.00	\$0.00
Case Review				75			\$ 90.00	\$0.00
Therapy				300			\$ 125.00	\$0.00
Training				85			\$ 65.00	\$0.00
TOTAL	0	0	0	1936	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, 2008. 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, 2008

Program Logic Model – Date Revised: _____

Agency:

Kids House of Seminole, Inc.

Program:

Child Abuse Crisis Intervention and Prevention

Program Locations:

Kids House of Seminole, Inc.

Existing New

NEEDS	GOALS	MEASURABLE OBJECTIVES	ACTIVITIES AND RESOURCES	EVALUATION METHODS & FREQUENCY	PROJECTED OUTCOMES
There were 4309 cases of child abuse reported in 2006 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 540 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 4309 cases of child abuse reported in 2006 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 1990 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.
Child abuse cases have at least 5 professionals involved requesting coordination of all information.	Insure that all child abuse victims referred receive complete services.	To provide case/peer reviews for 135 cases involving Children who are victims of abuse.	Facilitation of Child Advocate and Child Protection Team staff specific cases for review & Child Advocate Team staffs new cases, difficult cases and cases for closure.	The Child Protection Team Coordinator creates the list to be reviewed based on severity and complexity of the case.	Better services for children who are victims of abuse and the assurance that no child victim is lost in the system.
100% of children who are victims of abuse require therapy to prevent further abuse and to keep them from becoming abusers.	Provide an avenue of healing for children who are victims of abuse.	To provide 365 therapy sessions to children who are victims of abuse.	Licensed Mental Health Therapists provide quality counseling sessions to child abuse victims.	>The therapist conducts a standardized assessment at the beginning and the completion of therapy.	Children who are victims of abuse and their families have a chance to heal.

<p>Increases in population in Seminole County (3-4%/year) would in turn indicate an increase the number of professionals involved in Child Abuse cases. Changes in Child Welfare system requires re-training of professionals.</p>	<p>Assist child abuse victims by providing better educated and trained professionals</p>	<p>To provide 85 hours of training to professionals involved with children who are victims of abuse.</p>	<p>Training Coordinator and selected individuals will provide training opportunities to child welfare professionals and the community.</p>	<p>Training coordinator will administer a post training survey to all who attend training.</p>	<p>Better educated and trained child welfare professionals and better educated community, on child abuse.</p>
--	--	--	--	--	---

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

CHILD ABUSE CRISIS INTERVENTION AND PREVENTION

Name of Program: _____

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY KIDS HOUSE OF SEMINOLE, INC.

PROGRAM NEW

DATE REVISED June 18, 2007

PROGRAM LOCATION(S): Kids House of Seminole

Outcomes	Indicators/Thresholds that Determine Successful Outcomes
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: Better services for children who are victims of abuse.	3.1 Child Protection Team Coordinator creates a list to be reviewed 3.2 3.3 3.4
Outcome 4: Children who are victims of abuse and their families have a chance to heal.	4.1 Therapist conducts a standardized assessment at the completion of therapy.
Outcome 5: Better educated and	5.1 Training coordinator will

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

CHILD ABUSE CRISIS INTERVENTION AND PREVENTION

Name of Program: _____

VIII. PROGRAM OUTCOMES & INDICATORS

AGENCY KIDS HOUSE OF SEMINOLE, INC.

PROGRAM NEW

DATE REVISED June 18, 2007

PROGRAM LOCATION(S): Kids House of Seminole

Outcomes	Indicators/Thresholds that Determine Successful Outcomes
Outcome 1: Stabilization of Children who are victims of abuse and their families.	1. Standardized trauma symptoms assessment.
Outcome 2: Reduction of re-victimization of children who are abused.	2. 80% successfully complete the referral process.
Outcome 3: Better services for children who are victims of abuse.	3. Child Protection Team Coordinator creates a list to be reviewed
Outcome 4: Children who are victims of abuse and their families have a chance to heal.	4. Therapist conducts a standardized assessment at the completion of therapy.
Outcome 5: Better educated and trained child welfare professionals and educated community on child abuse.	5. Training coordinator will administer a post training service to all who attend training.

EXHIBIT C

Agency: Kids House of Seminole
Name of County Funded Program: _____

OUTCOME MEASUREMENT

Quarterly Outcomes Measurement Reports are due January 31, April 30, July 31, and October 31, 2008

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

Projected Outcome 1: (As listed in your contract)

Measurable Objective: Achieved: _____ Projected: _____

Indicators: Must include the threshold that indicates you are achieving the outcome

(a) **Area(s):** Areas addressed in each outcome

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

(c) **Dates:** Please list dates of when data is collected

(d) **Tools:** Measurement tools such as surveys, report cards, assessments, ect....

(e) **Sample Size:** (# out of (b))

(f) **Response Rate:** (% of e who completed)

Quarterly results for Outcome 1:

Successes:

Challenges:

Projected outcome 2:

Measurable Objective: Achieved: _____ Projected: _____

Indicators:

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

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

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 2:

Successes:

Challenges:

Projected outcome 3:

Measurable Objective:

Indicators:

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

(b) **Population:**

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

Quarterly results for Outcome 3:

Successes:

Challenges:

EXHIBIT C
PROGRAM LOGIC MODEL (Continued)

**This section must be completed by agency's Executive Director or Program Manager*

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?

Please describe any challenges or success that may have impacted your agency ability to perform.

AMENDMENT TO SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC. AGREEMENT

THIS AMENDMENT is made and entered into this eighth day of November, 2007 and is to that certain Agreement made and entered into on the 15th day of June, 2006, between SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC., whose address is 237 Fernwood Boulevard, Fern Park, Florida 32730, hereinafter referred to as the "CENTER," and 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".

W I T N E S S E T H:

WHEREAS, the CENTER and the COUNTY entered into the above referenced Agreement on June 15, 2006 for the COUNTY to fund certain comprehensive mental health services provided by the CENTER to residents of Seminole County, Florida; and

WHEREAS, the parties desire to amend the Agreement so as to enable both parties to continue to enjoy the mutual benefits it provides; and

WHEREAS, Section 20 of the Agreement provides that any amendments shall be valid only when expressed in writing and duly signed by the parties,

NOW, THEREFORE, in consideration of the mutual understandings and agreements contained herein, the parties agree to amend the Agreement as follows:

1. Section 8 of the Agreement is amended to read:

Section 8. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to the CENTER up to a maximum sum of ONE HUNDRED SEVENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$175,000.00) annually for all services provided hereunder by the 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 the CENTER has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Original and one copy to:

Principal Analyst
Community Assistance Division
534 W. Lake Mary Boulevard
Sanford, Florida 32773

2. Section 14 of the Agreement is amended to read:

Section 14. 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:

Director
Seminole County Department of Community Services
534 W. Lake Mary Boulevard
Sanford, Florida 32773

For CENTER:

~~Wes Newsome, Director~~ James P. Berko, President/CEO
Seminole Community Mental Health Center, Inc.
237 Fernwood Boulevard
Fern Park, Florida 32730

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

3. Exhibit "A" of the Agreement is deleted and Exhibit "A-1" attached hereto is substituted therefor.

4. Except as herein modified, all terms and conditions of the Agreement shall remain in full force and effect for the term of the

Agreement, as originally set forth in said Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this instrument for the purpose herein expressed.

ATTEST:

Tony Tizzio
TONY TIZZIO, Secretary
(Corporate Seal)

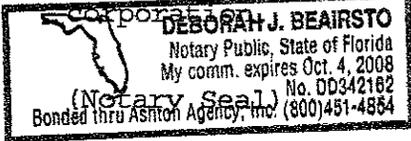
SEMINOLE COMMUNITY MENTAL
HEALTH CENTER, INC.

By: Gary E. Teramae
GARY TERAMAE, Chair

Date: 11/8/07

STATE OF FLORIDA)
COUNTY OF Seminole)

I HEREBY CERTIFY that, on this 8th day of November, 2007, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GARY TERAMAE and TONY TIZZIO, as Chair and Secretary, respectively, of SEMINOLE COMMUNITY MENTAL HEALTH 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 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



Deborah J. Beairsto
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: Carlton Henley, ~~Chairman~~
Brenda Carey, Chairman

Date: _____

For the use and reliance
of Seminole County only.

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

Approved as to form and
legal sufficiency.

County Attorney
SED/lpk
10/8/07 11/2/07
P:\Users\lkennedy\My Documents\Community Services\mental health center 1 am.doc
Attachment:

Exhibit "A-1" - Scope of Services

EXHIBIT A-1: SERVICE & COST PROPOSAL

AGENCY NAME: Seminole County Community Mental Health
AGENCY ADDRESS: 237 Fernwood Blvd., Fern Park, FL 32730
PRESIDENT/DIRECTOR NAME: Jim Berko
AGENCY PHONE NUMBER: (407) 831-2411
AGENCY FAX NUMBER: (407)831-0105
AGENCY E-MAIL: scmhc@mindspring.com
PRESIDENT/DIRECTOR E-MAIL: jimberko@earthlink.com

The above agency will provide the following services for the residents of Seminole County during FY 2007-2008:

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

Service*	Description (Define a unit of service)
1. CSU	One available bed day
2. Med/Clinic	One hour of outpatient medical service

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2005-September 2006)?

Service*	Number of County funded units
1. CSU	245 units
2. Med/Clinic	300 units

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. CSU	\$286.76 per unit
2. Med/Clinic	\$350.00 per unit

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

Service*	How Unit Cost determined
1. CSU	Negotiated rate with District VII SAMH Program Office
2. Med/Clinic	Negotiated rate with District VII SAMH Program Office

***Not to exceed \$175,000.00**