

RESOLUTION NO. R-2019-072

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF HOLLYWOOD, FLORIDA, AUTHORIZING THE APPROPRIATE CITY OFFICIALS TO APPLY FOR, AND IF AWARDED, ACCEPT THE AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC. GRANT, IN THE AMOUNT OF \$228,000.00, AT NO COST TO THE CITY, TO PROVIDE ENHANCED SENIOR CITIZEN RECREATION PROGRAMS; AUTHORIZING THE DEPARTMENT OF FINANCIAL SERVICES TO AMEND THE FISCAL YEAR 2019 OPERATING BUDGET; FURTHER AUTHORIZING THE APPROPRIATE CITY OFFICIALS TO EXECUTE ALL APPLICABLE GRANT DOCUMENTS AND AGREEMENTS.

WHEREAS, in its Fiscal Year 2001 budget process, the State of Florida, through the Department of Elder Affairs, appropriated funding in the amount of \$228,000.00 to the City; and

WHEREAS, this funding was approved by the State of Florida to be awarded to the City on a re-occurring annual basis, contingent upon the availability of funds at the state level; and

WHEREAS, in its Fiscal Year 2019/2020 budget process, the expected funds were appropriated by the State to the City; and

WHEREAS, for the past 18 years, the City has received this funding from the State of Florida each year to be used for senior programming; and

WHEREAS, the funding is directed to the City through the State of Florida Department of Elder Affairs and administered through the Aging & Disability Resource Center of Broward County; and

WHEREAS, the grant funds will be utilized to continue the senior citizen recreation programs and services, including educational, cultural enrichment, field trips and tours, and will be offered through the Fred Lippman Multi-Purpose Center; and

WHEREAS, the City will provide senior citizens participating in the elder grant program with transportation to and from the planned recreation programs within the South Florida area; and

WHEREAS, to begin utilizing the anticipated appropriated grant funds for Fiscal Year 2019, it is necessary for the City and the Aging & Disability Resource Center of Broward County to enter into certain agreements to establish their mutual programming goals, standards and other criteria established by the State of Florida; and

WHEREAS, certain routine and periodic budgetary adjustments, transfers and appropriations continue to be appropriate and necessary to ensure prudent financial management during the fiscal year; and

WHEREAS, certain accounts will need to be established in the appropriate fund to recognize the receipt of grant funding, if awarded, and appropriate identified grant funding for grant related expenditures.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF HOLLYWOOD, FLORIDA:

Section 1: That the foregoing "WHEREAS" clauses are ratified and confirmed as being true and correct and are incorporated in this Resolution.

Section 2: That it approves and authorizes the appropriate City officials to apply for the Areawide Council on Aging of Broward County, Inc. Grant.

Section 3: That the City Manager is authorized to accept the grant, if awarded, provided that the City Manager shall have the discretion to refuse the grant in those circumstances where he determines it is in the best interest of the City to do so, in which case he shall advise the City Commission of his intention to refuse the grant.

Section 4: That if awarded, it approves and authorizes the execution by the appropriate City officials of the Local Service Programs Contract and Memorandum of Understanding with the Areawide Council on Aging of Broward County, Inc., together with such non-material changes as may subsequently be agreed to by the City Manager and approved as to form and legal sufficiency by the City Attorney.

Section 5: That if awarded, it authorizes the appropriate City officials to execute all applicable grant documents and agreements in a form acceptable to the City Manager and approved as to form and legal sufficiency by the City Attorney.

Section 6: That these Amendments, Adjustments and Transfers of funding to the FY 2019 Operating Budget for the Fiscal Year beginning October 1, 2018 and set forth in detail in Exhibit 1 are adopted and authorized as Amendments and/or Adjustments to the various Operating Budgets of the Funds of the City of Hollywood, Florida, for the Fiscal Year 2019.

Section 7: That this Resolution shall be in full force and effect immediately upon its passage and adoption.

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF HOLLYWOOD, FLORIDA, AUTHORIZING THE APPROPRIATE CITY OFFICIALS TO APPLY FOR, AND IF AWARDED, ACCEPT THE AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC. GRANT, IN THE AMOUNT OF \$228,000.00, AT NO COST TO THE CITY, TO PROVIDE ENHANCED SENIOR CITIZEN RECREATION PROGRAMS; AUTHORIZING THE DEPARTMENT OF FINANCIAL SERVICES TO AMEND THE FISCAL YEAR 2019 OPERATING BUDGET; FURTHER AUTHORIZING THE APPROPRIATE CITY OFFICIALS TO EXECUTE ALL APPLICABLE GRANT DOCUMENTS AND AGREEMENTS.

PASSED AND ADOPTED this 3 day of April, 2019.

  
\_\_\_\_\_  
JOSH LEVY, MAYOR

ATTEST:

  
\_\_\_\_\_  
PATRICIA A. CERNY, MMC, CITY CLERK

APPROVED AS TO FORM AND LEGAL SUFFICIENCY for the use and reliance of the City of Hollywood, Florida, only.

  
\_\_\_\_\_  
DOUGLAS R. GONZALES, CITY ATTORNEY *DM*

**Exhibit 1: Amendments / Transfers / Reallocations**  
**Special Program Fund 111**

This item recognizes and appropriates grant proceeds in the Special Program Fund (Fund 111) and allocates it toward expenditures for the FY19-20 Areawide Council on Aging of Broward County Inc. (Elder) Grant.

**Revenue:**

<b>Description</b>		<b>Account Number</b>	<b>Amended Amount</b>
FY 2019-2020 Elder Grant Revenues	TBD		228,000

**Expenses:**

<b>Description</b>		<b>Account Number</b>	<b>Amount</b>
FY 2019-2020 Elder Grant Expenses	TBD		228,000

***SERVICE PROVIDER APPLICATION***

***FORMATS***

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PSA: \_\_

I.A. SERVICE PROVIDER  
SUMMARY INFORMATION PAGE

ORIGINAL SUBMISSION [ ]  
REVISION [ ]

<p>1. PROVIDER INFORMATION: Executive Director:</p> <p style="text-align: center;">Dr. Wazir Ishmael 2600 Hollywood Boulevard Hollywood, Florida 33020 954-921-3201</p> <p>Legal Name of Agency: City of Hollywood</p> <p>Mailing Address: 2600 Hollywood Blvd. Hollywood, FL 33020</p> <p>Telephone Number: [954-921-3201]</p>	<p>2. GOVERNING BOARD CHAIR:</p> <p style="text-align: center;">Josh Levy 2600 Hollywood Boulevard Hollywood, FL 33020</p> <p>Name of Grantee Agency:</p> <p>3. ADVISORY COUNCIL CHAIR: (if applicable)</p> <p style="text-align: center;">Larry Zolot 1405 S. 28<sup>th</sup> Avenue Hollywood, FL 33020 954-921-3404</p>			
<p>4. TYPE OF AGENCY/ORGANIZATION:</p> <p>NOT FOR PROFIT: <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> PUBLIC</p> <p>PRIVATE FOR PROFIT</p>	<p>5. PROPOSED FUNDING PERIOD:</p> <p><input type="checkbox"/> A. New Applicant <input checked="" type="checkbox"/> B. Continuation</p>			
<p>6. FUNDS REQUESTED:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> OAA Title IIIB  <input type="checkbox"/> OAA Title III-C1  <input type="checkbox"/> OAA Title III-C2  <input type="checkbox"/> OAA Title IIID  <input type="checkbox"/> OAA Title IIIE  <input type="checkbox"/> OAA Title VII  <input type="checkbox"/> USDA </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CCE  <input type="checkbox"/> HCE  <input type="checkbox"/> ADI  <input checked="" type="checkbox"/> LSP  <input type="checkbox"/> Contracted Services  <input type="checkbox"/> HCBS  <input type="checkbox"/> EHEAP </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CCPE  <input type="checkbox"/> OTHER (SPECIFY) </td> </tr> </table>		<input type="checkbox"/> OAA Title IIIB <input type="checkbox"/> OAA Title III-C1 <input type="checkbox"/> OAA Title III-C2 <input type="checkbox"/> OAA Title IIID <input type="checkbox"/> OAA Title IIIE <input type="checkbox"/> OAA Title VII <input type="checkbox"/> USDA	<input type="checkbox"/> CCE <input type="checkbox"/> HCE <input type="checkbox"/> ADI <input checked="" type="checkbox"/> LSP <input type="checkbox"/> Contracted Services <input type="checkbox"/> HCBS <input type="checkbox"/> EHEAP	<input type="checkbox"/> CCPE <input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> OAA Title IIIB <input type="checkbox"/> OAA Title III-C1 <input type="checkbox"/> OAA Title III-C2 <input type="checkbox"/> OAA Title IIID <input type="checkbox"/> OAA Title IIIE <input type="checkbox"/> OAA Title VII <input type="checkbox"/> USDA	<input type="checkbox"/> CCE <input type="checkbox"/> HCE <input type="checkbox"/> ADI <input checked="" type="checkbox"/> LSP <input type="checkbox"/> Contracted Services <input type="checkbox"/> HCBS <input type="checkbox"/> EHEAP	<input type="checkbox"/> CCPE <input type="checkbox"/> OTHER (SPECIFY)		
<p>7. SERVICE AREA: <input type="checkbox"/> Single County _____ <input checked="" type="checkbox"/> Multi county: List: Dade, Broward and Palm Beach County</p> <p>Selected Communities of a County. Specify:</p>				
<p>8. ADDRESS FOR PAYMENT OF CHECKS ITEM #: <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2</p>				
<p>9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:</p> <p>I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.</p> <p>Name: <u>David Vazquez</u> Signature: _____</p> <p>Title: <u>Interim Director of Parks, Recreation and Cultural Arts</u> Date: _____</p>				



## **II.A. GENERAL INFORMATION**

II.A.1. NEEDS ASSESSMENT: (Describe the methods used to determine service needs in the area. Include process and use of waiting list information. The DOEA contract Client Services Manual should be reviewed for specific program requirements)

II.A.2. TARGETING (OAA Only): (Specify how the service needs of low-income minority individuals and older individuals residing in rural areas will be satisfied. Include how your agency will provide services to low-income minority individuals in accordance with their need for services rather than in proportion to their percentage of the population. A summary of other targeting efforts directed at groups included in the Older Americans Act should also be included. The DOEA Client Services Manual should be reviewed for requirements)

II.A.3. ELIGIBILITY AND ASSESSMENT/REASSESSMENT PROCESS, WHEN APPLICABLE TO THE SERVICE :( The DOEA Client Services Manual should be reviewed for specific program requirements) The agency's plan for each of the following must be addressed: (a) targeting and screening frail at risk seniors for eligibility for DOEA funded programs; (b) reviewing ongoing eligibility for transfer of consumers from general revenue funded programs into the Medicaid Waiver; (c) using all other available alternative resources for consumer services prior to using general revenue or federal funds; and (c) ensuring that assessments and reassessments are completed in a timely manner and entered accurately into CIRTS.

II.A.4. DESCRIBE SYSTEM FOR CONSUMER PRIORITIZATION: (The DOEA Client Services Manual should be reviewed for specific program requirements.) The agency's process for handling each of the following must be addressed: (a) Adult Protective Services and CARES referrals; (b) consumers who no longer need services and consumers who are capable of managing with reduced services; and (c) Elder Helpline referrals.

I.A.5 QUALITY ASSURANCE :( The DOE Client Services Manual should be reviewed for specific program requirements.)

a. Describe the process, including the frequency, for determining consumer satisfaction with service delivery.

b. Describe internal methods to assure delivery of quality services by staff and/or subcontractors:

**III.A. DESCRIPTION OF SERVICE DELIVERY**

SERVICE: \_\_\_\_\_ PROGRAM(S): Recreation

III.A.1. SITE LOCATION: (Provider may attach a list of site locations.)

III.A.2. DAYS AND HOURS OF OPERATION:


III.A.3. DESCRIBE THE SPECIFIC ACTIVITIES YOUR AGENCY WILL PROVIDE UNDER THIS SERVICE (The DOEA Client Services Manual should be reviewed for service requirements.) **Case management agencies must specify how consumers in common programs, i.e., CCE, ADI, MW, HCE or OAA, will be case managed on the “Case Management Description of Service Delivery” form. A separate “Description of Service Delivery” form for HCE Special Subsidy must be completed to indicate how consumers will be provided subsidy services. In-home services such as homemaker, personal care, respite and chore may be combined for description purposes.** Providers of OAA Titles III-C1 and III-C2 must include a description of plans for provision of meals to older persons during weather related emergencies:

### **III.A. DESCRIPTION OF SERVICE DELIVERY**

SERVICE: Transportation

#### **III.A.1. SITE LOCATION**

#### **III.A.2. DAYS AND HOURS OF OPERATION**

#### **III.A.3. DESCRIBE THE SPECIFIC ACTIVITIES YOUR AGENCY WILL PROVIDE UNDER THE SERVICE**

#### **III.A.4. NUTRITION EDUCATION SCHEDULE**

**REQUIREMENT:** In the space below, please describe your plan to provide nutrition education semiannually:



**C-1 Lesson Topics (Please describe): N/A**

**C-2 Lesson Topics (Please describe):N/A**

### **III.A.5. NUTRITION ASSURANCES**

In accordance with Section 339(1) of the OAA which requires each nutrition project to be established and administered with the advice of dieticians (or individuals with comparable expertise), and Section 339(2) (F) which requires compliance with applicable state or local laws regarding safe and sanitary handling of food, equipment, and supplies used in the storage,

preparation, service, and delivery of meals to elderly nutrition program participants,  
N/A

---

(Name of Nutrition Consultant)

will provide Nutrition Consultation for the nutrition project of

---

N/A

---

(Name of Provider)

---

N/A

---

(Name of Nutrition Consultant)

is a registered/licensed dietitian whose current registration number from the Commission on Dietetic Registration is \_\_\_\_\_ and/or whose license number from the Florida Department of Professional Regulation is \_\_\_\_\_ or whose qualifications have been approved by the area agency's nutrition consultant or the Department of Elder Affairs?

The Nutrition Consultant Agreement for Services and a current resume of the Nutrition Consultant will be included in the application at the beginning of each bid cycle and updated when there is a staff change.

---

N/A

---

(Name of Provider)

also assures meals provided through the project comply with the Dietary Guidelines for Americans and provide to each participant a minimum of 33 and 1/3 percent of the daily recommended dietary allowances if one meal per day is provided; a minimum of 66 and 2/3 percent of the allowances if two meals per day is provided; and 100 percent of the allowances if three meals per day is provided.

**III.A.6. USDA COMMODITY FOODS/CASH IN LIEU  
OF COMMODITIES STATEMENT**

**III.A.6.1.**

---

N/A

---

(Name of Provider)

will participate in the USDA Commodity Foods Program during FY \_\_\_\_\_ and has opted to

receive the item checked:

- Commodity Foods in the Amount of \$
- Cash-In-Lieu of Commodities
- Combination of Cash and Commodity Foods
  - (1) Total Amount \$
  - (2) Dollar Value of Commodity Foods \$

III.A.6.2. Complete only if electing to receive commodity foods.

---

N/A

(Name of Provider)

assures that these foods will be used as efficiently as possible. Commodity foods received will be stored in the following manner(s):

- In Storage Provided by Caterer
- In Rental Storage Space
- School System will Provide Storage Space
- Other (Describe)

Storage costs will be paid by (List all):

Handling and/or transportation costs will be paid by (List all):

#### **IV.A. NEW SERVICE/NEW PROVIDER BUSINESS PLAN**

(This format is to be used by new applicant agencies and current providers offering a new service. This format must address the "phase in" process. Attach continuation sheets as needed.)

SERVICE: \_\_\_\_\_ ESTIMATED # OF CONSUMERS:

ANTICIPATED START DATE OF SERVICE:

#### **BUSINESS PLAN TO ACHIEVE SERVICE OBJECTIVE**

**START-UP ACTIVITIES** (Briefly describe tasks and estimated completion dates related to initiating and maintaining provision of quality services):

**TASKS:**

**V.A. GOALS, OBJECTIVES AND PERFORMANCE MEASURES**  
(See RFP pages 23-27)

<b>GOAL</b>
<b>OBJECTIVE</b>
<b>STRATEGIES/ACTION STEPS:</b>
<b>OUTCOME:</b>
<b>OUTPUT:</b>

## **I.B. PERSONNEL ALLOCATION WORKSHEET**

Please insert the completed  
"Personnel Allocation Worksheet" from the  
DOEA UNIT COST METHODOLOGY  
as specified in Appendices G1 and G3

## **II.B. COST ALLOCATION WORKSHEET**

Please insert the completed  
"Cost Allocation Worksheet" from the  
DOEA UNIT COST METHODOLOGY  
as specified in Appendices G1 and G3

### **III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY**

Please insert the completed  
“Supporting Budget Schedule by Program Activity” from the  
DOEA UNIT COST METHODOLOGY  
as specified in Appendices G1 and G3



**I.V.B. MATCH COMMITMENT OF CASH DONATION**

Agency Name: \_\_\_\_\_ N/A \_\_\_\_\_

Donor Identification: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Total Amount        \$ \_\_\_\_\_

# Payments \_\_\_\_\_

Amount/Payment    \$ \_\_\_\_\_

Contribution Period \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Donor Certification: \_\_\_\_\_

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**V.B. MATCH COMMITMENT FOR DONATION OF BUILDING SPACE**

Agency Name: \_\_\_\_\_ N/A \_\_\_\_\_

Donor Identification: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Description of Space:  Office  Site  Other

Provider Owned Space: \_\_\_\_\_

1. Number of square footage used by project: \_\_\_\_\_ sq/ft
2. Appraised rental value per square foot: \$ \_\_\_\_\_
3. Total value of space used by project (1x2): \$ \_\_\_\_\_

Donor Owned Space: \_\_\_\_\_

1. Established monthly rental value: \$ \_\_\_\_\_
2. Number of months' rent to be paid by donor: \_\_\_\_\_ mos.
3. Value of donated space (1x2): \$ \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Donor Certification: \_\_\_\_\_

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**VI.B. MATCH COMMITMENT OF SUPPLIES**

Agency Name: \_\_\_\_\_ N/A \_\_\_\_\_

Donor Identification: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

The below described supplies are committed for use by the project for the period of:

Description of Supplies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computation of value method: \_\_\_\_\_

Value to be claimed by project: \$ \_\_\_\_\_

Donor Certification: \_\_\_\_\_

These supplies are not included as contributions for any other State or federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under \_\_\_\_\_ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## VII.B. MATCH COMMITMENT OF EQUIPMENT

Agency Name: \_\_\_\_\_ N/A \_\_\_\_\_

Donor Identification: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

The below described equipment is committed for use by the project for the period of:

<u>Item Description</u>	<u>Number</u>	<u>Acquisition</u>	<u>Value to Project*</u>	<u>Cost</u>
-------------------------	---------------	--------------------	--------------------------	-------------

1.

2.

3.

4.

5.

TOTAL VALUE CLAIMED: \$

\* Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under \_\_\_\_\_ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII.B. MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES  
BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS**

Agency Name: \_\_\_\_\_ N/A \_\_\_\_\_

Donor Identification: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

The personal services described below are committed for use by the project for the period of:

Description of Positions:

<u>Position</u>	<u>Service Hourly Rate or #Hours Value</u>	
<u>Title</u>	<u>Annual Salary Worked</u>	<u>to Project</u>

- 1.
- 2.
- 3.
- 4.
- 5.

TOTAL - \$

\* Value to project = (# of hours provided) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under \_\_\_\_\_ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**IX.B. MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL  
AND TRAVEL**

Agency Name: \_\_\_\_\_ N/A \_\_\_\_\_

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort: \_\_\_\_\_

Position Title	Equivalent Hourly Rate	# of Hours	Value to Project
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
TOTAL VALUE TO AGENCY		\$	

Equivalent Hourly Rates were determined by:

- Rates for comparable positions within own agency.
- State Employment Service estimate of rates for type of work.
- Rates for comparable positions within other local agencies.

Estimated Mileage X Rate per mile = Value  
 \_\_\_\_\_ \$

Donor Certification: \_\_\_\_\_

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official: \_\_\_\_\_ Date: \_\_\_\_\_

**XI.B. AVAILABILITY OF DOCUMENTS**

The undersigned hereby gives assurance that the following documents are maintained in the administrative office of the provider and are accessible for review by the AAA.

- 1. Current Board Roster
- 2. Articles of Incorporation
- 3. Corporate By-Laws
- 4. Advisory Council By-Laws and Membership
- 5. Current Equipment Inventory
- 6. Bonding Verification
- 7. Staffing Plan
  - a. Position Descriptions
  - b. Organizational Chart
- 8. Personnel Policies Manual
- 9. Financial Procedures Manual
- 10. Operational Procedures Manual
- 11. Affirmative Action Plan
- 12. Outreach Plan, if applicable
- 13. Americans With Disabilities Act Assurance
- 14. Staff Development and Training Plan
- 15. Unusual Incident File
- 16. Service Subcontracts
- 17. Co-Pay and Contribution System
- 18. Civil Rights Compliance Documentation
- 19. HIPAA policy and procedure
- 20. Conflict of interest policy and procedure
- 21. Financial statements and accounting records

**CERTIFICATION BY AUTHORIZED AGENCY OFFICIAL:**

I hereby certify that the documents identified above currently exist and are available for review upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

David Vazquez  
Name of Authorized Individual

Interim Director, Parks, Recreation and Cultural Art  
Title of Authorized Individual