

**CONTRACT AGREEMENT  
AMENDMENT FOR FISCAL YEAR 2020**

Nueces County  
4540 FM 892  
Robstown, Texas 78380

The following sections of the open-ended Contract Agreement dated October 1, 2015 between Nueces County and the Coastal Bend Council of Governments – Area Agency on Aging are hereby amended:

**ALL SECTIONS:**

Reference changes in all Sections of Vendor Agreement, Vendor Application, Rate Setting Documents and related attachments are hereby made as described below:

- (1) All references to Texas Department of Aging and Disability Services (DADS) are herein changed to Health and Human Services Commission (HHSC), Department of Medical and Social Services (MSS) and are now referred to as MSS.
- (2) All references to Nueces County as the "Vendor" are herein changed to the "Contractor".

**SECTION 1-B. SERVICES & REIMBURSEMENT METHODOLOGY**

Reimbursement rates for Fiscal Year 2020 extending from October 1, 2019 to September 30, 2020 are as follows:

SERVICE	FIXED RATES
Home Delivered Meals	\$5.31
Congregate Meals	\$5.12
Transportation	\$3.51

**SECTION 4. CONTRACT APPLICATION/UPDATE AND ITS ATTACHMENTS.**

The following attachments to the Contract Application replace attachments for the previous fiscal year (2019) and are made a part of this amendment. These include:

Attachment D. Fiscal Year 2020 Signed Debarment Certification.  
 Attachment F.1 Fiscal Year 2020 Updated Summary of Insurance Coverage.  
 Attachment F.2 Fiscal Year 2020 Written Plan for Emergencies Update.

Attachment G. All Rate Setting Documents for Fiscal Year 2020 including Provider Profile, Provider Total Budget by Service, Analysis Sections 1 and 2, Budget Worksheets, Budget Worksheet Calculation of Unit Rate Forms, and Budget Worksheet Certification Forms for all services provided under this Contract agreement.

Attachment H. Fiscal Year 2020 Approved Waiver Form 2027 for Home Delivered Meals.  
 Attachment I. Fiscal Year 2020 Audit Certification Form  
 Attachment J. Data Use Agreement updated in FY18 is hereby made part of this contract.

Copies of Most Recent Texas Department of Health Food Service Establishment Inspection Report for each kitchen your organization uses to prepare meals must be sent to the CBCOG-AAA immediately upon receipt but are no longer a part of the contract.

All other sections of the original open-ended Contract Agreement effective October 1, 2015 between *Nueces County and the Coastal Bend Council of Governments – Area Agency on Aging* remain in effect.

Authorized Contractor Signature

Barbara Canales

Nueces County Judge

Nueces County Community Services

4540 FM 892, Robstown, TX 78380

361-387-5445 Toll Free Number

361-387-9868 Website Address

Authorized AAA Signature

John P. Buckner  
Print Name

Executive Director of the Coastal Bend  
Council of Governments  
Title

Coastal Bend Council of Governments Area Agency on  
Aging/Aging and Disability Resource Center  
Agency Name

Post Office Box 9909; Corpus Christi, TX 78469  
Mailing Address

(361) 883-3935  
Office Number

(361) 883-5749 www.aaacoastalbend.org  
Fax Number Website Address

**CERTIFICATION**  
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY  
AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS

Federal Executive Order 12549 requires the Texas Department of Aging and Disability Services (DADS) to screen each covered potential contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor/grantee must also screen each of its covered subcontractors/providers. In this certification "contractor/grantee" refers to both contractor/grantee and subcontractor/subgrantee; "contract/grant" refers to both contract/grant and subcontract/subgrant.

**By signing and submitting this certification the potential contractor/grantee accepts the following terms:**

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the Texas Department of Aging and Disability Services may pursue available remedies, including suspension or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered transaction," "debarred," "suspended," "ineligible," "participant," "person," "principal," and "voluntarily excluded," as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in 02 CFR Part 180.
4. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the Texas Department of Aging and Disability Services, as applicable.  
Do you have or do you anticipate having subcontractors/subgrantees under this proposed contract?  YES  NO **MUST check off "Yes" or "No"**
5. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor/grantee may rely upon a certification of a potential subcontractor/subgrantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/subgrantees upon each subcontract's/subgrant's initiation and upon each renewal.
7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/subgrant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United State Department of Agriculture, or other federal department or agency, as applicable, and the Texas Department of Aging and Disability Services may pursue available remedies, including suspension or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS**

Indicate which statement applies to the covered potential contractor/grantee:

**MUST  
check off  
1 box**

- The potential contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal department or agency or by the State of Texas.
- The potential contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor/grantee must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

NAME OF POTENTIAL CONTRACTOR/GRANTEE: \_\_\_\_\_

VENDOR ID NO./FEDERAL EMPLOYER'S ID NO.: 74-6000585

\_\_\_\_\_  
*Signature of Authorized Representative*

**Barbara Canales**  
*Printed/Typed Name of Authorized Representative*

\_\_\_\_\_  
*Date*

**Nueces County Judge**  
*Title of Authorized Representative*

**THIS CERTIFICATION IS FOR FY 2020. PERIOD BEGINNING October 1, 2019 and ENDING September 30, 2020.**

**COASTAL BEND COUNCIL OF GOVERNMENTS  
AUDIT CERTIFICATION FORM**

NUECES COUNTY

**FY2019**

\_\_\_\_\_  
Grant Recipient

\_\_\_\_\_  
Fiscal Year Ending

Please check one of the boxes below and follow instructions accordingly.

**We have exceeded** the federal or state expenditure threshold of \$750,000.00. We have, or will contract with the CPA Firm of \_\_\_\_\_ to complete our Single Audit or Program Specific Audit. We will submit the audit report within nine (9) months after the end of the audited fiscal year.

Complete one of the following:

- a) We completed the audit on \_\_\_\_\_
- b) We anticipate completion of the audit by March 31, 2020

**We did not** exceed the \$750,000.00 federal or state expenditure threshold required for a Single Audit or a Program Specific Audit to be performed this fiscal year.

  
\_\_\_\_\_  
Signature

1/30/20  
\_\_\_\_\_  
Date

Dale Atchley, CPA  
\_\_\_\_\_  
Printed Name

County Auditor  
\_\_\_\_\_  
Title

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Please return form to:     Attn: Accountant  
                                  Coastal Bend Council of Governments  
                                  Post Office Box 9909  
                                  Corpus Christi, Texas 78469

**Please address any questions and/or comments to: [accountant@fin.cbkog98.org](mailto:accountant@fin.cbkog98.org)**



## NUECES COUNTY RISK MANAGEMENT

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Timothy E. Everest  
Risk Manager

1/27/2020

To Whom It May Concern:

This is notification that Nueces County is covered under the following insurance programs:

1. Workers Compensation for all Nueces County employees is covered under Texas Mutual Insurance. Date of coverages 01/01/2020 to 12/31/2020
2. General Liability Nueces County is self-insured for General Liability.
3. Vehicle Liability - Nueces County is covered by Texas Association of Counties Auto Liability for all county owned or leased vehicles from 06/01/2019 through 05/31/2020. Liability = \$100,000 and Property Damage \$100,000/\$300,000. Nueces County is self-insured for comprehensive.
4. Public Official Liability - ACE - USA, \$1,000,000 each claim 1\$1,000,000 aggregate

Should any questions arise regarding this matter, please call me at your convenience.

Respectfully

*Timothy E Everest*

Timothy E. Everest

**Written Plan for Emergencies  
FY20 Update**

- a) Please review your written plan for emergencies submitted with your FY2016 Vendor (Contract Application). If there are any changes or updates to that plan, please attach the updated version.
- b) If there are no changes, please check off this box
- c) At a minimum, please update the 'Emergency Contact' form below. Please give your cell phone numbers as well; these numbers will not be used except in a case of emergency.

CONTACT NAME	TITLE	OFFICE PH# + EXT #	ALTERNATE PH# (1)	ALTERNATE PH# (2)	OFFICE EMAIL	ALTERNATE EMAIL ADDRESS
<b>Contact #1</b>						
Edward Herrera	Director, Inland Parks/Community Services	361-387-5445	361-960-6316	361-387-1151	<a href="mailto:edward.herrera@nuecesco.com">edward.herrera@nuecesco.com</a>	
<b>Contact #2</b>						
Marcelina Santos	Assistant Director Community Services	361-387-6397	361-960-6536	361-387-6396	<a href="mailto:marcy.santos@nuecesco.com">marcy.santos@nuecesco.com</a>	
<b>Contact #3</b>						
Sylvester Stovall	Assistant Director Inland Parks	361-387-5304	361-960-6425	361-387-5445	<a href="mailto:sylvester.stovall@nuecesco.com">sylvester.stovall@nuecesco.com</a>	