AMENDMENT ONE
BETWEEN
FLORIDA DEPARTMENT OF ELDER AFFAIRS
AND
ALLIANCE FOR AGING, INC.

THIS AMENDMENT, entered into between the Florida Department of Elder Affairs, (DOEA or Department) and the Alliance for Aging, Inc. (Contractor), hereby amends contract KB026.

WHEREAS, the purpose of this Amendment is to amend language and add attachments to contract KB026.
NOW THEREFORE, in consideration of the mutual covenants and obligations set forth herein, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the following:

1. Attachment I, Section III.I., Volunteer Orientation, is hereby replaced.

I. Volunteer Orientation – all volunteers must be fully screened upon submitting applications for consideration. This should include, at a minimum: Mandatory DOEA Orientation, online Volunteer application, local program orientation, local AAA/ADRC processes and protocols, extent of training, and expectation of volunteering with the program.

2. Attachment XII, Outreach Purchase Guidance, is hereby added.

3. Attachment XIII, MIPPA Cumulative Partnerships Form, is hereby added.

4. Attachment XIV, MOU Template, is hereby added.

5. Attachment XV, Event Sign-In Sheet, is hereby added.

All provisions in the contract and any attachments thereto in conflict with this Amendment shall be and are hereby changed to conform to this Amendment.
All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the contract.
This Amendment and all its attachments are hereby made part of the contract.

IN WITNESS WHEREOF, the Parties have caused this ten (10) page Amendment to be executed by their officials as duly authorized, and agree to abide by the terms, conditions and provisions of Contract KB026 or as amended. This Amendment is effective on the last date the Amendment has been duly signed by both Parties.

CONTRACTOR:
ALLIANCE FOR AGING, INC.

DocuSigned by:
SIGNED BY: Max Rothman
02206EC13E6C479...
NAME: Max Rothman
TITLE: Pres. & CEO
DATE: 12/2/2025

Federal Tax ID: 65-0101947 001

UEI #: N3NBRNG4DJ64

STATE OF FLORIDA,
DEPARTMENT OF ELDER AFFAIRS

Signed by:
SIGNED BY: Michelle Branham
A9A2BE65E6554B1...
NAME: MICHELLE BRANHAM
TITLE: SECRETARY
DATE: 12/2/2025

Approved as to form and legal sufficiency, subject only to full and proper execution by the Parties.
OFFICE OF GENERAL COUNSEL
FLORIDA DEPARTMENT OF ELDER AFFAIRS

Signed by:
SIGNED BY: Erik Sayler
848F96A930114CD...
NAME: Erik Sayler
TITLE: General Counsel
DATE: 12/2/2025

ATTACHMENT XII

OUTREACH PURCHASE GUIDANCE FOR SHINE/MIPPA LOCAL PROGRAM PURCHASES

Purchase Approval

If you are requesting cost reimbursement, purchases must be in accordance with the budget allocated for outreach, education, and training activities and they must be directly related to advancing the goals of our outreach efforts as outlined in the 2025 SHINE/MIPPA Contract. The items listed below are considered allowable purchases if you are seeking to have that purchase reimbursed by the Department.

However, if the item you would like to purchase is NOT listed below, the item must be submitted for approval by DOEA SHINE Staff before being purchased.

Additionally, "Required" items must be purchased for Toolkits. Optional items may be added to the kits but may not be reimbursed before proof has been provided that the required items have been purchased, and contract manager approval has been received.

Image/Logo Approval for Items Listed in This Document

If you have an item that you would like to purchase, and the image/logo placement has not been previously approved by DOEA SHINE staff, you WILL need to submit that item with the image for approval before the purchase is completed.

If the item with the image/logo you would like to purchase has been previously approved by DOEA SHINE staff, meaning you have the approval email, you WILL NOT need to submit that item for approval again before purchase.

Pre-Counseling Toolkit Explanation and Items Included

The Pre-Counseling Toolkit for SHINE (Serving Health Insurance Needs of Elders) clients serves as a resource in facilitating informed decision-making and enhancing the overall counseling experience for our Medicare beneficiaries and their caregivers. This comprehensive toolkit will include a range of educational materials, interactive tools, and resources designed to empower clients with the knowledge and confidence needed to navigate the complexities of Medicare effectively. The Toolkit will also contain a list of items that will help the client to prepare for a counseling visit.

At minimum the key components of the toolkit must include a tote bag, SHINE brochure, individually wrapped pen, notepad, and magnifier sheet/card. Other items may include pill bottle opener, pill box, paper fans (commonly known as church fans), refrigerator magnets, informational flyers, decision-making aids, and personalized worksheets tailored to address the unique needs and concerns of our elderly population. These resources were selected to cover a wide spectrum of topics, including Medicare coverage options, prescription drug plans, preventative care services, and healthcare rights and responsibilities.

Utilizing the Pre-Counseling Toolkit enables SHINE counselors to engage clients with a one-on-one exchange of substantial Medicare information at health fairs and other SHINE group outreach events as defined by the Administration for Community Living (ACL).

Additionally, by equipping clients with the necessary information and tools upfront, counselors can streamline the counseling process, optimize client interactions, and ultimately empower clients to make well-informed decisions that align with their healthcare needs and preferences at their scheduled counseling session. Additionally, the inclusion of the toolkit items will ensure that the client is well prepared for their counseling session with all pertinent information that is needed.

Furthermore, the Pre-Counseling Toolkit serves as a valuable educational resource beyond the counseling session, allowing clients to continue their learning journey independently and refer to key information as needed. Hopefully, this will encourage a culture of continuous learning and self-advocacy among our SHINE clients, empowering them to take an active role in managing their healthcare and maximizing their health outcomes and possibly become a SHINE volunteer and assist others.

In summary, the Pre-Counseling Toolkit for SHINE clients represents a strategic investment in enhancing the quality and effectiveness of our counseling services. By providing comprehensive educational resources and empowering clients with

the knowledge and tools they need, we reaffirm our commitment to providing Medicare literacy, advocacy, and informed unbiased decision-making among our elderly beneficiaries.

The Pre-Counseling Toolkit items and purchase justifications are listed below:
In order to ensure that we are making allowable purchases using SHINE funding, the below justification language must be included in your cost reimbursement backup documentation.

Canvas/Fabric Tote Bag (Required)

The purchase of canvas tote bags would support the SHINE Program initiative to provide a pre-counseling kit to clients prior to their counseling session. Canvas tote bags offer a sustainable alternative to single-use plastic bags, aligning with our commitment to environmental responsibility and reducing our ecological footprint. By providing reusable tote bags to our clients, we contribute to the reduction of plastic waste and encourage eco-friendly practices within our community.

Magnifying Sheets/Cards (Required)

The purchase of magnifying sheets/cards is essential to address the visual impairment needs of SHINE clients 65 or older. These magnifying tools offer a practical solution for individuals with low vision or age-related visual impairments, allowing them to easily enlarge and enhance the clarity of printed text, images, and other small details.

Individually Wrapped Pens (Required)

The purchase of individually wrapped pens is essential to uphold hygiene standards and mitigate the risk of cross-contamination at local SHINE events. Given the heightened awareness of health and safety concerns, particularly in light of the recent pandemic, ensuring the availability of individually wrapped pens is crucial to safeguarding the wellbeing of both staff and the vulnerable population SHINE serves.

Notepads (Required)

The purchase of notepads dedicated to writing appointment information is crucial to help SHINE clients to streamline their scheduling processes and ensure the accurate recording of important engagements. These notepads offer a practical and efficient solution for documenting appointment details, including dates, times, locations, and any additional pertinent information regarding their SHINE appointment with a SHINE volunteer.

Refrigerator Informational Magnet (Optional)

The purchase of a refrigerator information magnet is essential to facilitate effective communication and provide awareness of important information among our SHINE clients. These magnets offer consistent, visible, and practical means of educating SHINE clients on how to contact a SHINE counselor when SHINE services are needed. The magnet will also serve as a valuable tool for enhancing engagement and retention of critical information. By assisting with the display of essential details such as emergency contact numbers, important dates, and health-related information, these magnets serve as constant visual reminders and reference points for individuals and families.

Pill Bottle Opener (Optional)

The purchase of a pill bottle opener is essential to enhance accessibility and ease of medication management for SHINE clients with limited dexterity or mobility challenges. The pill bottle opener serves a crucial role in promoting independence and safety among individuals 65 or older, allowing them to open pill bottles with ease and without assistance.

Pill Boxes (Optional)

The purchase of plastic pill boxes is reasonable to facilitate organized medication management for SHINE clients. These pill boxes offer a practical solution for individuals who require daily medication regimens by allowing them to conveniently organize and store their pills according to dosage schedules.

Paper Fans (optional)

The purchase of paper fans (commonly known as church fans) will address the needs of individuals 65 or older in our community who may be vulnerable to heat-related discomfort or health issues. Paper fans offer a simple yet effective means of providing immediate relief from high temperatures, particularly in environments where access to air conditioning or cooling systems may be limited. Additionally, these fans contain educational information that helps the client to reach the program for additional assistance.

Toolkit Verification
PSA must submit a photo of the final toolkit bag, including required items, via the SHINE Media portal when the bag is complete. Photo must be submitted prior to reimbursement of "Optional" items will be granted.

Additional Outreach Items that can be purchased at any time
Listed below are additional items that can be purchased in accordance with the budget allocated for outreach, education, and training activities. These items must be directly related to advancing the goals of our outreach efforts as outlined in the 2025 SHINE/MIPPA Contract.

If the item you would like to purchase is NOT listed, the item must be submitted for preapproval by DOEA SHINE Staff.

- Printed brochures or education flyers
- Banner stands or pop-up displays for events
- Branded uniform (e.g., shirts) for volunteers only. Justification language: We have provided the names of all current volunteers for the calendar year of 202_ who will receive a SHINE Volunteer Shirt. Additionally, we are purchasing a small supply to cover any new volunteers added to the roster after this purchase due to minimum order requirements that may probit our ability for future purchases in a timely manner. These shirts are used to identify SHINE/MIPPA Representatives who provide free and unbiased Medicare counseling to Florida's vulnerable senior population.
- Portable table and tablecloth for outreach events
- Display boards or posters for presentations
- Promotional signage or banners for community outreach initiatives
- Digital marketing tools and software subscriptions for online outreach campaigns (Subscriptions cannot extend beyond the end of the agreement period)
- Multimedia equipment (e.g., projectors, screens) for presentations and workshops
- Printing and postage costs for mailing outreach materials
- Fees for hosting virtual events or webinars
- Translation services for outreach materials in multiple languages
- Educational materials such as textbooks, manuals, and workbooks
- Digital learning resources including e-books, online courses, and subscription services (Subscriptions cannot extend beyond the end of the agreement period)
- Training equipment and supplies necessary for hands-on learning activities
- Software licenses for educational purposes (e.g., learning management systems, productivity software)

**Media approval, including graphics for outreach and educational materials, does not indicate approval for purchase of the items above.

ATTACHMENT XIII
MIPPA CUMULATIVE PARTNERSHIPS FORM

I. MIPPA Incentive 1 (MI1B): New Partnerships Targeting Low-Income, English as a Second Language (ESL), and Rural Senior Living Communities with a Special Focus on Seniors Experiencing Housing Insecurities.

Build partnerships with low-income, ESL, and rural senior housing communities and facilities, in traditionally underserved areas of the Planning and Service Area per quarter. The primary focus should be on the development of new in-person, non-virtual partnerships. AAA must specifically target grant-mandated populations that are likely eligible, but not enrolled, in programs that would help them with out-of-pocket Medicare expenses, such as Medicare Savings Program (MSP) and Low-Income Subsidy (LIS/Extra Help).

	New or Existing	Contact	Organization	Partnership Start Date	Description of Outlined Responsibilities and Commitments between the AAA and the Partner Organization
1	New (N) or Existing (E) Remember to keep all entries until the end of the year. Make sure to change "N" to "E" each quarter.	Name of Contact Phone Number Physical Address Email Address	Name of the Organization	Partnership Start Date	**Description to clearly indicate that the purpose of the partnership is for MIPPA Education, Outreach, Counseling, and Enrollment Seminars.** **Example:** AAA will meet [How Often] at [Organization]. The AAA will conduct educations on MIPPA and set up counseling areas for the AAA to discuss MSP and LIS/Extra Help on [Established Date/Time] and help beneficiaries enroll in eligible programs.
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ATTACHMENT XIV
MOU TEMPLATE

MEMORANDUM OF UNDERSTANDING
BETWEEN
NAME OF AAA AND

SECTION I – Purpose

The Florida Department of Elder Affairs (Elder Affairs), through the Serving Health Insurance Needs of Elders (SHINE) Program, trains and certifies a statewide network of Medicare benefit counselors, primarily volunteers who provide free, unbiased information, counseling, and assistance on Medicare and related health insurance options. Local SHINE Programs, operated under contract with Florida's eleven Area Agencies on Aging, oversee and support SHINE counselors in their regions.

The purpose of this Memorandum of Understanding (MOU) is to ensure a collaborative Partnership between the Name of AAA and to enhance outreach, education, and enrollment assistance for Medicare beneficiaries who qualify under the Medicare Improvements for Patients and Providers Act (MIPPA). These individuals include those with limited income and resources, and/or those residing in rural areas, who may be eligible for Medicare cost-saving programs such as the Medicare Savings Programs (MSPs), Part D Low-Income Subsidy (LIS/Extra Help), and other preventive and wellness benefits.

This MOU outlines the shared purpose, goals, and responsibilities under which the Partnership between the Name of AAA and will operate. Specifically, it reflects a joint commitment to expanding MIPPA-related activities aimed at reaching and assisting Medicare beneficiaries who are low-income and/or residing in rural or underserved areas. The goal is to ensure these individuals, their families, and their caregivers receive timely and accurate support in accessing Medicare cost-saving programs and understanding their healthcare benefits.

In consideration of our shared mission to improve the health, well-being, and financial savings of Florida's most vulnerable older adults, the Name of AAA and agree to work collaboratively to enhance the reach and effectiveness of MIPPA outreach, education, and enrollment efforts as follows:

SECTION II - Services

A. Partner Organization SHALL (*Please check all that apply under this agreement*):

- ☐ Identify individuals likely eligible for Medicare Part D, LIS or MSP.
- ☐ Complete training on applicable benefit programs, statutory changes, and target populations.
- ☐ Provide direct LIS or MSP application assistance.
- ☐ Refer individuals to the NAME OF AAA through the Florida Elder Helpline (1-800-963-5337) for counseling and assistance when a SHINE counselor is not available at the site.
- ☐ Support the NAME OF AAA in developing or conducting outreach and enrollment activities.
- ☐ Display or distribute SHINE/MIPPA Program and Medicare related materials.
- ☐ Provide a space conducive to conducting training and/or educational presentations.
- ☐ Provide counselors with access to office supplies and equipment to assist with the counseling process.
- ☐ Provide internet access at the site location (if necessary).
- ☐ Provide suitable space to assure privacy when a counselor is serving a client.
- ☐ Continuously publicize services of the SHINE/MIPPA Program through the Partnership and the availability of a SHINE counselor whenever possible.

B. Name of AAA SHALL:

- Educate and train staff of the Community Support Provider about MIPPA, Medicare Part D, LIS and MSPs.
- Provide educational materials regarding the MIPPA Program as well as Medicare and related programs.
- Provide highly trained staff and/or volunteers to assist beneficiaries.
- Provide supervision, support, and technical assistance for counselors.
- Ensure that counselors are available at the agreed upon location(s) for minimum number of hours per week.
- Continuously publicize services of the SHINE/MIPA Program through the Partnership and the availability of a SHINE Counselor, whenever possible.

C.Mutual Interest and Understanding:

agrees that its employees and all other affiliates assisting with the SHINE/MIPPA Program will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. also agrees that any medical records or personal information given to its employees under the arrangements of this MOU shall be kept confidential and not divulged or made available to any individual or organization without the prior written approval of the NAME OF AAA.

D. Non-Fund Obligating Document

This agreement is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this agreement will be handled in accordance with applicable laws, regulations, and procedures. There are no such endeavors and added terms.

SECTION III - Contacts

The principal contacts for this agreement are:

	Community Support Provider:
NAME OF AAA :	**Contact Name:**
NAME OF MIPPA LIAISON/ADDRESS: (Name), (Address)	**Address:**
LIAISON PHONE:	**Phone:**
LIAISON EMAIL:	**Fax:**
	Email:

SECTION IV - Modification/Termination

Modifications within the scope of the agreement shall be made by mutual consent of the parties, by the issuance of a written modification, signed and dated by all parties, prior to any changes being performed.

Any of the parties, in writing, may terminate the agreement in whole, or in part, at any time before the date of expiration. The parties agree that the Partnership is mutually beneficial and agree to the terms specified herein. This agreement will become effective on the date signed by both parties and remain in effect for one full year.

AAA Name:	**By: Name of Partner Organization**
By: ED Name	**Title:**
Title: Executive Director	**Date:**
Date:	

2

SHINE (SHIP/SMP/MIPPA) Event Sheet

"Please provide event verification letters with this sheet"

Event Name :

Event Date : Event County:

Please select one of the following:

☐ A SHINE presentation was given by a Certified Presenter using approved materials

☐ SHINE was a vendor with a booth

☐ Both Apply

☐ SHINE Enrollment Event

	Client Name	Assistance Needed		Contact Phone Number or Email
1		Y	N	
2		Y	N	
3		Y	N	
4		Y	N	
5		Y	N	
6		Y	N	
7		Y	N	
8		Y	N	
9		Y	N	
10		Y	N	
11		Y	N	
12		Y	N	
13		Y	N	
14		Y	N	
15		Y	N	

Certificate Of Completion

Envelope Id: 01C95C0E-6148-4845-A4EB-D3E5D250678E
Subject: MIPPA -KB026.A1- Approved for Signature
Source Envelope:
Document Pages: 10
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 3
Initials: 0

Status: Completed

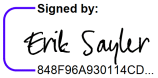
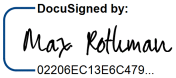
Envelope Originator:
James Norris
4040 Esplanade Way
Tallahassee, FL 32311
norrisj@elderaffairs.org
IP Address: 204.156.255.2

Record Tracking

Status: Original
12/1/2025 7:22:49 AM

Holder: James Norris
norrisj@elderaffairs.org

Location: DocuSign

Signer Events	Signature	Timestamp
Erik Sayler saylere@elderaffairs.org General Counsel Security Level: Email, Account Authentication (None)	Signed by:  848F96A930114CD... Signature Adoption: Pre-selected Style Using IP Address: 204.156.255.2	Sent: 12/1/2025 7:23:55 AM Viewed: 12/2/2025 10:45:34 AM Signed: 12/2/2025 10:45:52 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Max Rothman rothmanm@allianceforaging.org Pres. & CEO Security Level: Email, Account Authentication (None)	DocuSigned by:  02206EC13E6C479... Signature Adoption: Pre-selected Style Using IP Address: 2601:586:5301:fd0:c51a:d01d:c947:cb19	Sent: 12/2/2025 10:45:55 AM Viewed: 12/2/2025 11:25:45 AM Signed: 12/2/2025 11:27:26 AM
Electronic Record and Signature Disclosure: Accepted: 12/2/2025 11:25:45 AM ID: df2f4d25-81a9-40f1-929c-c63393fb1422		
Michelle Branham branhamm@elderaffairs.org Secretary Florida Department of Elder Affairs Security Level: Email, Account Authentication (None)	Signed by:  A9A2BE65E6554B1... Signature Adoption: Drawn on Device Using IP Address: 38.61.118.244	Sent: 12/2/2025 11:27:27 AM Viewed: 12/2/2025 12:38:58 PM Signed: 12/2/2025 12:39:23 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Krysta Carter carterk@elderaffairs.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 11/19/2025 7:00:14 AM ID: a5177c93-0f39-42cf-a080-e47b6e603882	COPIED	Sent: 12/1/2025 7:23:55 AM
K. Peyton peytonk@allianceforaging.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 12/2/2025 10:45:55 AM
Stanley McNeese mcneeses@allianceforaging.org CFO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 12/2/2025 10:45:55 AM Viewed: 12/2/2025 1:49:32 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/1/2025 7:23:55 AM
Certified Delivered	Security Checked	12/2/2025 12:38:58 PM
Signing Complete	Security Checked	12/2/2025 12:39:23 PM
Completed	Security Checked	12/2/2025 12:39:23 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Carahsoft OBO Florida Department of Elder Affairs (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Florida Department of Elder Affairs:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: taylorj@elderaffairs.org

To advise Carahsoft OBO Florida Department of Elder Affairs of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at taylorj@elderaffairs.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Carahsoft OBO Florida Department of Elder Affairs

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to taylorj@elderaffairs.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Florida Department of Elder Affairs

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to taylorj@elderaffairs.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO Florida Department of Elder Affairs as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO Florida Department of Elder Affairs during the course of your relationship with Carahsoft OBO Florida Department of Elder Affairs.