**STATEMENT OF ACCEPTANCE IN**

 **INVOLVEMENT OF SPECIAL ACTIVITIES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to participate in any

(Provider Name)

research, evaluation, training, or community education activities, or projects, that the

Area Agency on Aging of Broward County, Inc., deems necessary, and appropriate, for the provision of quality Older American Act Services during the contract period.

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Signature of Authorized Representative Date