

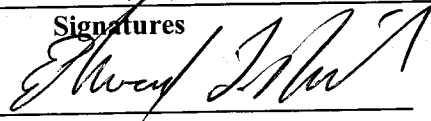
**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT
FUND 1006 DOSS ADMINISTRATION**

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 10/1/06	REMAINING BALANCE
REVENUES								
	<u>Emergency Home Energy Assist. for the Elderly</u>							
144-1483-3168	Fed Grant Indirect - Human Services	74,000	74,000	46,096	0	120,096		
	Total Receipts and Balances	2,080,713	2,080,713	46,096	0	2,126,809		
EXPENDITURES								
	<u>Emergency Home Energy Assist. for the Elderly</u>							
144-1483-1201	Salary & Wages Regular	43,425	43,425	10,514	0	53,939		53,939
144-1483-2101	FICA-Taxes	2,719	2,719	652	0	3,371		3,371
144-1483-2105	FICA-Medicare	635	635	152	0	787		787
144-1483-2201	Retirement Contributions-FRS	3,912	3,912	882	0	4,794		4,794
144-1483-2301	Insurance-Life & Health	9,343	9,343	2,249	0	11,592		11,592
144-1483-8301	Contributions For Individuals	70,000	70,000	31,647	0	101,647		101,647
	Total Appropriations & Expenditures	2,080,713	2,080,713	46,096	0	2,126,809		

OFMB

INITIATING DEPARTMENT/DIVISION
 Administration/Budget Department Approval
 OFMB Department - Posted

Signatures


Date
 9-12-2006

By Board of County Commissioners
 At Meeting of October 3rd, 2006

 Deputy Clerk to the
 Board of County Commissioners

This AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Agency on Aging" and the Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider", amends Agreement No. IP006-9500.

The purpose of this amendment is:

- 1) to increase the agreement amount by \$46,096.00;
- 2) to revise language in ATTACHMENT I, Sections II.A., II.A.1., II.A.3 and II.A.4.;
- 3) to add language to ATTACHMENT I, Section IV., D. 1., f;
- 4) to add ATTACHMENT I, Exhibit A;
- 5) to revise and replace ATTACHMENT III, Budget summary;
- 6) revise and replace ATTACHMENT IV, Emergency Home Energy Assistance for the Elderly Program - Statistical Report; and to
- 7) revise and replace ATTACHMENT V, Emergency Home Energy Assistance for the Elderly File Review Form.

1. Section II, is hereby amended to read:

Agreement Amount

To pay for contracted services according to the conditions of ATTACHMENT I in an amount not to exceed \$96,274.00, subject to the availability of funds. The Agency on Aging's performance and obligation to pay under this agreement is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other agreement or from any other source are not eligible for reimbursement under this agreement. The schedule of funds awarded to the Provider pursuant to this agreement is in state grants and aids appropriations and consists of the following:

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Emergency Home Energy Assistance Program	2006	U.S. Dept. of Health and Human Services	93.568	\$96,274.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$96,274.00

- 2) ATTACHMENT I, Sections II. A., II.A.1, II.A.3, and II. A.4 are hereby amended to read:

A. Services:

Eligible households may be provided with one benefit per season up to four hundred dollars per benefit. An applicant is eligible for one summer crisis benefit during the period from April 1 to September 30 and one winter crisis benefit between October 1 to March 31 each year. An applicant's eligibility for crisis benefits is not related to the provider's agreement periods. Weather-Related/Supply Shortage funds can be provided in addition to crisis benefits. When benefits are distributed for a weather-related/supply shortage emergency, the provider agrees to comply with directives provided by the Agency on Aging as to the allowable expenditures of these funds.

The provider shall utilize the funds provided under this agreement to:

1. Administer the Emergency Home Energy Assistance Program (EHEAP) in accordance with the terms and conditions as described in the LIHEAP state plan. The provider agrees to perform the services of this agreement in accordance with all

federal, state, and local laws, rules, regulations and policies that pertain to Emergency Home Energy Assistance Program. The recipient agrees to perform administration and outreach activities in accordance with Attachment I, Exhibit A.

3) ATTACHMENT I, Section IV., D. 1., f., is hereby added:

f. Documentation of referrals to LIHEAP, CSBG and WAP.

4) ATTACHMENT I, Exhibit A, is hereby added and attached hereto.

5) ATTACHMENT III, Budget Summary, is hereby replaced with the revised Budget Summary, attached hereto.

6) ATTACHMENT IV, Emergency Home Energy Assistance for the Elderly Program - Statistical Report is hereby replaced with the revised Emergency Home Energy Assistance for the Elderly Program - Statistical Report, attached hereto.

7) ATTACHMENT V, Emergency Home Energy Assistance For The Elderly File Review Form, is hereby replaced with the revised Emergency Home Energy Assistance For The Elderly File Review Form, attached hereto.

This amendment shall be effective on the last date that the amendment is signed by both parties.

All provisions in the agreement 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 agreement.

This amendment and all its attachments are hereby made a part of the agreement.

IN WITNESS THEREOF, the parties hereto have caused this 10 page AMENDMENT to be executed by their undersigned officials as duly authorized.

**PROVIDER: PALM BEACH COUNTY,
FLORIDA, A Political
Subdivision of the State of
Florida**

**AREA AGENCY ON AGING OF PALM
BEACH/TREASURE COAST, INC.**

BOARD PRESIDENT OR
AUTHORIZED DESIGNEE

SIGNED
BY: _____
Tony Masilotti, Chairman

SIGNED
BY: _____

DATE: _____

NAME: _____
TITLE: _____

SHARON R. BOCK, Clerk and Comptroller

DATE: _____

BY: _____

DATE: _____

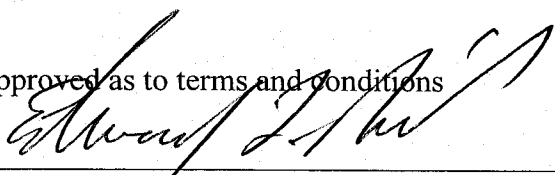
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR-END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

DEFINITIONS - Outreach Expenses and Outreach Activities

OUTREACH EXPENSES (Direct program staff costs)

Allowable expenditures: Salaries including Fringe, Rent, Utilities, Travel, Other.

Example: Social Workers, Intake Workers, Secretarial Staff, space costs, i.e, rent, utilities, telephone, computers, office supplies, mileage

These expenses are those costs necessary to provide direct client assistance.

Each agency is responsible for providing staff to operate LIHEAP/EHEAP in areas accessible to potential applicants. The agency is responsible for accomplishing the following according to federal and state laws, contractual agreement and program policy:

- (1) Providing in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size. The matrix and the LIHEAP worksheet, also allows for paying more to those with lower incomes and larger families.
- (2) Coordinating services for potential clients with the Weatherization Assistance Program and any other energy conservation program,
- (3) Having agreements with vendors which benefit clients,
- (4) Informing potential clients of times and places to apply through outreach activities,
- (5) Copying applications, brochures and forms in sufficient numbers to operate the program,
- (6) Receiving applications,
- (7) Tracking applications,
- (8) Establishing client records (files),
- (9) Accurately determining eligibility or ineligibility,
- (10) Securing verification of all household income, or obtaining self-declaration when verification is not possible,
- (11) Calculating income amounts,
- (12) Accurately completing worksheets and notices,
- (13) Sorting, reviewing for accuracy and filing of documents in client records,
- (14) Correcting errors, especially eligibility or payment errors,
- (15) Updating addresses when the household reports a change,

- (16) Filing client records in accurate alphabetical order by the applicant's last name then first name,
- (17) Helping clients by telephone and in person politely and professionally,
- (18) Making home visits, as required,
- (19) Sorting mail and handling clients' correspondence expeditiously,
- (20) Processing approval and denial notices,
- (21) Establishing a procedure to track payments and identify staff who are authorized to process payments.
- (22) Taking actions that resolve the emergency within forty-eight hours of application for applicants approved for a crisis benefit when no life-threatening situation exist,
- (23) Taking actions that resolve the emergency within eighteen hours of application for applicants approved for a crisis benefit when a life-threatening situation exist,
- (24) Resolving payment problems,
- (25) Having supervisors or edit staff read each case, show errors to staff, track corrections, and sign each worksheet when corrected.

OUTREACH ACTIVITIES

Agencies must inform potentially eligible households in their service area about program to ensure that households wishing to apply will have the opportunity.

- a. Agencies must inform all local agencies that are in regular contact with the low-income population, especially agencies and groups serving people who are elderly, disabled, home bound, migrants or seasonal farm workers.
- b. The agency staff must inform the local media within thirty days of the beginning of the program. Agency staff is also encouraged to participate in local television and public interest radio programs and to place announcements of the program in media community calendars.

A description of all interaction between the agency and the media concerning LIHEAP/EHEAP must be kept in the agency office. It should be forwarded to the Agency on Aging, if requested.

- c. If the agency is unable to assist a homebound applicant by phone, the agency must make a home visit to the prospective applicant to assist them in completing the application.
- d. Upon the request of an official of a local congregational center serving elderly or disabled people, agency staff will visit and provide information or make presentations on the program. A description of the interaction must be included in the agency's outreach report.

- e. The Agency on Aging has furnished each agency information about the local weatherization program. The agency must furnish this information to all persons who request it, including organizations that provide outreach activities.
- f. Each agency determines the address and telephone number of each county extension office within the service area. The agency must furnish this information to all persons who request information about energy conservation and to all organizations that provide outreach activities.

ATTACHMENT III

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY

AGENCY: Palm Beach County Board of County Commissioners

1. Administration*	\$3,367.00
2. EHEAP Benefits (Crisis)	\$78,458.00
3. EHEAP Outreach	\$14,449.00
3. Total	<u>\$96,274.00</u>
4. Projected minimum number of Consumers to be served:	<u>196</u>

NOTE: Eligible households may be provided with one benefit per season up to and not to exceed four hundred dollars per benefit. The minimum number of consumers may reflect duplicated consumers if a consumer receives a benefit in both seasons.

- Allowable administrative funds may be used for emergency energy assistance benefits.

Emergency Home Energy Assistance for the Elderly Program - Statistical Report

PSA#: _____ Area Agency: _____ Agreement Year: _____ Agreement # _____

ASSISTED HOUSEHOLD REPORT (Required Data) *See note	April 1 - June 30 (Cooling)	July 1 - September 30 (Cooling)	October 1 - December 31 (Heating)	January 1 - March 31 (Heating)
ASSISTED HOUSEHOLD REPORT DIRECTIONS: Provide statistics on all households <u>assisted</u> through EHEAP. This report is due by the 15 th day of the month following the end of the reporting period. Use Total Gross Annualized Income from page 2, #1 of the EHEAP application.				
1. Number of Households Assisted:				
2. Households Assisted with Gross Incomes:				
A. Under 75% Poverty Level				
B. 75% - 100% Poverty Level				
C. 101% - 125% Poverty Level				
D. 126% - 150% Poverty Level				
E. Over 150% Poverty Level				
3. Households with at Least One Member:				
A. 60 Years or Older				
B. Disabled				
C. Age 5 years or under				
4. UNDUPLICATED HOUSEHOLDS ASSISTED:				
During this reporting period, how many households received EHEAP assistance for the <u>first</u> time under this agreement. (Count each household only once during the agreement period).				
APPLICANT HOUSEHOLD REPORT (Required Data) *See note	April 1 - June 30 (Cooling)	July 1 - September 30 (Cooling)	October 1 - December 31 (Heating)	January 1 - March 31 (Heating)
APPLICANT HOUSEHOLD REPORT DIRECTIONS: Provide statistic on all households <u>applying</u> for EHEAP assistance, whether they did or did not receive assistance.				
1. Number of Applicant Households:				
2. Applicant Households with Gross Income:				
A. Under 75% Poverty Level				
B. 75% - 100% Poverty Level				
C. 101% - 125% Poverty Level				
D. 126% - 150% Poverty Level				
E. Over 150% Poverty Level				
F. No Income Data Avail.				

Signature: _____ Date: _____

***This report must include all program activities for the P006 agreement (FY 2006 funds). Do not include activities paid for with FY 2005 funds. DOEA Form 116 Revised 07/2006**

**ATTACHMENT V
EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY FILE REVIEW
FORM**

CASE NAME		PSA#	AGENCY		APPROVAL _____ DENIAL _____	
NAME OF WORKER		APPLICATION DATE	DISPOSITION DATE		DATE MONITORED	
PROGRAM REQUIREMENTS REVIEWED			Yes	No	N/A	COMMENTS
1. Individual case file for the applicant?						
2. Household contains a member 60 or older.						
3. The household is in the Florida county covered by the agreement.						
4. <u>All</u> household members and their income(s) are listed.						
5. The applicant file contains official income documents as listed in #1 of the EHEAP Application.						
6. If income is self-declared, is there a self-declaration form signed by the applicant for all adult members claiming \$0 income?						
7. Household size determined correctly and correct size is on the worksheet.						
8. Checked applicant is not in categories listed in #9 of the EHEAP Application.						
9. All required sections of the application are signed and dated.						
10. Earned income calculated correctly.						
11. Non-earned income calculated correctly.						
12. Total countable income is calculated correctly and is not rounded.						
13. Total income is at or below 150% of the OMB Federal Poverty Level for household size.						
14. Written explanation of household living management when annual household income is less than \$738.00						
15. Verified household has not received DCA LIHEAP Crisis Assistance.						
16. Copies of fuel bills or other supporting documentation of proof of energy crisis.						
17. Only energy related elements of a utility bill are paid unless required to resolve the crisis.						
18. Only the past due or delinquent portion of a utility bill is paid. If a different amount is required by the utility company, an explanation is provided on page 2, in the space below #7a.						
19. Energy crisis resolved in 48 hours (18 hours if life-threatening situation).						
20. Written notice of approval or denial for services is issued within 15 days of receiving requested information.						
21. Appropriate benefit(s) provided.						
22. Written explanation provided on page 2, #7d when the need exceeds the \$400.00 limit.						
23. Benefit at or below \$400.00.						
24. The application is signed and dated by supervisor/edit staff after it is reviewed or prior to payment for mistakes and appropriate file documentation.						

INSTRUCTIONS: A check mark in the Yes column indicates the requirement has been met. A check mark in the No column indicates the requirement has not been met or is questionable. Each "No" mark must be explained under "COMMENTS".

Attestation Statement

Palm Beach County Board of County Commissioners

Agreement Number IP006-9500

Amendment Number 002

I, Tony Masilotti, Chairman, attest that no changes or revisions
(Provider representative)

have been made to the content of the above referenced agreement or amendment between the Area Agency of Palm Beach Treasure Coast, Inc. and Palm Beach County Board of County Commissioners. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement content.

Signature of Provider Representative

Date