

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: February 6, 2007 **(X) Consent** **() Regular**
 () Ordinance **() Public Hearing**

Department

Submitted By: Community Services

Submitted For: Division of Senior Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: **A) ratify** the Chairperson's signature on the Service Provider Application (SPA) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) for various services to the elderly and; **B) approve** Standard Agreement for the Older Americans Act (OAA) program with AAA for the period January 1, 2007 through December 31, 2007, in the amount of \$1,900,108 for various services to the elderly.

Summary: The Service Provider Application (SPA) was signed by the Chairperson on November 16, 2006 and submitted through the emergency signature process to meet the AAA required deadline. The application has been approved for OAA funding of \$1,900,108. As a result of the SPA approval, the OAA Standard Agreement will allow the Division of Senior Services (DOSS), as lead agency, to contract with vendors to provide Adult Day Care, Escort, Housing Improvement, In-Home Services (Homemaker, Personal Care, Respite, Companionship and Chore), Interpreter/Translating, Screening/Assessment, Congregate Meals, Home Delivered Meals, Nutrition Education, Nutrition Counseling, Outreach and Specialized Medical Equipment, Services & Supplies. The Agreement spans two (2) County fiscal years. Sufficient funding is available in the FY 2007 budget to meet County obligations. County match and additional funding required to meet FY 2008 obligations will be requested in the FY 2008 budget process. In the area south of Hypoluxo Road, Mae Volen Senior Center Inc. currently provides OAA services under a similar grant from the AAA. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

Background and Justification: The OAA grant and SPA are federally funded on a calendar year basis and the primary emphasis is on the delivery of services to low income minorities, socially isolated elders, and those with functional impairments for in-home services. The services include adult day care, escort, in-home services, interpreter/translating, screening/assessment, congregate meals, home delivered meals, nutrition education, nutrition counseling, outreach and specialized medical equipment, services & supplies.

Attachment:

- A. Service Provider Application (SPA)
B. OAA Standard Agreement

Recommended By:

Department Director

Date

Approved By:

Assistant County Administrator

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
Capital Expenditures					
Operating Costs	<u>3,119,137</u>	<u>1,039,712</u>			
External Revenue	<u>1,659,909</u>	<u>553,303</u>			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>1,459,228</u>	<u>486,409</u>			
# ADDITIONAL FTE POSITIONS (Cumulative)					
Is Item Included in Current Budget:	Yes <u>X</u>		No		
Budget Account No.:	Fund <u>1007</u>	Department <u>144</u>	Unit <u>Var.</u> Object <u>Var.</u>		
	Program <u>Var.</u>				

B. Recommended Sources of Funds/Summary of Fiscal Impact:

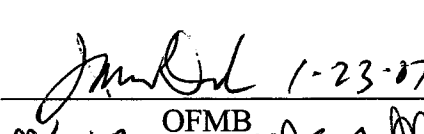
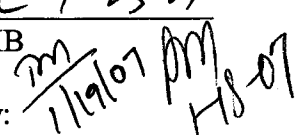
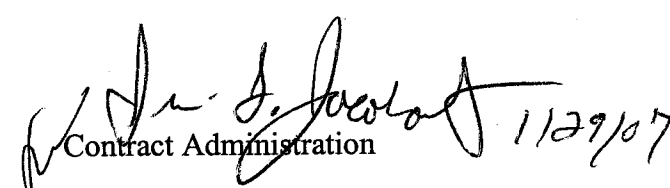

Funding sources are the Federal Government, Palm Beach County, and Private Donations.

<u>Unit</u>	<u>1457</u>	<u>1458</u>	<u>1459</u>	<u>1461</u>	<u>2006</u>
<u>OAA</u>					
<u>Funds</u>	<u>IIIB</u>	<u>C-1</u>	<u>C-2</u>	<u>IIIE</u>	<u>Totals</u>
Federal	698,520	536,982	502,973	161,633	1,900,108
NSIP	0	102,751	121,553	0	224,304
Match (10%)	77,613	59,665	55,886	17,959	211,123
Program Income	9,000	57,000	21,000	1,800	88,800
Addnl. County Funds	<u>470,962</u>	<u>448,162</u>	<u>662,148</u>	<u>153,242</u>	<u>1,734,514</u>
Total	<u>1,256,095</u>	<u>1,204,560</u>	<u>1,363,560</u>	<u>334,634</u>	<u>4,158,849</u>

Departmental Fiscal Review: Review

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 1-23-07
 OFMB
 1/23/07
 Legal Sufficiency:  1/19/07 PM HS-07
 1/29/07
 Contract Administration
 1/24/07
 Assistant County Attorney  1/31/07
 This Contract complies with our contract review requirements.

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

**STANDARD AGREEMENT
AREA AGENCY ON AGING**

Palm Beach County Board of County Commissioners

THIS AGREEMENT is entered into between the Area Agency on Aging of Palm Beach/Treasure Coast Inc., hereinafter referred to as the "Area Agency", and the Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider". This agreement is subject to all provisions contained in the MASTER AGREEMENT executed between the Area Agency and the Provider, Agreement No. M004-1, and its successor, incorporated herein by reference.

The parties agree:

I. Provider Agrees:

- A. Services to be Provided:**
To plan, develop, and accomplish the services delineated, or otherwise cause the planning, development, and accomplishment of such services and activities, under the conditions specified and in the manner prescribed in Attachment I of this agreement.
- B. Final Request for Payment:**
The Provider **must** submit the final request for payment to the Area Agency no more than forty-five (45) days after the agreement ends or is terminated; **if the Provider fails to do so, all right to payment is forfeited, and the Area Agency will not honor any requests submitted after the aforesaid time period.** Any payment due under the terms of this agreement may be withheld until all reports due from the Provider, and necessary adjustments thereto, have been approved by the Area Agency.

II. The Area Agency Agrees:

- A. Agreement Amount:**
To pay for services according to the conditions of Attachment I in an amount not to exceed \$1,900,108.00, subject to the availability of funds.
- B. Obligation to Pay:**
The State of Florida and the Area Agency's performance and the obligation to pay under this agreement is contingent upon an annual appropriation by the Legislature.
- C. Source of Funds:**
The costs of services paid under any other agreement or from any other source are not eligible for reimbursement under this agreement. The funds awarded to the Provider pursuant to this agreement are in the state grants and aids appropriations and consist of the following:

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Older Americans Act Title IIIB Support Services	2007	U.S. Dept. of Health and Human Services	93.044	\$698,520.00
Older Americans Act Title III C1 Congregate Meals	2007	"	93.045	\$536,982.00
Older Americans Act Title III C2 Home Delivered Meals	2007	"	93.045	\$502,973.00
Older Americans Act Title III E Services	2007	"	93.052	\$161,633.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				<u>\$1,900,108.00</u>

III. Provider and Area Agency Mutually Agree:

A. Effective Date:

1. This agreement shall begin on January 1, 2007 or on the date the agreement has been signed by both parties, whichever is later.
2. This agreement shall end on December 31, 2007.
3. In the event that a subsequent agreement may not be executed prior to the July 1st start date, the Area Agency may, at its discretion, extend this agreement upon written notice for up to 90 days to ensure continuity of service. Services provided under this extension will be paid for out of the succeeding agreement amount.

B. Termination, Suspension, and/or Enforcement:

The causes and remedies for termination or suspension of this agreement shall follow the same procedures as outlined in Section III.B. and Section III.C. of the Master Agreement.

C. Provider Responsibility:

Notwithstanding the pass through language contained in Section I.S. of the Master Agreement, the Provider maintains responsibility for the performance of all subcontractors/vendors in accordance with all applicable federal regulations (Code of Federal Regulations (CFR) Title 45, Chapter XIII, Part 1321.25) and state laws.

D. Notice, Contact, and Payee Information:

1. The name, address, and telephone number of the program manager for the Area Agency for this agreement is:

Bonnie Roberts, Program Manager
Area Agency on Aging
1764 N Congress Ave, Suite 201
West Palm Beach, Florida 33409
(561) 684-5885

2. The name, address, and telephone number of the representative of the Provider responsible for administration of the program under this agreement is:

Sylvia Thompson-Gilbert, Director
Division of Senior Services
810 Datura Street, Suite 300
West Palm Beach, FL 33401
(561) 355-4746

3. In the event different representatives are designated by either party after execution of this agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this agreement.
4. The name (Provider name as shown on page 1 of this agreement) and mailing address of the official payee to whom the payment shall be made:

Palm Beach County Board of County Commissioners
Division of Senior Services
810 Datura Street, Suite 300
West Palm Beach, FL 33401
(561) 355-4746

12/2006

Agreement Number IA007-1

IN WITNESS THEREOF, the parties hereto have caused this 11 page agreement 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.

SIGNED

BY: _____
Addie L. Greene, Chairperson

SIGNED

BY: _____

DATE: _____

NAME: _____

TITLE: _____

SHARON R. BOCK, Clerk and Comptroller

DATE: _____

BY: _____

DATE: _____

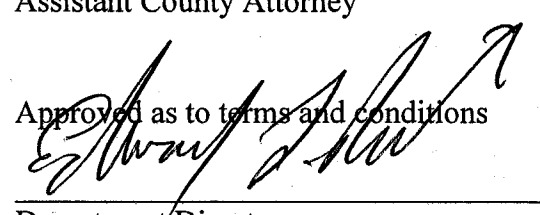
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

**ATTACHMENT I
OLDER AMERICANS ACT PROGRAM**

I. STATEMENT OF PURPOSE

The Older Americans Act (OAA) Program is a federal program that provides assistance to older persons and caregivers and is the only federal supportive services program directed solely toward improving the lives of older people. The program provides a framework for a partnership among the different levels of government and the public and private sectors with a common objective — improving the quality of life for all older Americans by helping them to remain independent and productive.

To enhance the provision of services at the local level, the Department of Elder Affairs is charged with dividing the state into distinct planning and service areas (PSA's) and designating an Area Agency on Aging (AAA) for each of them. The AAA is responsible for assessing the needs of older persons within its respective PSA.

The Provider fosters the development and implementation of comprehensive and coordinated systems to serve older individuals. The Provider is responsible for assessing needs of older persons within its respective geographic area. Under current law, all service providers funded under part B of the Act must follow priorities established by the Area Agency and approved by the Department of Elder Affairs for serving the elderly, providing assurances that preference will be given to those with the greatest economic and social need, with particular attention to low-income minority older individuals residing in rural areas.

II. SERVICES TO BE PROVIDED**A. Services:**

The Provider's Service Provider Application for the calendar year 2007, and any revisions thereto approved by the Area Agency and located in the program manager's file, are incorporated by reference in this agreement between the Area Agency and the Provider, and prescribe the services to be rendered by the Provider and prescribe the manner in which the Provider will meet the requirements of the Older Americans Act as amended in 2006.

B. Manner of Service Provision:

The services will be provided in a manner consistent with and described in the Provider's Service Provider Application for calendar year 2007, the Department of Elder Affairs Home and Community-Based Services Handbook dated 1/03, the Department of Elder Affairs National Family Caregiver Support Program Guidelines, and the Department of Health and Human Services, Office of Assistant Secretary, Administration on Aging, Program Instruction, AoA-PI-01-02. In the event the manual

or guidelines are revised, such revision will automatically be incorporated into the agreement and the program manager will send a copy to the Provider's contact person. 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 Older Americans Act funds.

III. METHOD OF PAYMENT

- A. The method of payment in this agreement includes advances and fixed rates for services. The Provider must ensure all costs and fixed amounts include only those costs that are in accordance with all applicable state and federal statutes and regulations and are based on historical costs and audited historical costs when applicable. The Provider shall consolidate all requests for payment and all expenditure reports that support requests for payment from subcontractors/vendors and shall submit to the Area Agency on forms 106A, 105A and 106E.

All sub-awards (agreements between the Provider and its sub-contractors who have been deemed by the Provider to be sub-recipients) are subject to those Federal cost principles applicable to the particular organization concerned. Thus, if a sub-award is to a governmental unit (other than a college, university or hospital), this Circular shall apply; if a sub-award is to a commercial organization, the cost principles applicable to commercial organizations shall apply; if a sub-award is to a college or university, Circular A-21 shall apply; if a sub-award is to a hospital, the cost principles used by the Federal awarding agency for awards to hospitals shall apply; if a sub-award is to some other non-profit organization, Circular A-122, "Cost Principles for Non-Profit Organizations," shall apply.

- B. The Provider shall maintain documentation to support payment requests that shall remain available upon request to the State Comptroller, the Department of Elder Affairs, or the Area Agency, or other authorized state and federal personnel upon request.
- C. The Provider may request a monthly advance for service costs for each of the first two months of the agreement period, based on immediate anticipated cash needs. Detailed documentation justifying cash needs for advances must be submitted with the signed agreement, approved by the Area Agency, and maintained in the program manager's file. For-profit organizations cannot receive advance funds. All payment requests for the third through the twelfth months shall be based on the submission of monthly actual expenditure reports beginning with the first month of the agreement. The schedule for submission of invoices is ATTACHMENT II to this agreement. Reconciliation and recouping of advances made under this agreement are to be completed by the time the final payment is made. All payments are subject to the availability of funds.

- D. A final receipt and expenditure report (closeout report) will be forwarded to the Area Agency within sixty (60) days after the agreement ends or is terminated. All monies which have been paid to the Provider and not used to retire outstanding obligations of the agreement being closed out must be refunded to the Area Agency along with the final receipt and expenditure report.
- E. Interest Earned on General Revenue and Federal Funds: Interest income earned on the advance of general revenue and federal funds must be separately identified and returned to the Area Agency together with the payment and expenditure reports. Advances on federal funds must be maintained in interest-bearing accounts in accordance with 45 CFR 74.22(k).
- F. Any payment due by the Area Agency under the terms of this agreement may be withheld pending the receipt and approval by the Area Agency of all financial and programmatic reports due from the Provider and any adjustments thereto, including any disallowance not resolved as outlined in Section P. of the Master Agreement.
- G. The Provider agrees to implement the distribution of funds as detailed in the approved Supporting Budget Schedule by Program Activity in the Service Provider Application.
- H. Financial Reports: The Provider agrees to provide an accurate, complete and current disclosure of the financial results of this agreement as follows:
 - 1. To submit all requests for payment and expenditure reports according to the format, schedule and requirements specified in ATTACHMENT II.
 - 2. The completed manual units of service portions of the Older Americans Act Annual Report, if applicable, are due to the program manager on the date established by the Area Agency. The Area Agency will obtain the remaining Report sections from the Consumer Information, Registration and Tracking System (CIRTS).

IV. SPECIAL PROVISIONS

A. Consumer Contributions and Co-payments for Services

- 1. The Provider assures compliance with Section 315 of the Older Americans Act as amended in 2006, in regard to consumer contributions. The Provider may charge co-payments to those persons able to pay part or all of the cost of services only for services not paid for with Older Americans Act funds.

2. Voluntary contributions are not to be used for cost sharing or matching (see Title 45, Chapter XIII, Part 1321.25, CFR).
3. Accumulated voluntary contributions are to be used prior to requesting Federal reimbursement (see Title 45, Chapter XIII, Part 1321.25, CFR).
4. Voluntary contributions and related interest earned are program income and must be used to expand services.

B. Match

The Provider will provide a match of at least 10 percent of the federal funds received for the cost for all services funded through this agreement. The Provider's match will be made in the form of cash and/or in-kind resources. At the end of the agreement period, all Older Americans Act funds must be properly matched.

C. Title III Funds

The Provider assures compliance with Section 306 of the Older Americans Act Amendments as amended in 2006, that funds received under Title III will not be used to pay any part of a cost (including an administrative cost) incurred by the Provider to carry out an agreement or commercial relationship that is not carried out to implement Title III.

D. Carry Forward Funds

Carry forward funds must be identified on the computation of carry forward report submitted with the closeout report. Requests for award of carry forward funds must be justified by the Provider and approved by the Area Agency. All OAA carry forward funds must be budgeted in the same title as originally awarded.

E. Prioritization for Service Delivery

The Provider shall develop and implement policies and procedures consistent with Older Americans Act targeting criteria.

F. Service Cost Reports:

The Provider will submit semi-annual service cost reports that reflect actual costs of providing each service by program. These reports provide information for planning and negotiating unit rates.

**ATTACHMENT II
OLDER AMERICANS ACT PROGRAM**

**AGREEMENT REPORT CALENDAR
ADVANCE BASIS AGREEMENT**

<u>Report Number</u>	<u>Based On</u>	<u>Submit to Department On This Date</u>
1	January Advance*	December 15
2	February Advance*	December 15
3	January Expenditure Report	February 5
4	February Expenditure Report	March 5
5	March Expenditure Report	April 5
6	April Expenditure Report	May 5
7	May Expenditure Report	June 5
8	June Expenditure Report	July 5
9	July Expenditure Report	August 5
10	August Expenditure Report	September 5
11	September Expenditure Report	October 5
12	October Expenditure Report/ Adv. Recon.**	November 5
13	November Expenditure Report/ Adv. Recon.**	December 5
14	December Expenditure Report/Adv. Recon.**	January 5
15	Final Expenditure and Request for Payment Report	February 5
16	Closeout Report	February 15

Legend: * Advance based on projected cash need.
 ** Submission of expenditure reports may or may not generate a payment request. If final expenditure report reflects funds due back to the Department, payment is to accompany the report.

Note # 1: Report #1 for Advance Basis Agreements cannot be submitted to the State Comptroller prior to January 1 or until the agreement with the Department has been executed and a copy sent to the Comptroller. Actual submission of the vouchers to the State Comptroller is dependent on the accuracy of the expenditure report.

Note # 2: The last three months of the Provider's fiscal reports covering actual expenditures shall reflect an adjustment repaying advances for the first two months of the agreement, if advances have not been recouped.

Note # 3: When reports will not be submitted for ANY reason, the grant manager must be informed in writing via email or hard copy letter.

ATTACHMENT III**EMERGENCY CERTIFICATION FOR RETROACTIVE PAYMENT****Background**

The Area Agency is awarding the Palm Beach County Board of County Commissioners Older Americans Act funds for the 2007 program year. The purpose of these funds is to service at risk clients who are in danger of nursing home placement. Eligibility guidelines are outlined in the Department of Elder Affairs Client Services Manual.

Justification

The Palm Beach County Board of County Commissioners will be providing OAA services to OAA eligible clients beginning January 1, 2007; however, since the contract will not be signed by that time, it will require certification for retroactive payment back to January 1, 2007. The provision of these services will aid the client and/or caregiver in remaining independent and prevent or delay institutionalization.

Certification

I hereby certify this situation to constitute an emergency pursuant to Chapter 287, Florida Statutes, and approve payment of the contract between the Area Agency on Aging and the Palm Beach County Board of County Commissioners starting January 1, 2007.

BELOW TO BE FILLED OUT BY THE AREA AGENCY ON AGING

Name

Title

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.

Date

Attestation Statement

Agreement/Contract Number IA007-1

Amendment Number N/A

I, Addie L. Greene, Chairperson, attest that no changes or revisions have been
(Provider Representative)

made to the content of the above referenced agreement/contract or amendment between the

Area Agency on Aging 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 affect on the
agreement/contract content.

Signature of Provider Representative

Date

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2007 - 12/31/2007
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2007
 REVISED DATE:
 REVISION NUMBER:

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

*(Indicate all DOE funding sources applicable to your agency)

<u>Funding Source</u>	<u>Funding Source</u>
<input checked="" type="checkbox"/> Title III B	<input type="checkbox"/> ADI
<input type="checkbox"/> Title III C1	<input type="checkbox"/> CCE
<input type="checkbox"/> Title III C2	<input type="checkbox"/> Elderly Meals
<input type="checkbox"/> Title III D	<input type="checkbox"/> HCE
<input type="checkbox"/> Title III E	<input type="checkbox"/> LSP
<input type="checkbox"/> Title III F	<input type="checkbox"/> MW
<input type="checkbox"/> Contracted Services	

Form Revised July 18, 2003	(Service Reference)	(1)	(18)	(32)	(33)	(54)
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Escort	In_Home Services (H,P,SA,R,C,C H,CHE,E)	Interpreter/T ranslating	Screening/A ssessment
1. Total Budgeted Cash Costs	1,156,095	181,983	1,865	838,038	3,197	131,012
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	1,156,095	181,983	1,865	838,038	3,197	131,012
2. Total Budgeted Units	56,129	13,910	46	39,501	70	2,603
2.(a) Total Cost Per Unit of Service	n/a	13.08	40.82	21.22	45.98	50.34
3. Less NSIP	0					
4. Less Cash Match	77,613	10,973	66	60,174	278	6,122
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	77,613	10,973	66	60,174	278	6,122
7. Less Program Income	9,000	-	-	9,000	-	-
8. Less Other Non-Matching Cash & Co-payments	370,962	72,250	1,206	227,299	418	69,789
9. Adjusted Budgeted Costs	698,520	98,760	593	541,565	2,501	55,101
10. Adjusted Cost Per Unit of Service	n/a	7.10	12.98	13.71	35.97	21.17
12. Estimated Number of UNDULICATED Clients	n/a	20	5	536	20	400

PSA: 9
County Name: Palm Beach County
Period: 1/1/2007 - 12/31/2007
Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2007
REVISED DATE:
REVISION NUMBER:

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY
* (Indicate all DOE A funding sources applicable to your agency)

- Funding Source

() Title III B

(X) Title III C1

() Title III C2

() Title III D

() Title III E

() Title III F

() Contracted Services
- Funding Source

() ADI

() CCE

() Elderly Meals

() HCE

() LSP

() MW

Form Revised July 18, 2003

	(Service Reference)	(11)	(38)	(39)	(42)
DESCRIPTION	TOTAL SERVICES	Congregate Meals C1	Nutrition Counseling	Nutrition Education	Outreach
1. Total Budgeted Cash Costs	1,082,378	1,039,394	717	12,733	29,533
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,082,378	1,039,394	717	12,733	29,533
2. Total Budgeted Units	162,941	161,825	19	334	763
2.(a) Total Cost Per Unit of Service	n/a	6.42	37.61	38.17	38.72
3. Less NSIP	102,751	102,751			
4. Less Cash Match	59,665	58,976	67	205	416
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	59,665	58,976	67	205	416
7. Less Program Income	57,000	57,000	-	-	-
8. Less Other Non-Matching Cash & Co-payments	325,980	289,880	48	10,680	25,372
9. Adjusted Budgeted Costs	536,982	530,787	602	1,848	3,745
10. Adjusted Cost Per Unit of Service	n/a	3.28	31.56	5.54	4.91
12. Estimated Number of UNDUPLICATED Clients	n/a	1,400	9	1,400	1,350

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2007 - 12/31/2007
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2007
 REVISED DATE:
 REVISION NUMBER:

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE funding sources applicable to your agency)

<u>Funding Source</u>	<u>Funding Source</u>
() Title III B	() ADI
() Title III C1	() CCE
(X) Title III C2	() Elderly Meals
() Title III D	() HCE
() Title III E	() LSP
() Title III F	() MW
() Contracted Services	

Form Revised July 18, 2003

	(Service Reference)	(26)	(38)	(39)	(54)
DESCRIPTION	TOTAL SERVICES	Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Screening/Assessment
1. Total Budgeted Cash Costs	900,742	725,092	717	76	174,857
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	900,742	725,092	717	76	174,857
2. Total Budgeted Units	194,932	191,437	19	2	3,474
2.(a) Total Cost Per Unit of Service	n/a	3.79	37.61	38.17	50.34
3. Less NSIP	121,553	121,553			
4. Less Cash Match	55,886	47,647	67	1	8,171
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	55,886	47,647	67	1	8,171
7. Less Program Income	21,000	21,000	-	-	-
8. Less Other Non-Matching Cash & Co-payments	199,330	106,073	48	64	93,145
9. Adjusted Budgeted Costs	502,973	428,819	602	11	73,541
10. Adjusted Cost Per Unit of Service	n/a	2.24	31.56	5.54	21.17
12. Estimated Number of UNDULICATED Clients	n/a	900	9	900	550

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2007 - 12/31/2007
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2007
 REVISED DATE:
 REVISION NUMBER:

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE A funding sources applicable to your agency)

<u>Funding Source</u>	<u>Funding Source</u>
() Title III B	() ADI
() Title III C1	() CCE
() Title III C2	() Elderly Meals
() Title III D	() HCE
(X) Title III E, G1	() LSP
() Title III F	() MW
() Contracted Services	

Form Revised July 18, 2003

	(Service Reference)	(1)	(8)	(53)	(54)	(58)
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Chore	Respite (In-Home)	Screening/Assessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	236,215	201,119	651	8,263	6,232	19,950
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	236,215	201,119	651	8,263	6,232	19,950
2. Total Budgeted Units	16,240	15,373	38	476	124	229
2.(a) Total Cost Per Unit of Service	n/a	13.08	17.08	17.35	50.34	87.15
3. Less NSIP	0					
4. Less Cash Match	14,660	12,127	48	726	291	1,468
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	14,660	12,127	48	726	291	1,468
7. Less Program Income	1,800	1,800	-	-	-	-
8. Less Other Non-Matching Cash & Co-payments	87,814	78,047	171	1,007	3,320	5,269
9. Adjusted Budgeted Costs	131,941	109,145	432	6,530	2,621	13,213
10. Adjusted Cost Per Unit of Service	n/a	7.10	11.34	13.71	21.17	57.72
12. Estimated Number of UNDUPLICATED Clients	n/a	40	5	20	50	30

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2007 - 12/31/2007
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2007
 REVISED DATE:
 REVISION NUMBER:

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

*(Indicate all DOE funding sources applicable to your agency)

<u>Funding Source</u>	<u>Funding Source</u>
<input type="checkbox"/> Title III B	<input type="checkbox"/> ADI
<input type="checkbox"/> Title III C1	<input type="checkbox"/> CCE
<input type="checkbox"/> Title III C2	<input type="checkbox"/> Elderly Meals
<input type="checkbox"/> Title III D	<input type="checkbox"/> HCE
<input checked="" type="checkbox"/> Title III E, G2	<input type="checkbox"/> LSP
<input type="checkbox"/> Title III F	<input type="checkbox"/> MW
<input type="checkbox"/> Contracted Services	

Form Revised July 18, 2003

	(Service Reference)	(8)	(54)	(58)
DESCRIPTION	TOTAL SERVICES	Chore	Screening/Assessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	48,419	1,138	9,836	37,444
1. (a) Add Inkind Cost				
1. (b) Total Budgeted Costs	48,419	1,138	9,836	37,444
2. Total Budgeted Units	692	67	195	430
2.(a) Total Cost Per Unit of Service	n/a	17.08	50.34	87.15
3. Less NSIP	0			
4. Less Cash Match	3,299	84	460	2,755
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	3,299	84	460	2,755
7. Less Program Income	0	-	-	-
8. Less Other Non-Matching Cash & Co-payments	15,428	298	5,240	9,890
9. Adjusted Budgeted Costs	29,692	756	4,137	24,799
10. Adjusted Cost Per Unit of Service	n/a	11.34	21.17	57.72
12. Estimated Number of UNDUPLICATED Clients	n/a	4	46	46