Agenda Item #: 3E-3

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| Meeting Date: I | ebruary 6, 2007 | (X) Consent () Ordinance | ()Regular ()Public Hearing |
|-------------------------|-----------------|-----------------------------|-------------------------------|
| Department Submitted | l By: Co | mmunity Services | |
| Submitted | l For: Div | ision of Senior Ser | vices |

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: A) rescind Amendment No. 002 (R2006-2399; dated November 21, 2006), to Standard Agreement No. IA006-1 for the Older Americans Act (OAA) Program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA); and **B) approve replacement** with revised Amendment No. 002; **C) approve** Amendment No. 003; and **D) approve** Amendment No. 004 to Standard Agreement No. IA006-1 for the OAA Program with AAA, adjusting program funding amounts and increasing the agreement amount by \$183,943 for a new total not-to-exceed amount of \$2,084,052 for various supportive services to seniors.

Summary: Amendment No. 002 needs to be rescinded and replaced due to an error in funding calculations by AAA. Revised Amendment No. 002, and new Amendments No. 003 and No. 004 will adjust funding category amounts and increase the total funding provided in this Agreement. The amendments are being executed consecutively according to issue date at the request of the AAA and the State Department of Elder Affairs. There is a required County match of \$20,438 (10%) which is currently in the budget. No additional County funds are needed. In the area south of Hypoluxo Road, Mae Volen Senior Center Inc. currently provide OAA services under a similar grant from the AAA. (DOSS) <u>Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road</u> (TKF)

Background and Justification: The Division of Senior Services (DOSS) provides a broad spectrum of services to the senior population under Title III of the Older Americans Act. Federal funds are granted through the AAA to provide services such as homemaker, personal care, respite, chore, escort, interpreter/translating, screening/assessment, medical supplies, adult day care, housing improvement, congregate meals, home delivered meals, nutrition education and outreach. As additional funding is granted, amendments are needed to reflect the change in the various service categories affected. The OAA grant is funded on a calendar year basis.

Attachments:

- 1. Amendment No. 002 (Revised)
- 2. Amendment No. 003
- 3. Amendment No. 004

| Recommended by | Away / Mu | 1-30-2007 |
|----------------|--------------------------------|-----------|
| | Department Director | Date |
| Approved By: | All | 1/31/07 |
| | Assistant County Administrator | Date |

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2007 | <u>2008</u> | <u>2009</u> | <u>2010</u> | <u>2011</u> | |
|--|-----------------------------|----------------------------------|-------------|-----------------------------------|-------------|-------------|
| Capital Expenditures Operating Costs External Revenue Program Income (County) In-Kind Match (County) | <u>204,381</u> (183,943) | | | · · · · · · · · · · · · · · · · · | | |
| NET FISCAL IMPACT | 20,438 | | | <u> </u> | | |
| # ADDITIONAL FTE POSITIONS (Cumulative) | | | | | | |
| Is Item Included in Current Budget Account No.: Fun Progr | • | Yes _ Dept <u>_144</u> ar. | | <u>458/1459/1461</u> | Obj | <u>Var.</u> |

B. Recommended Sources of Funds/Summary of Fiscal Impact: Federal funds through the Department of Elder Affairs and County funds.

Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

B. Legal Sufficiency:

Assistant County Attorney

Contract Administration 9/07 These Amendments Compty with our Neview vegetiments.

C. Other Department Review:

Department Director

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

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 <u>Palm Beach County Board of County Commissioners</u>, hereinafter referred to as the "Provider", amends Agreement Number <u>IA006-1</u>.

The purpose of this amendment is to increase the total funding amount by \$70,636.48 and to increase corresponding services.

1. Section II., A., is hereby amended to read:

A. Agreement Amount:

To pay for services according to the conditions of Attachment <u>I</u> in an amount not to exceed \$1,970,744.48, subject to the availability of funds.

2. Section II., C., is hereby amended to read:

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 Unle | Усаг | r immingSources | (611HD)/\ ⁴ } | Hind Anomis |
|--|-------------------------------|---|--------------------------|------------------------|
| Older Americans Act Title IIIB Support Services | 2006 | U.S Dept. of Health and Human Services | 93.044 | \$717,316.78 |
| Older Americans Act Title IIIC1Congregate Meals | 2006 | " | 93.045 | \$565,804.75 |
| Older Americans Act Title IIIC2 Home Delivered Meals | 2006 | ۲۴ | 93.045 | \$514,674.15 |
| Older Americans Act Title IIIE Services | 2006 | | 93.052 | \$172,948.80 |
| | TOTAL FUNDS CON AGREEMENT: | TAINED IN THIS | | \$ <u>1,970,744.48</u> |

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.

2

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

Agreement No. IA006-1

IN WITNESS WHEREOF, the parties hereto have caused this $\underline{4}$ page amendment to be executed by their officials thereunto 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 | SIGNED | |
| BY:Addie L. Greene, Chairperson | 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 | <u> </u> | |
| Approved as to terms and conditions | | |
| Approved as to terms and conditions/ | | |

3

Department Director

Agreement No. IA006-1

Attestation Statement

Agreement Number IA006-1

Amendment Number 002

<u>Addie L. Greene, Chairperson</u>, attest that no changes or revisions have (*Provider representative*)

been made to the content of the above referenced agreement or amendment between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and the <u>Palm Beach County Board of</u> <u>County Commissioners.</u> 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

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 <u>Palm Beach County Board of County Commissioners</u>, hereinafter referred to as the "Provider", amends Agreement Number <u>IA006-1</u>.

The purpose of this amendment is to increase the total funding amount by \$75,638.95 and to increase corresponding services.

1. Section II., A., is hereby amended to read:

A. Agreement Amount:

To pay for services according to the conditions of Attachment \underline{I} in an amount not to exceed <u>\$2,046,383.43</u>, subject to the availability of funds.

2. Section II., C., is hereby amended to read:

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 Titlene | set and a Xean 25 | Bunding Source | CIND A | There Avereating 315 |
|--|-------------------------------|---|--------|------------------------|
| Older Americans Act Title IIIB Support Services | 2006 | U.S Dept. of Health and Human Services | 93.044 | \$724,182.30 |
| Older Americans Act Title IIIC1Congregate Meals | 2006 | 66 | 93.045 | \$620,791.39 |
| Older Americans Act Title IIIC2 Home Delivered Meals | 2006 | دد | 93.045 | \$527,025.80 |
| Older Americans Act Title IIIE Services | 2006 | 11 | 93.052 | \$174,383.94 |
| - | TOTAL FUNDS CON AGREEMENT: | TAINED IN THIS | | \$ <u>2,046,383,43</u> |

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.

2

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

Agreement No. IA006-1

IN WITNESS WHEREOF, the parties hereto have caused this $\underline{4}$ page amendment to be executed by their officials thereunto 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: | SIGNED BY: | |
|---------------------------------------|---------------------------------------|--|
| Addie L. Greene, Chairperson | | |
| 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 to terms and cond Approved wen Č,

Department Director

Agreement No. IA006-1

AMENDMENT 003

Attestation Statement

Agreement Number IA006-1

Amendment Number 003

I, <u>Addie L. Greene, Chairperson</u>, attest that no changes or revisions have been (*Provider representative*)

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

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

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 <u>Palm Beach County Board</u> of <u>County Commissioners</u>, hereinafter referred to as the "Provider", amends Agreement Number <u>IA006-1</u>.

The purpose of this amendment is to increase the total funding for OAA Title IIIE amount by <u>\$37,668.43</u> and to increase corresponding services.

1. Section II., A., is hereby amended to read:

A. Agreement Amount:

To pay for services according to the conditions of Attachment <u>I</u> in an amount not to exceed \$2,084,051.86, subject to the availability of funds.

2. Section II., C., is hereby amended to read:

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 year | E Punding Source | CINDA: | Bundlaymonums |
|--|-------------------------------|---|--------|------------------------|
| Older Americans Act Title IIIB Support Services | 2006 | U.S Dept. of Health and Human Services | 93.044 | \$724,182.30 |
| Older Americans Act Title IIIC1Congregate Meals | 2006 | 66 | 93.045 | \$620,791.39 |
| Older Americans Act Title IIIC2 Home Delivered Meals | 2006 | 66 | 93.045 | \$527,025.80 |
| Older Americans Act Title IIIE Services | 2006 | " | 93.052 | \$212,052.37 |
| | TOTAL FUNDS CON AGREEMENT: | TAINED IN THIS | | \$ <u>2,084,051.86</u> |

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.

Agreement No. IA006-1

Attestation Statement

Agreement Number <u>IA006-1</u>

Amendment Number 004

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

been made to the content of the above referenced agreement or amendment between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and the <u>Palm Beach County Board of</u> <u>County Commissioners.</u> 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

PSA: 9 County Name: Palm Beach County Period: 1/1/2006 - 12/31/2006 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2006 REVISED DATE: December 28, 2006 REVISION NUMBER: 003, Amendment Revised #002 & 003

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

| Funding Source | Funding Source | | | |
|-------------------------|------------------|--|--|--|
| (X) Title III B | () ADI | | | |
| () Title III C1 | () CCE | | | |
| () Title III C2 | () Elderly Meals | | | |
| () Title III D | () HCE | | | |
| () Title III E | () LSP | | | |
| () Title III F | () MW | | | |
| () Contracted Services | | | | |

. /ok

| Form Revised July 18, 2003 | (Service Reference) | (1) | (18) | (30) | (32) | (33) | (54) |
|---|---------------------|-------------------|----------|------------------------|---------------------|-----------------------------|------------------------|
| | | | | | | | |
| DESCRIPTION | TOTAL SERVICES | Adult Day Care | Escort | Housing Improvement | In-Home Services | Interpreter/T ranslating | Screening/ ssessmen |
| 1. Total Budgeted Cash Costs | 1,187,879.46 | 227,135.62 | 1,242.03 | 71,755.00 | 746,221.60 | 3,247.94 | 138,277.2 |
| 1. (a) Add Inkind Cost 1. (b) Total Budgeted Costs | 1,187,879.46 | 227,135.62 | 1,242.03 | 71,755.00 | 746,221.60 | 3,247.94 | 138,277.2 |
| 2. Total Budgeted Units | 55,378.33 | 13,910.00 | 46.00 | 250.00 | 38,499.33 | 70.00 | 2,603.0 |
| 2.(a) Total Cost Per Unit of Service | n/a | 16.33 | 27.00 | 287.02 | 19.38 | 46.40 | 53.1 |
| 3. Less NSIP | • | | | | | [| |
| 4. Less Cash Match | 80,464.70 | 10,973.44 | 66.34 | 4,375.00 | 58,647.31 | 279.77 | 6,122.8 |
| 5. Less Inkind Match | | | i i i | | | | |
| 5. Less Program Income Used as Match | | | | | - | | |
| Sub-Total Match: | 80,464.70 | 10,973.44 | 66.34 | 4,375.00 | 58,647.31 | 279.77 | 6,122.8 |
| 7. Less Program Income | 4,600.00 | - | - | | 4,600.00 | - | • |
| . Less Other Non-Matching Cash & Co-payments | 378,632.46 | 117,401.18 | 578.61 | 28,005.00 | 155,148.48 | 450.27 | 77,048.9 |
| Adjusted Budgeted Costs | 724,182.30 | 98,761.00 | 597.08 | 39,375.00 | 527,825.81 | 2,517.90 | 55,105.5 |
| 0. Adjusted Cost Per Unit of Service | r/a | 7.10 | 12.98 | 157.50 | 13.71 | 35.97 | 21.1 |
| 2. Estimated Number of UNDUPLICATED Clients | n/a | 20 | 5 | 5 | 536 | 20 | 400 |

 PSA:
 9

 County Name:
 Palm Beach County

 Period:
 1/1/2006 - 12/31/2006

 Provider Name:
 Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2006 REVISED DATE: December 28, 2006 REVISION NUMBER: 003, Amendment Revised #002 & 003

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

| Funding Source | Funding Source | | | | |
|-------------------------|----------------|-----|--|--|--|
| () Title III B | () ADI | | | | |
| (X) Title III C1 | () CCE | | | | |
| () Title III C2 | () Elderly Me | als | | | |
| () Title III D | () HCE | | | | |
| () Title III E | () LSP | | | | |
| () Title III F | () MW | | | | |
| () Contracted Services | | | | | |

| 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 | 1,190,532.15 | 1,146,299.17 | 707.51 | 16,877.61 | 26,647.86 |
| 1. (a) Add Inkind Cost 1. (b) Total Budgeted Costs | 1,190,532.15 | 1,146,299.17 | 707.51 | 16,877. <u>61</u> | 26,647.86 |
| 2. Total Budgeted Units | 188,483.92 | 187,366.92 | 20.00 | 334.00 | 763.00 |
| 2.(a) Total Cost Per Unit of Service | n/a | 6.12 | 35.38 | 50.53 | 34.93 |
| 3. Less NSIP | 125,535.84 | 125,535.84 | | | |
| 4. Less Cash Match | 68,976.82 | 68,284.83 | 70.14 | 205.59 | 416.26 |
| 5. Less Inkind Match | 2 | n de la constante de la consta | | | |
| 6. Less Program Income Used as Match | | | | | |
| Sub-Total Match: | 68,976.82 | 68,284.83 | 70.14 | 205.59 | 416.26 |
| 7. Less Program Income | 59,000.00 | 59,000.00 | - | - | - |
| 8. Less Other Non-Matching Cash & Co-payments | 316,228.10 | 278,915.00 | 6.17 | 14,821.66 | 22,485.27 |
| 9. Adjusted Budgeted Costs | 620,791.39 | 614,563.50 | 631.20 | 1,850.36 | 3,746.33 |
| 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:
 1/1/2006 - 12/31/2006

 Provider Name:
 Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2006 REVISED DATE: December 28, 2006 REVISION NUMBER: 003, Amendment Revised #002 & 003

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

| Funding Source | Funding Source | | | | | |
|-------------------------|------------------|--|--|--|--|--|
| () 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) |
|---|---------------------|------------|--------------|-----------|-------------|
| | | | | | |
| | | Home | | | |
| | TOTAL | Delivered | Nutrition | Nutrition | Screening/A |
| DESCRIPTION | SERVICES | Meals C2 | Counseling | Education | ssessment |
| 1. Total Budgeted Cash Costs | 944,602.08 | 759,246.74 | 707.51 | 101.06 | 184,546.76 |
| 1. (a) Add Inkind Cost | 944,602.08 | 759,246.74 | 707.51 | 101.06 | 184,546.76 |
| 1. (b) Total Budgeted Costs | 944,002.00 | 109,240.74 | 107.51 | 101.00 | 104,540.70 |
| 2. Total Budgeted Units | 205,656.24 | 202,160.24 | 20.00 | 2.00 | 3,474.00 |
| 2.(a) Total Cost Per Unit of Service | n/a | 3.76 | 35.38 | 50.53 | 53.12 |
| 3. Less NSIP | 135,447.36 | 135,447.36 | | | |
| 4. Less Cash Match | 58,558.43 | 50,315.44 | 70.14 | 1.23 | 8,171.62 |
| 5. Less Inkind Match | | | | | |
| 6. Less Program Income Used as Match | | | | - | |
| Sub-Total Match: | 58,558.43 | 50,315.44 | 70.14 | 1.23 | 8,171.62 |
| 7. Less Program Income | 13,900.00 | 13,900.00 | - | - | - |
| 8. Less Other Non-Matching Cash & Co-payments | 209,670.48 | 106,745.00 | <u>6</u> .17 | 88.75 | 102,830.56 |
| 9. Adjusted Budgeted Costs | 527,025.80 | 452,838.94 | 631.20 | 11.08 | 73,544.58 |
| 10. Adjusted Cost Per Unit of Service | n/a | 2.24 | 31.56 | 5.54 | 21.17 |
| 12. Estimated Number of UNDUPLICATED Clients | n/a | 900 | 9 | 900 | 550 |

PSA: 9 County Name: Palm Beach County Period: 1/1/2006 - 12/31/2006 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2006 REVISED DATE: December 28, 2006 REVISION NUMBER: 002, Amendment Revised #002, 003 and 004.

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

| Funding Source | Funding Source |
|-------------------------|-------------------|
| () 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) |
|---|---------------------|------------|----------|--------------|-------------|------------------------|
| | | | | | | Specialized Medical |
| · · · · · · · · · · · · · · · · · · · | | | | | | Equipment, |
| | TOTAL | Adult Day | | Respite (In- | Screening/A | Services & |
| DESCRIPTION | SERVICES | Care | Chore | Home) | ssessment | Supplies |
| 1. Total Budgeted Cash Costs | 330,519.08 | 281,269.96 | 5,587.43 | 17,080.55 | 7,998.50 | 18,582.65 |
| 1. (a) Add Inkind Cost 1. (b) Total Budgeted Costs | 330,519.08 | 281,269.96 | 5,587.43 | 17,080.55 | 7,998.50 | 18,582.65 |
| 2. Total Budgeted Units | 20,524.86 | 19,092.86 | 39.00 | 980.00 | 184.00 | 229.00 |
| 2.(a) Total Cost Per Unit of Service | n/a | 14.73 | 143.27 | 17.43 | 43.47 | 81.15 |
| 3. Less NSIP | - | | | | | |
| 4. Less Cash Match | 18,505.61 | 15,062.15 | 49.14 | 1,492.87 | 432.81 | 1,468.65 |
| 5. Less Inkind Match | | | | | | |
| 6. Less Program Income Used as Match | | | | | | |
| Sub-Total Match: | 18,505.61 | 15,062.15 | 49.14 | 1,492.87 | 432.81 | 1,468.65 |
| 7. Less Program Income | 190.00 | 190.00 | - | - | · · · | |
| 8. Less Other Non-Matching Cash & Co-payments | 145,272.95 | 130,458.50 | 5,096.03 | 2,151.88 | 3,670.41 | 3,896.12 |
| 9. Adjusted Budgeted Costs | 166,550.53 | 135,559.31 | 442.26 | 13,435.80 | 3,895.28 | 13,217.88 |
| 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:
 1/1/2006 - 12/31/2006

 Provider Name:
 Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2006 REVISED DATE: December 28, 2006 REVISION NUMBER: 002, Amendment Revised #002, 003 and 004.

III.B.¹ SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY * (Indicate all DOEA funding sources applicable to your agency)

| Funding Source | Funding Source |
|-------------------------|------------------|
| () Title III B | () ADI |
| () Title III C1 | () CCE |
| () Title III C2 | () Elderly Meals |
| () Title III D | () HCE |
| (X) Title III E, G2 | () LSP |
| () Title III F | () MW |
| () Contracted Services | |

| Form Revised July 18, 2003 | (Service Reference) | (8) | (54) | (58) |
|---|---------------------|----------|-------------|--------------------------------------|
| | | | | Specialized Medical Equipment, |
| | TOTAL | | Screening/A | • • • |
| DESCRIPTION | SERVICES | Chore | ssessment | Supplies |
| 1. Total Budgeted Cash Costs | 72,359.11 | 9,598.91 | 11,005.79 | 51,754.42 |
| 1. (a) Add Inkind Cost | | | | |
| 1. (b) Total Budgeted Costs | 72,359.11 | 9,598.91 | 11,005.79 | 51,754.42 |
| 2. Total Budgeted Units | 984.00 | 67.00 | 224.00 | 693.00 |
| 2.(a) Total Cost Per Unit of Service | n/a | 143.27 | 49.13 | 74.68 |
| 3. Less NSIP | _ | | | |
| 4. Less Cash Match | 5,055.75 | 84.42 | 526.89 | 4,444.44 |
| 5. Less Inkind Match | | | | |
| 6. Less Program income Used as Match | | | | |
| Sub-Total Match: | 5,055.75 | 84.42 | 526.89 | 4,444.44 |
| 7. Less Program Income | - | - | - | - |
| 8. Less Other Non-Matching Cash & Co-payments | 21,801.53 | 8,754.71 | 5,736.82 | 7,310.00 |
| 9. Adjusted Budgeted Costs | 45,501.84 | 759.78 | 4,742.08 | 39,999.98 |
| 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 |