

II. FISCAL ANALYSIS IMPACT

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>204,381</u>	_____	_____	_____	_____
External Revenue	<u>(183,943)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>20,438</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No
Budget Account No.: Fund 1007 Dept 144 Unit 1457/1458/1459/1461 Obj. Var.
Program Code Var.

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:

Jim Galt 1-23-07
OFMB
1/23/07 1-23-07

Mr. J. Jacobson 1/29/07
Contract Administration
1/29/07 These amendments

B. Legal Sufficiency:

[Signature] 1/31/07
Assistant County Attorney

comply with our
review requirements.

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

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 I 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 Title	Year	Funding Source	CERD/V#	Fund/Amounts
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 IIIC1 Congregate Meals	2006	"	93.045	\$565,804.75
Older Americans Act Title IIIC2 Home Delivered Meals	2006	"	93.045	\$514,674.15
Older Americans Act Title IIIE Services	2006	"	93.052	\$172,948.80
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				<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.

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

IN WITNESS WHEREOF, the parties hereto have caused this 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: _____

Addie L. Greene, Chairperson

DATE: _____

SIGNED

BY: _____

NAME: _____

TITLE: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

BY: _____

DATE: _____

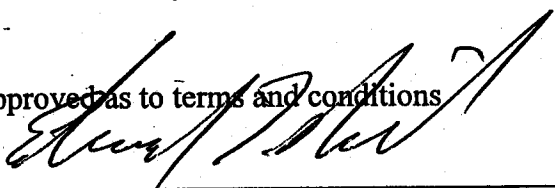
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR-END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

Attestation Statement

Agreement Number IA006-1

Amendment Number 002

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

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 I in an amount not to exceed \$2,046,383.43, 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	Funding Source	CHDA#	Fund Amount
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 IIIC1 Congregate Meals	2006	"	93.045	\$620,791.39
Older Americans Act Title IIIC2 Home Delivered Meals	2006	"	93.045	\$527,025.80
Older Americans Act Title IIIE Services	2006	"	93.052	\$174,383.94
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				<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.

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

IN WITNESS WHEREOF, the parties hereto have caused this 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: _____

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

Attestation Statement

Agreement Number IA006-1

Amendment Number 003

I, Addie L. Greene, Chairperson, 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 Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider", amends Agreement Number IA006-1.

The purpose of this amendment is to increase the total funding for OAA Title III E amount by \$37,668.43 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 I 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	Funding Source	CDDA#	Fund Amount
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 IIIC1 Congregate Meals	2006	"	93.045	\$620,791.39
Older Americans Act Title IIIC2 Home Delivered Meals	2006	"	93.045	\$527,025.80
Older Americans Act Title IIIE Services	2006	"	93.052	\$212,052.37
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				<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.

Attestation Statement

Agreement Number IA006-1

Amendment Number 004

I, 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 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

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 DOE A funding sources applicable to your agency)

<u>Funding Source</u>	<u>Funding Source</u>
(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	

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/A sssessment
1. Total Budgeted Cash Costs	1,187,879.46	227,135.62	1,242.03	71,755.00	746,221.60	3,247.94	138,277.27
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	138,277.27
2. Total Budgeted Units	55,378.33	13,910.00	46.00	250.00	38,499.33	70.00	2,603.00
2.(a) Total Cost Per Unit of Service	n/a	16.33	27.00	287.02	19.38	46.40	53.12
3. Less NSIP	-						
4. Less Cash Match	80,464.70	10,973.44	66.34	4,375.00	58,647.31	279.77	6,122.84
5. Less Inkind Match							
6. 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	6,122.84
7. Less Program Income	4,600.00	-	-	-	4,600.00	-	-
8. Less Other Non-Matching Cash & Co-payments	378,632.46	117,401.18	578.61	28,005.00	155,148.48	450.27	77,048.92
9. Adjusted Budgeted Costs	724,182.30	98,761.00	597.08	39,375.00	527,825.81	2,517.90	55,105.51
10. Adjusted Cost Per Unit of Service	n/a	7.10	12.98	157.50	13.71	35.97	21.17
12. 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 DOE A 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 checked="" 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)	(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	16,877.61	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					
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 DOE funding sources applicable to your agency)

- Funding Source

 - ☐ Title III B
 - ☐ 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)	(26)	(38)	(39)	(54)
DESCRIPTION	TOTAL SERVICES	Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Screening/Assessment
1. Total Budgeted Cash Costs	944,602.08	759,246.74	707.51	101.06	184,546.76
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	944,602.08	759,246.74	707.51	101.06	184,546.76
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	6.17	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 DOE 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	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. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY
* (Indicate all DOEA funding sources applicable to your agency)

- Funding Source

 - ☐ Title III B
 - ☐ Title III C1
 - ☐ Title III C2
 - ☐ Title III D
 - ☒ Title III E, G2
 - ☐ Title III F
 - ☐ Contracted Services
- Funding Source

 - ☐ ADI
 - ☐ CCE
 - ☐ Elderly Meals
 - ☐ HCE
 - ☐ LSP
 - ☐ MW

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	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