

AGENDA ITEM SUMMARY

Submitted For: Division of Senior Services

Date _____

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>27,693</u>				
External Revenue	<u>(27,693)</u>				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>-0-</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget: Yes X No
Budget Account No.: Fund 1007 Dept 144 Unit 1458/1459 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: *REU/11*

III. REVIEW COMMENTS


A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 1-23-07
OFMB

Legal Sufficiency:

Don J. Jolley 4/26/07
Contract Administration

B. Legal Sufficiency:

 1/28/07
Assistant County Attorney

This amendment complies 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 "Area Agency", and the Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider", amends contract # IU006-1.

The purpose of this amendment is to decrease the Unit Rate to \$ 0.1400724 per eligible meal and to increase the agreement amount to reflect the actual units reimbursed.

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

- A.

Contract Amount:

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed \$332,839.15 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 contract or from any other source are not eligible for reimbursement under this contract. 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
Nutrition Program for the Elderly	2005-2006	Older Americans Act	10.570	\$332,839.15
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$332,839.15

3. ATTACHMENT I, Section III, Paragraph A is amended to read:

- A.

This is a fixed rate agreement. The department shall make payment to the Provider for provision of services up to a maximum number of units of service and at the rate established by the department stated below:

<u>Service to be Provided</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Eligible Congregate And Home Delivered Meals (10/1/05-8/31/06)	1 unit = 1 meal	0.67	453,561	\$303,886.00
Eligible Congregate And Home Delivered Meals (9/1/06-9/30/06)	1 unit = 1 meal	0.3224319	3,908.61	\$1,260.26
Eligible Congregate And Home Delivered Meals (9/1/06-9/30/06)	1 unit = 1 meal	0.1400724	197,705	\$27,693.02

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

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with 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: _____

SHARON R. BOCK, Clerk and Comptroller
BY: _____
DATE: _____

SIGNED
BY: _____

NAME: _____

TITLE: _____

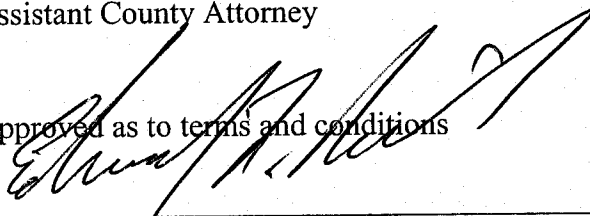
DATE: _____

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 IU006-1

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