

II. FISCAL IMPACT ANALYSIS

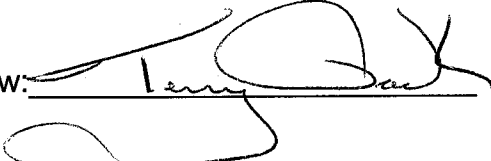
A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes No
 Budget Account No.: Fund _____ Dept _____ Unit _____ Obj. _____
 Program Code

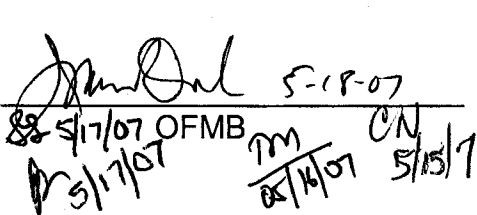
1006/144/1481/3401 \$14,000
 1008/144/1443/3401 (14,000)

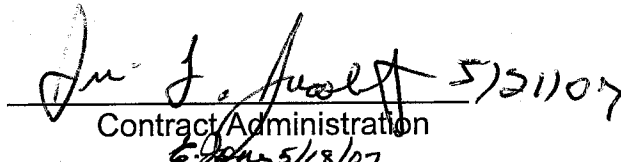
B. Recommended Sources of Funds/Summary of Fiscal Impact:

Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 5-18-07
 5/17/07 OFMB
 5/17/07 PM CN
 5/16/07 5/15/7

 5/21/07
 Contract Administration
 5/18/07

B. Legal Sufficiency:

 5/21/07
 Assistant County Attorney

These Amendments 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 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 Agreement No. IC006-9500.

The purpose of this contract amendment is to decrease the agreement amount by \$14,000.00, to decrease contracted services and to revise ATTACHMENT III, Community Care for the Elderly Program, Budget Summary.

- 1) Section II, Paragraph A, is hereby amended to read:

A. Agreement Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed \$1,055,638.00 subject to the availability of funds.

- 2) Section II, Paragraph 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 consists of the following:

Program Title	Year	Funding Source	CSFA#	Fund Amounts
Community Care for the Elderly	2006-2007	General Revenue/Tobacco Settlement Trust Funds	65010	\$1,055,638.00
TOTAL FUNDS CONTAINED IN THIS CONTRACT:				\$1,055,638.00

- 3) ATTACHMENT III, Community Care for the Elderly Program Budget Summary is hereby replaced with revised ATTACHMENT III, Community Care for the Elderly Program Budget Summary attached hereto.

This amendment shall be effective on the date on which 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 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 THEREOF, 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.

BY: _____
Addie L. Greene, Chairperson

SIGNED BY: _____

DATE: _____

NAME: _____

TITLE: _____

SHARON R. BOCK, Clerk and Comptroller

DATE: _____

BY: _____

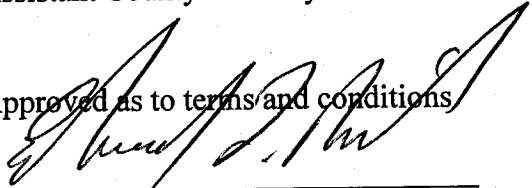
DATE: _____

FEDERAL I.D. 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 III

COMMUNITY CARE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY (revised)

Provider: Palm Beach County Board of County Commissioners

1.	CCE Case Management	<u>\$192,535.00</u>
2.	CCE Case Aide	<u>\$21,393.00</u>
3.	CCE Services	<u>\$841,710.00</u>
4.	Total	<u>\$1,055,638.00</u>

Attestation Statement

COMMUNITY CARE FOR THE ELDERLY

Contract Number IC006-9500

Amendment Number 001

I, Addie L. Greene, Chairperson, 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 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: 7/1/2006 - 6/30/2007
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: July 1, 2006
 REVISED DATE: May 4, 2007
 REVISION NUMBER: 001

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 | (X) 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)	(5)	(6)	(14)	(17)	(19)	(44)	(58)
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Case Aid	Case Management	Counseling (Mental Health / Screening)	Emergency Alert Response	In Home Services (H,P,SA,R,C,C H,CHE,E)	Pest Control (Init. & Maint.)	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	1,812,162	114,787	79,358	450,363	22,205	40,417	938,278	2,924	163,830
1. (a) Add Inkind Cost									
1. (b) Total Budgeted Costs	1,812,162	114,787	79,358	450,363	22,205	40,417	938,278	2,924	163,830
2. Total Budgeted Units	94,622	8,504	962	5,098	150	30,000	47,246	37	2,625
2.(a) Total Cost Per Unit of Service	N/A	13.50	82.46	88.35	148.03	1.35	19.86	78.36	62.41
3. Less USDA	0								
4. Less Cash Match	117,293	8,844	2,377	21,393	1,083	2,633	72,339	290	8,333
5. Less Inkind Match									
6. Less Program Income Used as Match									
Sub-Total Match:	117,293	8,844	2,377	21,393	1,083	2,633	72,339	290	8,333
7. Program Income	0								
8. Less Other Non-Matching Cash & Co-payments	639,231	26,342	55,588	236,435	11,372	14,084	214,891	22	80,497
9. Adjusted Budgeted Costs	1,055,638	79,600	21,393	192,535	9,750	23,700	651,048	2,612	75,000
10. Adjusted Cost Per Unit of Service	N/A	9.36	22.23	37.77	65.00	0.79	13.78	70.00	28.57
12. Estimated Number of UNDUPLICATED Clients	N/A	30	550	950	4	140	425	5	100

CCE Program Incom \$32,000

THIS AMENDMENT, entered into between the Area Agency on Aging 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 Agreement No. IH006-9500.

The purpose of this contract amendment is to increase the agreement amount by \$14,000.00, to increase contracted services and to revise ATTACHMENT III, Home Care for the Elderly Program, Budget Summary.

- 1) Section II, Paragraph A, is hereby amended to read:

A. Agreement Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed \$190,375.00 subject to the availability of funds.

- 2) Section II, Paragraph 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 consists of the following:

Program Title	Year	Funding Source	CSFA#	Fund Amounts
Home Care for the Elderly	2006-2007	General Revenue/Tobacco Settlement Trust Funds	65010	<u>\$190,375.00</u>
TOTAL FUNDS CONTAINED IN THIS CONTRACT:				<u>\$190,375.00</u>

- 3) ATTACHMENT III, Home Care for the Elderly Program Budget Summary is hereby replaced with revised ATTACHMENT III, Home Care for the Elderly Program Budget Summary attached hereto.

This amendment shall be effective on the date on which 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 with this amendment.

Amendment 001

Agreement No. IH006-9500

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 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.

BY: _____
Addie L. Greene, Chairperson

SIGNED BY: _____

DATE: _____

NAME: _____

TITLE: _____

SHARON R. BOCK, Clerk and Comptroller

DATE: _____

BY: _____

DATE: _____

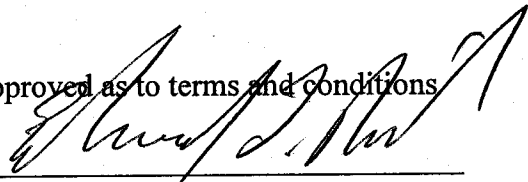
FEDERAL I.D. NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT III

HOME CARE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY (revised)

Provider: Palm Beach County Board of County Commissioners

1.	HCE Case Management	<u>\$8,727.00</u>
2.	HCE Subsidy	<u>\$181,648.00</u>
3.	Total	<u>\$190,375.00</u>

Attestation Statement

COMMUNITY CARE FOR THE ELDERLY

Contract Number IH006-9500

Amendment Number 001

I, Addie L. Greene, Chairperson, 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 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: 7/1/2006 - 6/30/2007
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: July 1, 2006
 REVISED DATE: May 4, 2007
 REVISION NUMBER: 001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOEA 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	(X) HCE including Subsidy
() Title III E	() LSP
() Title III F	() MW
() Contracted Services	

Form Revised July 18, 2003

(Service Reference)

(6)

(6)

DESCRIPTION	TOTAL SERVICES	Case Management	Subsidy
1. Total Budgeted Cash Costs	196,678	15,030	181,648
1. (a) Add Inkind Cost			
1. (b) Total Budgeted Costs	196,678	15,030	181,648
2. Total Budgeted Units	170	170	
2.(a) Total Cost Per Unit of Service	N/A	88.35	
3. Less USDA	0		
4. Less Cash Match	0		
5. Less Inkind Match			
6. Less Program Income Used as Match			
Sub-Total Match:	0		
7. Program Income	0	-	
8. Less Other Non-Matching Cash & Co-payments	6,303	6,303	
9. Adjusted Budgeted Costs	190,375	8,727	181,648
10. Adjusted Cost Per Unit of Service	N/A	51.30	
12. Estimated Number of UNDUPLICATED Clients	N/A	5	