

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: September 11, 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 approve:** Amendment No. 001 to Standard Agreement No. IA007-1 (R2007-0119; dated February 6, 2007) for the Older Americans Act (OAA) Program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. for the period January 1, 2007, through December 31, 2007, increasing the agreement amount by \$76,634 for a new total not-to-exceed the amount of \$1,976,742 for various supportive services to seniors.

**Summary:** This amendment will increase OAA IIIB In-Home Services by \$2,106, C1 Congregate Meals by \$74,272, C2 Home Delivered Meals by \$263 and decrease IIIE G1 Adult Day Care by \$7. In the area south of Hypoluxo Road, Mae Volen Senior Center Inc. currently provide 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 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, congregat 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:**

Amendment No. 001

Recommended by:  8-17-2007  
Department Director Date

Approved By:  8/28/07  
Assistant County Administrator 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>57,475</u>	<u>19,159</u>			
External Revenue	<u>(57,475)</u>	<u>(19,159)</u>			
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>					
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>-0-</u>	<u>-0-</u>			

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. Local funds already in Budget.

Departmental Fiscal Review: [Signature]

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

Funding is included in the FY2008 Tentative Budget.

[Signature] 8-23-07  
 OFMB  
 8/23/07 m 8/20/07 CN 8/20/07

[Signature] 8/24/07  
 Contract Administration

**B. Legal Sufficiency:**

[Signature] 8/24/07  
 Assistant County Attorney

This amendment complies with our review requirements.

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

THIS AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Agency" and the Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider", amends Agreement Number IA007-1.

The purpose of this amendment is to increase the total funding amount by \$76,634.00.

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 \$1,976,742.00, 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	CFDA#	Fund Amounts
Older Americans Act Title IIIB Support Services	2007	U.S Dept. of Health and Human Services	93.044	\$700,626.00
Older Americans Act Title IIIC1 Congregate Meals	2007	"	93.045	\$611,254.00
Older Americans Act Title IIIC2 Home Delivered Meals	2007	"	93.045	\$503,236.00
Older Americans Act Title IIIE Services	2007	"	93.052	\$161,626.00
<b>TOTAL FUNDS CONTAINED IN THIS AGREEMENT:</b>				<b>\$1,976,742.00</b>

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: \_\_\_\_\_

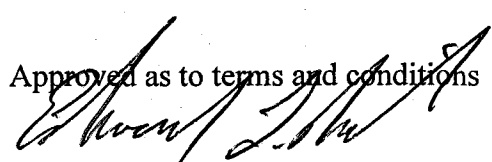
FEDERAL ID NUMBER: 59-6000785

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/Contract Number IA007-1

Amendment Number #001

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

content of the above referenced agreement or amendment between the Area Agency on Aging,

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

---

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: August 6, 2007  
 REVISION NUMBER: 001, Amendment #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>                  |
| <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 sssessment
1. Total Budgeted Cash Costs	1,158,436	181,983	1,865	840,378	3,197	131,012
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	1,158,436	181,983	1,865	840,378	3,197	131,012
2. Total Budgeted Units	56,283	13,910	46	39,655	70	2,603
2.(a) Total Cost Per Unit of Service	n/a	13.08	40.82	21.19	45.98	50.34
3. Less NSIP	0					
4. Less Cash Match	77,847	10,973	66	60,408	278	6,122
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	77,847	10,973	66	60,408	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	700,626	98,760	593	543,671	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 UNDUPLICATED 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: August 6, 2007  
 REVISION NUMBER: 001, Amendment #001

**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               |
| ( X ) 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)	(11)	(38)	(39)	(42)
DESCRIPTION	TOTAL SERVICES	Congregate Meals C1	Nutrition Counseling	Nutrition Education	Outreach
1. Total Budgeted Cash Costs	1,179,280	1,136,296	717	12,733	29,533
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,179,280	1,136,296	717	12,733	29,533
2. Total Budgeted Units	185,585	184,469	19	334	763
2.(a) Total Cost Per Unit of Service	n/a	6.16	37.61	38.17	38.72
3. Less NSIP	117,128	117,128			
4. Less Cash Match	67,917	67,229	67	205	416
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	67,917	67,229	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	611,254	605,059	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: August 6, 2007  
 REVISION NUMBER: 001, Amendment #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               |
| ( 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	901,108	725,458	717	76	174,857
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	901,108	725,458	717	76	174,857
2. Total Budgeted Units	195,049	191,554	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	121,627	121,627			
4. Less Cash Match	55,915	47,676	67	1	8,171
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	55,915	47,676	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	503,236	429,082	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 UNDUPLICATED 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: August 6, 2007  
 REVISION NUMBER: 001, Amendment #001

**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	236,207	201,111	651	8,263	6,232	19,950
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	236,207	201,111	651	8,263	6,232	19,950
2. Total Budgeted Units	16,239	15,372	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	14,659	12,126	48	726	291	1,468
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	14,659	12,126	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	131,934	109,138	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: , Amendment #001

**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, G2   | ( ) LSP               |
| ( ) Title III F         | ( ) MW                |
| ( ) 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