

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>89,912</u>	_____	_____	_____	_____
External Revenue	<u>(72,821)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>8,091</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	<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:

[Signature] 11-2-07
88 11/1/07 OFMB 7/1 10/21 0/10/30/07
[Signature] 11/7/07
 Contract Administration
[Signature] 11/7/07

B. Legal Sufficiency:

[Signature] 11/8/07
 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/TreasureCoast, Inc., hereinafter referred to as the "Agency" and the Palm Beach County Board of Commissioners, hereinafter referred to as the "Provider", amends Agreement Number IA007-1.

The purpose of this amendment is to:

- 1) Increase the total funding amount by \$54,310.00, to reflect 2006 OAA carry forward
- 2) Adjust the total funding to reflect transfers between titles as follows:

TITLE	FROM	INCREASE/(DECREASE)		TO
C-1	\$611,254.00		(\$128,582.00)	\$547,121.00
C-2	\$503,236.00	\$128,582.00		\$634,067.00

- 3) Increase the total funding amount by \$18,511.00 to reflect additional funds received

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 \$2,049,563.00, subject to the availability of funds.

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

B. 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	\$705,221.00
Older Americans Act Title IIIC1 Congregate Meals	2007	"	93.045	\$492,811.00
Older Americans Act Title IIIC2 Home Delivered Meals	2007	"	93.045	\$634,067.00
Older Americans Act Title IIIE Services	2007	"	93.052	\$163,154.00
Older Americans Act Title IIIC1 Congregate Meals (Carry forward)	2006	"	93.045	\$54,310.00
TOTAL FUNDS CONTAINED IN THIS				\$2,049,563.00

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 3 page agreement to be executed by their undersigned officials as duly authorized.

PROVIDER: PALM BEACH COUNTY, FLORIDA,
A Political Subdivision of the State of Florida.

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

SIGNED
BY: _____

SIGNED
BY: _____

DATE: _____

NAME: _____

BY: _____
Sharon R. Bock, Clerk and Comptroller

TITLE: _____

DATE: _____

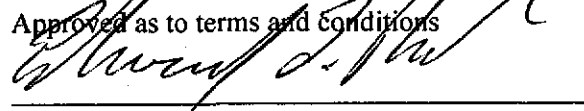
DATE: _____

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 #002

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: October 22, 2007
 REVISION NUMBER: 002, Amendment #002

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"/> CCL |
| <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	Adult Day Care	Escort	In-Home Services (H,P,SA,R,C,C,H,CHE,E)	Interpreter/Translating	Screening/Assessment
TOTAL SERVICES					
1. Total Budgeted Cash Costs	181,983	1,865	845,483	3,197	131,013
1. (a) Add In-kind Cost					
1. (b) Total Budgeted Costs	181,983	1,865	845,483	3,197	131,013
2. Total Budgeted Units	13,910	46	39,990	70	2,603
2. (a) Total Cost Per Unit of Service	13.08	40.82	21.14	45.98	50.34
3. Less NSIP					
4. Less Cash Match	10,973	66	60,918	278	6,123
5. Less In-kind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	10,973	66	60,918	278	6,123
7. Less Program Income			9,000		
8. Less Other Non-Matching Cash & Co-payments	72,250	1,206	227,299	418	69,789
9. Adjusted Budgeted Costs	98,760	593	548,266	2,501	55,101
10. Adjusted Cost Per Unit of Service	7.10	12.98	13.71	35.97	21.17
12. Estimated Number of UNDUPLICATED Clients	20	5	536	20	400

PSA: 9

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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 |
| (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

DESCRIPTION	TOTAL SERVICES	Congregate Meals C1	Nutrition Counseling	Nutrition Education	Outreach	(Service Reference)	
						(11)	(42)
1. Total Budgeted Cash Costs	1,091,524	1,025,112	717	26,684	39,011		
1. (a) Add Inkind Cost							
1. (b) Total Budgeted Costs	1,091,524	1,025,112	717	26,684	39,011		
2. Total Budgeted Units	163,607	158,488	19	2,600	2,500		
2.(a) Total Cost Per Unit of Service	n/a	6.47	37.61	10.26	15.60		
3. Less NSIP	100,632	100,632					
4. Less Cash Match	60,791	57,760	67	1,600	1,364		
5. Less Inkind Match							
6. Less Program Income Used as Match							
Sub-Total Match:	60,791	57,760	67	1,600	1,364		
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	547,121	519,840	602	14,404	12,275		
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

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 REVISION NUMBER: 002, Amendment #002

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 type="checkbox"/> Title III B | <input type="checkbox"/> ADI |
| <input type="checkbox"/> Title III C1 | <input type="checkbox"/> CCE |
| <input checked="" 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 | |

DESCRIPTION	(26) Home Delivered Meals C2	(38) Nutrition Counseling	(39) Nutrition Education	(54) Screening/A assessment
TOTAL SERVICES				
1. Total Budgeted Cash Costs	1,083,562	717	76	174,857
1. (a) Add Inkind Cost				
1. (b) Total Budgeted Costs	1,083,562	717	76	174,857
2. Total Budgeted Units	249,961	19	2	3,474
2.(a) Total Cost Per Unit of Service	3.63	37.61	38.17	50.34
3. Less NSIP	158,713			
4. Less Cash Match	62,213	67	1	8,171
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	70,452	67	1	8,171
7. Less Program Income	21,000			
8. Less Other Non-Matching Cash & Co-payments	199,330	48	64	93,145
9. Adjusted Budgeted Costs	634,067	602	11	73,541
10. Adjusted Cost Per Unit of Service	2.24	31.56	5.54	21.17
12. Estimated Number of UNDUPLICATED Clients	900	9	900	550

Form Revised July 18, 2003

PSA: 9

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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 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 checked="" type="checkbox"/> Title III E, G1 | <input type="checkbox"/> LSP |
| <input type="checkbox"/> Title III F | <input type="checkbox"/> MW |
| <input type="checkbox"/> Contracted Services | |

Form Revised July 18, 2003

DESCRIPTION	(Service Reference)					Specialized Medical Equipment, Services & Supplies
	(1)	(8)	(53)	(54)	(58)	
TOTAL SERVICES	Adult Day Care	Chore	Respite (In-Home)	Screening/Assessment		
1. Total Budgeted Cash Costs	202,809	651	8,263	6,232	19,950	
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	202,809	651	8,263	6,232	19,950	
2. Total Budgeted Units	15,587	38	476	124	229	
2.(a) Total Cost Per Unit of Service	13.01	17.08	17.35	50.34	87.15	
3. Less NSIP	0					
4. Less Cash Match	12,296	48	726	291	1,468	
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	12,296	48	726	291	1,468	
7. Less Program Income	1,800					
8. Less Other Non-Matching Cash & Co-payments	78,047	171	1,007	3,320	5,269	
9. Adjusted Budgeted Costs	110,666	432	6,530	2,621	13,213	
10. Adjusted Cost Per Unit of Service	7.10	11.34	13.71	21.17	57.72	
12. Estimated Number of UNDUPLICATED Clients	40	5	20	50	30	