

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: November 20, 2007 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. IU007-1-9500 (R2007-0129) for the Nutrition Services Incentive Program (NSIP) with the Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc. for the period October 1, 2006, through September 30, 2007, decreasing the reimbursement unit rate and increasing the maximum reimbursement by \$70,411 for a new total not-to-exceed the amount of \$324,535 for various supportive services to seniors.

Summary: Additional funding has been granted under the NSIP grant. This amendment will decrease the reimbursement unit rate from .6349487 to .6038628 for 116,601 units produced between August 1, 2007 thru September 30, 2007; and increase the new maximum reimbursement from \$254,124 to \$324,535. 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 AAA has negotiated an entitlement program with NSIP through the Department of Elder Affairs (DoEA). In this program, providers may receive cash or commodities to supplement the cost of providing meals. DOSS has elected to receive cash to supplement the cost of the meals. DOSS provides meals to eligible seniors through the Congregate and Home Delivered Meals program under the OAA Title III Agreement.

Attachments:

Amendment No. 001

Recommended by: _____

Department Director

10-26-2007

Date

Approved By: _____

Assistant County Administrator

11/6/07

Date

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>70,411</u>	_____	_____	_____	_____
External Revenue	<u>(70,411)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>Ø</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

Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

There is no County required match for the NSIP program.

[Signature] 11-2-07
 OFMB *[Signature]* 10/31
 CN *[Signature]* 10/30/07
 11/1/07

[Signature] 11/15/07
 Contract Administration
 11/15/07

B. Legal Sufficiency:

[Signature] 11/6/07
 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 Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Area Agency", and Palm Beach County Board of Commissioners, hereinafter referred to as the "Provider", amends contract # IU007-9500.

The purpose of this amendment is to increase the total amount of the agreement by \$70,411.00 and to reflect a decrease in the Unit Rate to 0.6038628 per eligible meal.

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 \$324,535.00, 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 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 Services Incentive Program	2006-2007	Older Americans Act	93.053	\$324,535.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$324,535.00

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 (10/1/06-7/31/07)	1 unit = 1 meal	0.6349487	400,227.00	\$254,124.00
Eligible Congregate And Home Delivered Meals (8/1/07-9/30/07)	1 unit = 1 meal	0.6038628	116,601.00	\$70,411.00

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 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: _____
Addie L. Greene, Chairperson

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

BY: _____

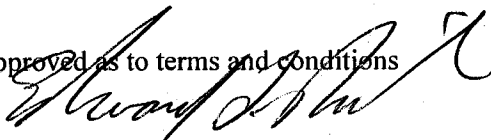
DATE: _____

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

SIGNED
BY: _____

NAME: _____

TITLE: _____

DATE: _____

Attestation Statement

Agreement Number IU007-9500

Amendment Number 001

I, _____, attest that no changes or revisions have been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging 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 affect on the agreement/contract content.

Signature of Provider representative

Date