



**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>4,471</u>	_____	_____	_____	_____
External Revenue	<u>(4,471)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>-0-</u>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1006 Dept. 144 Unit. 1483 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: *FEA* \_\_\_\_\_

**III. REVIEW COMMENTS**

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

*John Paul* 11/21/07  
 OFMB  
*m* 11/13/07 *DN* 11/8/07  
*Jim J. Jacobs* 11/26/07  
 Contract Administration

**B. Legal Sufficiency:** *m* 11/13/07 *DN* 11/8/07  
*L. J. [Signature]* 11/26/07  
 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 "Agency on Aging" and the Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider", amends Agreement Number IP007-9500.

The purpose of this amendment is to increase the agreement amount by \$4,471.00;

Section II is amended to read:

**A. Agreement Amount:**

To pay for services in accordance with the PROGRAM PROVISIONS of this agreement in an amount not to exceed \$56,532.00, subject to the availability of funds.

**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 #	Amount
Emergency Home Energy Assistance	2007	U.S. Dept. Of Health and Human Services	93.568	\$56,532.00
<b>TOTAL FUNDS CONTAINED IN THIS AGREEMENT:</b>				<b>\$56,532.00</b>

ATTACHMENT II, Budget Summary, is hereby replaced with the revised Budget Summary, attached hereto.

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 THEREOF, the parties hereto have caused this 3-page agreement to be executed by their undersigned officials as duly authorized.

**PALM BEACH COUNTY,  
FLORIDA**, a Political  
Subdivision of the State of  
Florida

**AREA AGENCY ON AGING  
OF PALM BEACH TREASURE  
COAST, INC.**

SIGNED BY: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

PRINT NAME:           Addie L. Greene          

PRINT NAME: \_\_\_\_\_

TITLE:                   Chairperson                  

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

PRINT NAME:           Sharon R. Bock          

TITLE:                   Clerk and Comptroller                  

DATE: \_\_\_\_\_

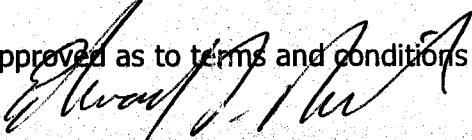
FEDERAL ID NUMBER:                   59-6000785                  

FISCAL YEAR END (MM/DD): \_\_\_\_\_

Approved as to form and legal sufficiency

\_\_\_\_\_  
Assistant County Attorney

Approved as to terms and conditions



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

**ATTACHMENT II****EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM****BUDGET SUMMARY**

<b>CATEGORY</b>	<b>ALLOCATION</b>
Administration*	\$0.00
Outreach*	\$8,520
Crisis Benefits	\$48,012
<b>Agreement Total</b>	<b>\$56,532</b>

Projected minimum number of consumers to be served:	120
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NOTE: Eligible households may be provided with one benefit per season up to four hundred dollars per benefit. The minimum number of consumers may reflect multiple duplicated consumers if a consumer receives a benefit in both seasons.

*\* Administrative and Outreach allocations may be used for Crisis Benefits.*

**Attestation Statement**

**Agreement Number IP007-9500**

**Amendment Number 001**

I,           Addie L. Greene, Chairperson          , provider representative for Palm Beach County Board of County Commissioners, attest that no changes or revisions have been made to the content of the above referenced agreement or amendment between the Area Agency of Palm Beach Treasure Coast, Inc. and 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