

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>12,000</u> | _____ | _____ | _____ | _____ |
| External Revenue | <u>(12,000)</u> | _____ | _____ | _____ | _____ |
| Program Income (County) | _____ | _____ | _____ | _____ | _____ |
| In-Kind Match (County) | _____ | _____ | _____ | _____ | _____ |
| NET FISCAL IMPACT | <u>-0-</u> | _____ | _____ | _____ | _____ |
| # ADDITIONAL FTE POSITIONS (Cumulative) | <u>0</u> | _____ | _____ | _____ | _____ |

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

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

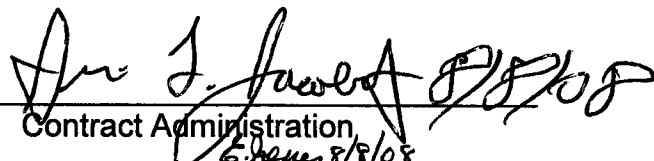
State funds through the Department of Elder Affairs.

Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

atwillhite 8.8.8
 8/8/08 OFMB 8/10/08 8/16/08


 Contract Administration 8/8/08

B. Legal Sufficiency:


 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 by the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "AGENCY", and Palm Beach County Board of County Commissioners, hereinafter referred to as the "PROVIDER", amends agreement # IR007-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$12,000.00 and to 2) revise ATTACHMENT II, RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES PROGRAM BUDGET SUMMARY.

1) Section II.A. of the agreement is hereby amended to read:

A. Agreement Amount:

To pay for services according to the conditions of the **PROGRAM PROVISIONS** in an amount not to exceed \$114,058.00, subject to the availability of funds.

2) Section II.C. of the agreement 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 recipient pursuant to this agreement are in the state grants and aids appropriations and consist of the following:

| Program Title | Year | Funding Source | CSFA # | Fund Amounts |
|---|-----------|--|--------|--------------|
| RELIEF | 2007-2008 | General Revenue/Tobacco Settlement Trust Funds | 65006 | \$114,058.00 |
| TOTAL FUNDS CONTAINED IN THIS AGREEMENT: | | | | \$114,058.00 |

3) ATTACHMENT II, RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, RESPITE FOR ELDERS LIVING IN EVERDAY FAMILIES PROGRAM BUDGET SUMMARY attached hereto.

This amendment shall be effective on the last date that the amendment has been 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 of its attachments are hereby made a part of this agreement.

IN WITNESS THEREOF, the parties hereto have caused this 4-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

**RESPIRE FOR ELDERS LIVING IN EVERYDAY FAMILIES
Budget Summary
2007-2008**

The unit rate payable under this agreement is outlined below, which shall be submitted to the Agency on DOEA Form 109 (**ATTACHMENT VII**).

| Hours of Service | Units | Unit Rate | Total |
|------------------|-----------------------------------|-----------|---------------------|
| 15,732 | 1 unit = 1 hour of service | \$7.25 | \$114,058.00 |

The unit rate includes a volunteer stipend not to exceed \$5.15 per hour of service and covers other volunteer expenses such as volunteer recruitment and retention, volunteer training, and service related travel.

Attestation Statement
Agreement Number IR007-9500
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

PSA: 9
 County Name: Palm Beach County
 Period: 7/1/2007 - 6/30/2008
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: July 1, 2007
 REVISED DATE: June 27, 2008
 REVISION NUMBER: 002, Amendment #002

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOEA funding sources applicable to your agency)

Funding Source
 (X) CCE

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 (Maint.) | Specialized Medical Equipment, Services & Supplies |
| 1. Total Budgeted Cash Costs | 1,855,355 | 51,738 | 85,216 | 500,882 | 4,750 | 43,895 | 926,476 | 1,372 | 241,026 |
| 1. (a) Add Inkind Cost | | | | | | | | | |
| 1. (b) Total Budgeted Costs | 1,855,355 | 51,738 | 85,216 | 500,882 | 4,750 | 43,895 | 926,476 | 1,372 | 241,026 |
| 2. Total Budgeted Units | 100,073 | 3,000 | 962 | 5,098 | 50 | 30,000 | 58,011 | 12 | 2,940 |
| 2.(a) Total Cost Per Unit of Service | N/A | 17.25 | 88.55 | 98.26 | 95.01 | 1.46 | 15.97 | 114.34 | 81.98 |
| 3. Less USDA | 0 | | | | | | | | |
| 4. Less Cash Match | 128,131 | 3,120 | 2,377 | 21,393 | 361 | 2,633 | 88,821 | 93 | 9,333 |
| 5. Less Inkind Match | | | | | | | | | |
| 6. Less Program Income Used as Match | | | | | | | | | |
| Sub-Total Match: | 128,131 | 3,120 | 2,377 | 21,393 | 361 | 2,633 | 88,821 | 93 | 9,333 |
| 7. Program Income | 35,679 | | | | | | | | 35,679 |
| 8. Less Other Non-Matching Cash & Co-payments | 538,360 | 20,538 | 61,446 | 286,952 | 1,139 | 17,562 | 38,270 | 439 | 112,014 |
| 9. Adjusted Budgeted Costs | 1,153,185 | 28,080 | 21,393 | 192,537 | 3,250 | 23,700 | 799,385 | 840 | 84,000 |
| 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 | 12 | 300 | 850 | 5 | 125 | 435 | 1 | 150 |

08- 1272

**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT
FUND 1006 DOSS - Administration**

Page 1 of 1 pages
BGRV - 144- 063008*630
BGEX - 144- 063008*2968

Use this form to provide budget for items not anticipated in the budget.

| ACCT.NUMBER | ACCOUNT NAME | ORIGINAL BUDGET | CURRENT BUDGET | INCREASE | DECREASE | ADJUSTED BUDGET | EXPENDED/ ENCUMBERED AS OF 8/7/08 | REMAINING BALANCE |
|-------------------------------|--|-----------------|----------------|---------------|----------|-----------------|-----------------------------------|-------------------|
| REVENUES | | | | | | | | |
| <u>Relief/Respite Program</u> | | | | | | | | |
| 144-1482-3469 | State Grnt Oth Human Services | 100,792 | 100,792 | 12,000 | 0 | 112,792 | | |
| | Total Receipts and Balances | 170,178 | 170,178 | 12,000 | 0 | 182,178 | | |
| EXPENDITURES | | | | | | | | |
| <u>Relief/Respite Program</u> | | | | | | | | |
| 144-1482-4931 | Allowances | 34,231 | 34,231 | 12,000 | 0 | 46,231 | 44,103 | 2,128 |
| | Total Appropriations & Expenditures | 170,178 | 170,178 | 12,000 | 0 | 182,178 | | |

OFMB
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

| | |
|-----------------------------|-------------------------|
| Signatures | Date |
| <u><i>Edward John A</i></u> | <u>8-7-2008</u> |
| <u><i>Atwillwhite</i></u> | <u>8-8-8</u> |
| <u><i>BB 8/7/08</i></u> | <u><i>88 8/7/08</i></u> |

By Board of County Commissioners
At Meeting of August 19, 2008

Deputy Clerk to the
Board of County Commissioners