

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: 9/9/08 (X) Consent () Regular
() Ordinance () Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior Services

I. EXECUTIVE BRIEF

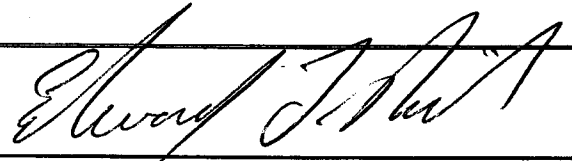
Motion and Title: Staff recommends motion to approve: A) Amendment No. 001 to Standard Agreement No. IR007-9500 (R2007-1463) for the Respite for Elders Living in Everyday Families (RELIEF) Program with the Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc. for the period July 1, 2007, through June 30, 2008, increasing the agreement amount by \$12,000 for a new total not-to-exceed the amount of \$114,058; and B) Budget Amendment of \$12,000 in DOSS - Administration Fund 1006.

Summary: This amendment will increase the RELIEF/Respite Program by \$12,000. In the area south of Hypoluxo Road, Ruth Rales Jewish Family Service currently provides CCE 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: Recipients of the RELIEF program are offered In-Home Respite, including evening and weekend Respite, in order to increase the ability of a family unit to continue to care for a homebound elderly individual beyond the basic provisions of current public programs.

Attachments:

1. RELIEF Amendment No. 001
2. Budget Amendment in DOSS - Administration Fund 1006

Recommended By:  8-5-2008
Department Director Date

Approved By:  8/11/08
Assistant County Administrator 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>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 8/1/08 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: _____

PRINT
NAME: Addie L. Greene

TITLE: Chairperson

DATE: _____

SIGNED
BY: _____

PRINT
NAME: Sharon R. Bock

TITLE: Clerk and Comptroller

DATE: _____

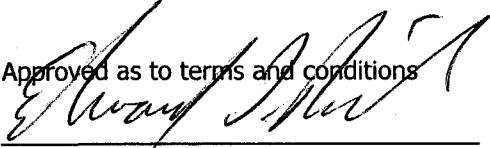
FEDERAL
ID
NUMBER: 59-6000785

FISCAL
YEAR
END
(MM/DD): _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

SIGNED
BY: _____

PRINT
NAME: _____

TITLE: _____

DATE: _____

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 DOE 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



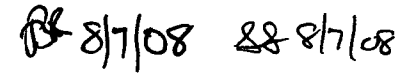
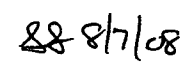
08- 1272

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

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		

	Signatures	Date	
OFMB		8-7-2008	By Board of County Commissioners
INITIATING DEPARTMENT/DIVISION		8-8-8	At Meeting of August 19, 2008
Administration/Budget Department Approval			Deputy Clerk to the
OFMB Department - Posted			Board of County Commissioners
	 8/7/08	 8/7/08	