

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: October 7, 2008

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. IZ007-9500 (R2007-1690) for the Alzheimer's Disease Initiative (ADI) 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 \$10,717 for a new total not-to-exceed the amount of \$281,063.

Summary: This amendment will increase the ADI In-Home Respite Services by \$10,717. In the area south of Hypoluxo Road, Ruth Rales Jewish Family Service currently provides ADI 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: DOSS is responsible for referrals to vendors for the ADI and other programs in northern and western Palm Beach County and contract with vendors to provide respite, (in-home and facility-based) services to persons 18 and older with memory disorders. Additional referrals will be made to other community resources as determined by needs of the senior population.

Attachments:

1. ADI Amendment No. 001

Recommended By:


Department Director

Date

9-26-2008

Approved By:


Assistant County Administrator

Date

10/2/08

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>10,717</u>	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>10,717</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____
 Budget Account No.: Fund 1006 Dept. 144 Unit. 1472 Obj. Vari.
 Program Code Vari.

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 9.30.08
 OFMB 7m
 09/29. ent 9/29/08

Don J. Jacoby 10/1/08
 Contract Administration
 6/20/08 10/1/08

B. Legal Sufficiency:

J. P. [Signature] 10/2/08
 Assistant County Attorney

This amendment complies with our review requirements.

C. Other Department Review:

 Department Director

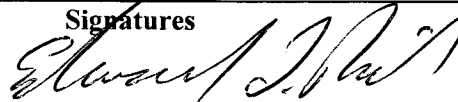
This summary is not to be used as a basis for payment.

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

BGRV - 144- 090208*689
BGEX - 144- 090208*3357

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 9/2/08	REMAINING BALANCE
REVENUES								
ADI								
144-1472-3469	State Grnt Oth Human Services	271,000	271,000	10,063	0	281,063		
	Total Receipts and Balances	386,740	386,740	10,063	0	396,803		
EXPENDITURES								
ADI								
144-1472-3401	Other Contractual Services	230,311	230,311	10,063	0	240,374	0	240,374
	Total Appropriations & Expenditures	386,740	386,740	10,063	0	396,803		

OFMB	Signatures	Date
INITIATING DEPARTMENT/DIVISION		9-25-2008
Administration/Budget Department Approval	_____	_____
OFMB Department - Posted	_____	_____

By Board of County Commissioners
At Meeting of October 7, 2008

Deputy Clerk to the
Board of County Commissioners

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 # IZ007-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$10,717.00 and to 2) revise ATTACHMENT II, ALZHEIMER'S DISEASE INITIATIVE 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 ATTACHMENT II in an amount not to exceed \$281,063.00, 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
Alzheimer's Disease Initiative	2007	General Revenue/Tobacco Settlement Trust Funds	65.004	\$281,063.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$281,063.00

3) ATTACHMENT II, ALZHEIMER'S DISEASE INITIATIVE PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, ALZHEIMER'S DISEASE 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 WHEREOF, the parties hereto have caused this 4-page amendment to be executed by their officials there unto 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: _____

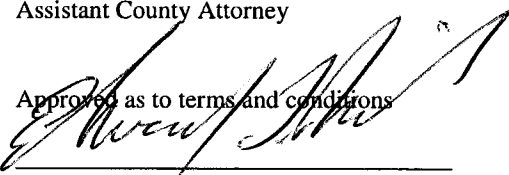
FEDERAL
ID
NUMBER: 59-6000785

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

ALZHEIMER'S DISEASE INITIATIVE PROGRAM

BUDGET SUMMARY

ADI Case Management	\$27,035.00
ADI Services	\$254,028.00
Total	\$281,063.00

Attestation Statement
Agreement Number IZ007-9500
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 - 6/31/2008
 Provider Name: Palm Beach County Division of Senior Services
 Service Cost Report
 ORIGINAL DATE: July 1, 2007
 REVISED DATE: September 2, 2008
 REVISION NUMBER: 002, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

- | | |
|--|---|
| <u>Funding Source</u> | <u>Funding Source</u> |
| <input type="checkbox"/> Title III B | <input checked="" 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 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) (6) (52) (53)

DESCRIPTION	TOTAL SERVICES	Case Management	Respite (Facility Based)	Respite (In-Home)
1. Total Budgeted Cash Costs	356,206	25,701	90,425	240,080
1. (a) Add Inkind Cost				
1. (b) Total Budgeted Costs	356,206	25,701	90,425	240,080
2. Total Budgeted Units	19,126	314	4,284	14,528
2.(a) Total Cost Per Unit of Service	N/A	81.86	21.11	16.53
3. Less USDA	0			
4. Less Cash Match	0	0	0	0
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	0	0	0	0
7. Program Income	3,787	3,787		
8. Less Other Non-Matching Cash & Co-payments	71,356	10,055	50,327	10,974
9. Adjusted Budgeted Costs	281,063	11,859	40,098	229,106
10. Adjusted Cost Per Unit of Service	N/A	37.77	9.36	15.77
12. Estimated Number of UNDUPLICATED Clients	N/A	55	30	53

ADI Program Incom \$9,500