

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>40,896.81</u>	_____	_____	_____	_____
External Revenue	<u>(40,896.81)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>-0-</u>	<u>-0-</u>	_____	_____	_____

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 and County funds. Local funds already in Budget.

Departmental Fiscal Review: KEW

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Amendments 11.5.08
 OFMB 11/14/08 10/30/08
Dr. Don J. Jacob 11/15/08
 Contract Administration

B. Legal Sufficiency:

J. P. [Signature] 11/6/08
 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.

THIS AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Area Agency", and the Palm Beach County Department of Senior Services hereinafter referred to as the "Provider", amends contract # IU008-9500.

The purpose of this amendment is to increase the total amount of the agreement by \$40,896.81 and to reflect an increase in the Unit Rate to 0.60731 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 **PROGRAM PROVISIONS** in an amount not to exceed \$352,120.01, 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	2007-2008	Older Americans Act	93.053	\$352,120.01
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$352,120.01

3. 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 (10/1/07-4/30/08)	1 unit = 1 meal	0.6137002	298,268	\$183,047.14
Eligible Congregate And Home Delivered Meals (5/1/08 – 08/31/08)	1 unit = 1 meal	0.59534527	215,297	\$128,176.06
Eligible Congregate And Home Delivered Meals (9/1/08 – 09/30/08)	1 unit = 1 meal	0.60731	67,341	\$40,896.81

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 of Palm Beach/
Treasure Coast, Inc.

SIGNED
BY: _____

SIGNED
BY: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

SHARON R. BOCK, Clerk

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

Attestation Statement

Agreement Number IU008-9500

Amendment Number 002

I, _____, Chairperson, attest that no changes or revisions have been
(Provider representative)

made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging of Palm Beach/Treasure Coast 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 affect on the agreement/contract content.

Signature of Provider Representative

Date