

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>38,468.07</u>	_____	_____	_____	_____
External Revenue	<u>(38,468.07)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>-0-</u>	<u>-0-</u>	_____	_____	_____

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Dept 144 Unit 1481 Obj. Var.
 Program Code Var.

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 State funds through the Department of Elder Affairs.

Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Atwillhite 10-31-08
 OFMB *M* *10/30* *10/30/08*
Don J. Jacob *11/03/08*
 Contract Administration *11/3/08*

B. Legal Sufficiency:

[Signature] *11/4/08*
 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 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 # IH007-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$38,468.07 and to 2) revise ATTACHMENT II, HOME CARE FOR THE ELDERLY 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 \$214,843.07, 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
Home Care for the Elderly	2007	General Revenue	65.001	\$214,843.07
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$214,843.07

3) ATTACHMENT III, HOME CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, HOME CARE FOR THE ELDERLY 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.

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 and Comptroller

BY: _____

DATE: _____

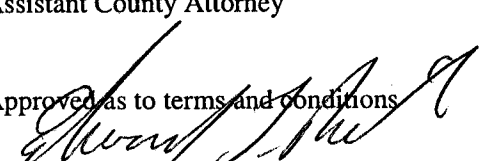
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT III
HOME CARE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY

HCE Case Management	\$21,982.05
HCE Subsidy	\$192,861.02
Total	\$214,843.07

Attestation Statement

Agreement/Contract Number _____

Amendment Number _____

I, _____, attest that no changes or revisions have been made to the
(Provider Representative)

content of the above referenced agreement/contract or amendment between the Area Agency on Aging and

_____. 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

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: October 3, 2008
 REVISION NUMBER: 001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source

(X) HCE including Subsidy

Form Revised July 18, 2003

(Service Reference) (6) (6)

DESCRIPTION	TOTAL SERVICES	Case Management	Subsidy
1. Total Budgeted Cash Costs	227,936.86	35,076.84	192,860.02
1. (a) Add Inkind Cost			
1. (b) Total Budgeted Costs	227,936.86	35,076.84	192,860.02
2. Total Budgeted Units	429	429	
2.(a) Total Cost Per Unit of Service	N/A	81.86	
3. Less USDA	0.00		
4. Less Cash Match	0.00		
5. Less Inkind Match			
6. Less Program Income Used as Match			
Sub-Total Match:	0.00		
7. Program Income	0.00	0.00	
8. Less Other Non-Matching Cash & Co-payments	13,093.79	13,093.79	
9. Adjusted Budgeted Costs	214,843.07	21,983.05	192,860.02
10. Adjusted Cost Per Unit of Service	N/A	51.30	
12. Estimated Number of UNDUPLICATED Clients	N/A	40	