

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: December 2, 2008 **Consent** **Regular**
 Ordinance **Public Hearing**

Department

Submitted By: Community Services

Submitted For: Division of Senior Services

I. EXECUTIVE BRIEF

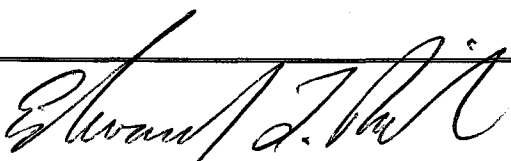
Motion and Title: **Staff recommends motion to approve:** Amendment No. 001 to Standard Agreement No. IA008-9500 (R2008-0337) for the Older Americans Act (OAA) Program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. for the period January 1, 2008, through December 31, 2008, increasing the agreement amount by \$9,136 for a new total not-to-exceed the amount of \$1,933,750 for various supportive services to seniors.

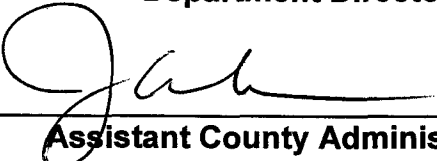
Summary: This amendment will increase C2 Home Delivered Meals by \$9,136. There is a County match of \$1,015 (10%) which is currently in the budget. In the area south of Hypoluxo Road, Mae Volen Senior Center Inc. currently provide OAA services under a similar grant from the AAA. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

Background and Justification: The Division of Senior Services (DOSS) provides a broad spectrum of services to the senior population under Title III of the Older Americans Act. Federal funds are granted through the AAA to provide services such as homemaker, personal care, respite, chore, escort, interpreter/translating, screening/assessment, medical supplies, adult day care, housing improvement, congregate meals, home delivered meals, nutrition education and outreach. As additional funding is granted, amendments are needed to reflect the change in the various service categories affected. The OAA grant is funded on a calendar year basis.

Attachments:

Amendment No. 001

Recommended by:  11-18-2008
 Department Director **Date**

Approved By:  12/1/08
 Assistant County Administrator **Date**

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>10,151</u>	_____	_____	_____	_____
External Revenue	<u>(9,136)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>1,015</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	<u>-0-</u>	_____	_____	_____

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Dept 144 Unit 1457/1458/1459/1461 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: FEW.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

atwillhite 11-25-08
 OFMB jm 11/24 11/24/08
 (11/24/08)

Jim J. Jacobs 11/25/08
 Contract Administration

B. Legal Sufficiency:

J. [Signature] 12/1/08
 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 "Agency" and the Palm Beach County Board of Commissioners, hereinafter referred to as the "Provider", amends Agreement Number IA008-9500.

The purpose of this amendment is to:

- 1) Increase the total funding amount by \$9,136.00, to reflect 2008 OAA carry forward

TITLE	FROM	INCREASE/(DECREASE)	TO
C-2	\$547,678.00	\$9,136.00	\$556,814.00

- 1. Section I. A, is hereby amended to read:

A. Agreement Amount:

The Agency will pay the Provider for services according to the conditions of this agreement in an amount not to exceed \$1,933,750.00, subject to the availability of funds.

- 2. Section II. C., is hereby amended to read:

B. 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 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
Older Americans Act Title IIIB Support Services	2008	U.S Dept. of Health and Human Services	93.044	\$714,452.00
Older Americans Act Title IIIC1 Congregate Meals	2008	"	93.045	\$500,858.00
Older Americans Act Title IIIC2 Home Delivered Meals	2008	"	93.045	\$556,814.00
Older Americans Act Title IIIE Services	2008	"	93.052	\$161,626.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,933,750.00

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 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
Palm Beach/Treasure Coast, Inc.

SIGNED
BY: _____

SIGNED
BY: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

BY: _____
Sharon R. Bock, Clerk and Comptroller

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/Contract Number IA008-9500

Amendment Number #001

I, _____, Chairperson, attest that no changes or revisions have been made to the content of the above referenced agreement or amendment between The Area Agency on Aging, Palm Beach/Treasure Coast, Inc. and The 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

Signature of Provider Representative

Date

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2008 - 12/31/2008
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2008
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY
 * (Indicate all DOE funding sources applicable to your agency)

Funding Source
 (X) Title III B

Form Revised July 18, 2003

	(Service Reference)	(1)	(18)	(32)	(33)	(54)
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Escort	In_Home Services (H,P,SA,R,C,C H,CHE)	Interpreter/T ranslating	Screening/A sssessment
1. Total Budgeted Cash Costs	1,113,099	321,233	56	658,737	180	132,893
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	1,113,099	321,233	56	658,737	180	132,893
2. Total Budgeted Units	58,409	15,216	3	41,287	3	1,900
2.(a) Total Cost Per Unit of Service	n/a	21.11	18.57	15.95	59.95	69.94
3. Less NSIP	0					
4. Less Cash Match	79,384	12,004	4	62,894	12	4,469
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	79,384	12,004	4	62,894	12	4,469
7. Less Program Income	9,266	-	-	9,266	-	-
8. Less Other Non-Matching Cash & Co-payments	309,997	201,196	12	20,528	60	88,201
9. Adjusted Budgeted Costs	714,452	108,033	39	566,049	108	40,223
10. Adjusted Cost Per Unit of Service	n/a	7.10	12.98	13.71	35.97	21.17
12. Estimated Number of UNDUPLICATED Clients	n/a	21	1	400	2	300

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2008 - 12/31/2008
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2008
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source
 (X) Title III C1

Form Revised July 18, 2003

DESCRIPTION	TOTAL SERVICES	(Service Reference)	(11)	(38)	(39)	(42)
		Congregate Meals C1	Nutrition Counseling	Nutrition Education	Outreach	
1. Total Budgeted Cash Costs	1,047,299	1,010,023	126	17,753	19,398	
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	1,047,299	1,010,023	126	17,753	19,398	
2. Total Budgeted Units	151,947	150,674	3	506	763	
2.(a) Total Cost Per Unit of Service	n/a	6.70	41.76	35.05	25.43	
3. Less NSIP	92,469	92,469				
4. Less Cash Match	55,651	54,912	11	312	416	
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	55,651	54,912	11	312	416	
7. Less Program Income	62,205	62,205	-	-	-	
8. Less Other Non-Matching Cash & Co-payments	336,117	306,224	20	14,635	15,237	
9. Adjusted Budgeted Costs	500,858	494,212	95	2,806	3,745	
10. Adjusted Cost Per Unit of Service	n/a	3.28	31.56	5.54	4.91	
12. Estimated Number of UNDUPLICATED Clients	n/a	1,300	3	1,300	1,350	

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2008 - 12/31/2008
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2008
 REVISED DATE: October 17, 2008
 REVISION NUMBER: 001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source
 (X) Title III C2

Form Revised July 18, 2003

	(Service Reference)	(26)	(38)	(39)	(54)
DESCRIPTION	TOTAL SERVICES	Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Screening/Assessment
1. Total Budgeted Cash Costs	1,189,262	966,512	752	418	221,580
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,189,262	966,512	752	418	221,580
2. Total Budgeted Units	221,552	218,354	18	12	3,168
2.(a) Total Cost Per Unit of Service	n/a	4.43	41.76	35.05	69.94
3. Less NSIP	134,004	134,004			
4. Less Cash Match	61,868	54,346	63	7	7,452
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	61,868	54,346	63	7	7,452
7. Less Program Income	19,000	19,000	-	-	-
8. Less Other Non-Matching Cash & Co-payments	417,576	270,048	121	345	147,062
9. Adjusted Budgeted Costs	556,814	489,114	568	66	67,066
10. Adjusted Cost Per Unit of Service	n/a	2.24	31.56	5.54	21.17
12. Estimated Number of UNDUPLICATED Clients	n/a	600	18	600	655

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2008 - 12/31/2008
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2008
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source
 (X) Title III E, G1

Form Revised July 18, 2003

	(Service Reference)	(1)	(8)	(53)	(54)	(58)
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Chore	Respite (In-Home)	Screening/Assessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	356,952	324,539	344	8,246	8,660	15,163
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	356,952	324,539	344	8,246	8,660	15,163
2. Total Budgeted Units	16,234	15,373	10	499	124	229
2.(a) Total Cost Per Unit of Service	n/a	21.11	34.25	16.53	69.94	66.24
3. Less NSIP	0					
4. Less Cash Match	14,659	12,127	13	760	291	1,468
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	14,659	12,127	13	760	291	1,468
7. Less Program Income	1,800	1,800	-	-	-	-
8. Less Other Non-Matching Cash & Co-payments	208,559	201,467	218	645	5,747	482
9. Adjusted Budgeted Costs	131,934	109,145	114	6,841	2,621	13,213
10. Adjusted Cost Per Unit of Service	n/a	7.10	11.34	13.71	21.17	57.72
12. Estimated Number of UNDUPLICATED Clients	n/a	25	1	20	48	24

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2008 - 12/31/2008
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2008
 REVISED DATE: October 17, 2008
 REVISION NUMBER: 001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source
 (X) Title III C2

Form Revised July 18, 2003

	(Service Reference)	(26)	(38)	(39)	(54)
DESCRIPTION	TOTAL SERVICES	Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Screening/Assessment
1. Total Budgeted Cash Costs	1,189,262	966,512	752	418	221,580
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,189,262	966,512	752	418	221,580
2. Total Budgeted Units	221,552	218,354	18	12	3,168
2.(a) Total Cost Per Unit of Service	n/a	4.43	41.76	35.05	69.94
3. Less NSIP	134,004	134,004			
4. Less Cash Match	61,868	54,346	63	7	7,452
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	61,868	54,346	63	7	7,452
7. Less Program Income	19,000	19,000	-	-	-
8. Less Other Non-Matching Cash & Co-payments	417,576	270,048	121	345	147,062
9. Adjusted Budgeted Costs	556,814	489,114	568	66	67,066
10. Adjusted Cost Per Unit of Service	n/a	2.24	31.56	5.54	21.17
12. Estimated Number of UNDUPLICATED Clients	n/a	600	18	600	655