

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>50,608.63</u>	_____	_____	_____	_____
External Revenue	<u>(50,608.63)</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 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: RCW

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

John D. ... 2-13-09
 OFMB
 Tom 2/12
 en 2/10/09

John J. ... 2/13/09
 Contract Administration

B. Legal Sufficiency:

John ... 2/17/09
 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.

AMENDMENT 001

Agreement No. IR008-9500

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 # IR008-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$50,608.63 and to 2) revise ATTACHMENT I, 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 \$101,217.25, 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	2008-2009	General Revenue/Tobacco Settlement Trust Funds	65.006	\$101,217.25
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$101,217.25

3) Section III.A.2. of the agreement is hereby amended to read:

2. This agreement shall end on June 30, 2009.

4) ATTACHMENT I, RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT I, 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.

AMENDMENT 001

Agreement No. IR008-9500

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: _____

SIGNED
BY: _____

PRINT
NAME: John F. Koons, Chairman

PRINT
NAME: _____

TITLE: Chairman

TITLE: _____

DATE: _____

DATE: _____

SIGNED
BY: _____

PRINT
NAME: Sharon R. Bock

TITLE: Clerk and Comptroller

DATE: _____

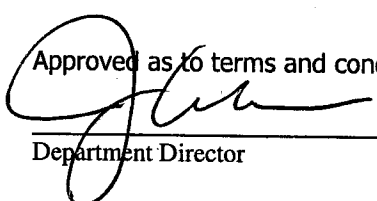
FEDERAL
ID
NUMBER: 59-6000785

FISCAL
YEAR
END
(MM/DD): _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

AMENDMENT 001

Agreement No. IR008-9500

ATTACHMENT I

**RESPITE FOR ELDERLY LIVING IN EVERYDAY FAMILIES
Budget Summary
2008-2009**

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
13,961	1 unit = 1 hour of service	\$7.25	\$101,217.25

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 IR008-9500

Amendment Number 001

I, John F. Koons, Chairman, 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