Agenda Item #:

3E-3

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 5, 2009	(X) Consent () Ordinance	()Regular ()Public Hearing
Department		() i abile fielding
Submitted By:	Community Services	·····
Submitted For:	Division of Senior Serv	vices

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 002 to Standard Agreement No. IA008-9500 (R2008-0337; dated March 11, 2008) 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 \$42,739.53 for a new total not-to-exceed amount of \$1,976,489.53 for various supportive services to seniors.

Summary: This amendment provides reimbursement for 19,080 additional C2 Home Delivered Meals provided during the previous grant year totaling \$42,739.53. In the area south of Hypoluxo Road, Mae Volen Senior Center Inc. currently provide OAA services under a similar grant from the AAA. (DOSS) <u>Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road</u> (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. 002

Recommended by: Department Director Date Approved By: ounty Administrator

II. FISCAL ANALYSIS IMPACT

Α. **Five Year Summary of Fiscal Impact:**

Fiscal Years	2009	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Capital Expenditures Operating Costs External Revenue Program Income (Count In-Kind Match (County)	<u>42,739.53</u> (42,739.53) (42,739.53)				
NET FISCAL IMPACT					
# ADDITIONAL FTE POSITIONS (Cumulative	e) <u>-0-</u>				
Is Item Included in Curre Budget Account No.: F F	und_1006	Yes _ Dept <u>144</u> Var.	<u>X</u> No Unit <u>1457/1</u>	 458/1459/146	<u>1_</u> Obj. <u>Var.</u>

Β. **Recommended Sources of Funds/Summary of Fiscal Impact:** Federal funds through the Department of Elder Affairs.

Departmental Fiscal Review:

III. REVIEW COMMENTS

Α. OFMB Fiscal and/or Contract Administration Comments:

Β.

Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

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This amendment complies with our review requirements.

AMENDMENT 002

Agreement No. IA008-9500

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 <u>IA008-9500</u>.

The purpose of this amendment is to increase the total funding amount by \$42,739.53

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 \$1,976,489.53, 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	GFDA#	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 IIIC1Congregate Meals	2008	n	93.045	\$500,858.00
Older Americans Act Title IIIC2 Home Delivered Meals	2008	"	93.045	\$599,553.53
Older Americans Act Title IIIE Services	2008	"	93.052	\$161,626.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,976,489.53

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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This amendment and all its attachments are hereby made a part of the agreement.

AMENDMENT 002

Agreement No. IA008-9500

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 Palm Beach/Treasure Coast, Inc.

SIGNED BY:_____

NAME: ______ John F. Koons, Chairman

TITLE: <u>Chairman</u>

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

SIGNED BY: ______ NAME: _____

TITLE: _____

DATE: _____

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AMENDMENT 002

Agreement No. IA008-9500

Attestation Statement

Agreement/Contract Number <u>IA008-9500</u>

Amendment Number <u>#002</u>

I, <u>John F. Koons, Chairman</u>, 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 <u>Palm Beach County Board of County Commissioners.</u> 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:

 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: January 27, 2009 REVISION NUMBER: Revision #001 , Amendment #002

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

Funding Source (X) Title III C1

9

Form Revised July 18, 2003	(Service Reference)	(11)	(38)	(39)	(42)
DESCRIPTION	atoreal Stervices	Congregate Meals C1	Nutrition Counseling	Nutrition Education	Outreach
1. Total Budgeted Cash Costs	02157165	1,008,180	0	17,678	19,325
1. (a) Add Inkind Cost 1. (b) Total Budgeted Costs	1.045.183	1,008,180	0	17,678	19,325
2. Total Budgeted Units	Maria 2151,972	150,703	0	506	763
2.(a) Total Cost Per Unit of Service	n/a s	6.69	41.56	34.90	25.34
3. Less NSIP	92.487	92,487			
4. Less Cash Match	55.651	54,923	0	312	416
5. Less Inkind Match			-		
6. Less Program Income Used as Match			·		
Sub-Total Match:	55,651	54,923	0	312	416
7. Less Program Income	62:205	62,205	-	-	-
8. Less Other Non-Matching Cash & Co-payments	333,982	304,258	-	14,560	15,163
9. Adjusted Budgeted Costs	2 - 500/858	494,307	0	2,806	3,745
10. Adjusted Cost Per Unit of Service	ar te stri a e s Se stri a e s	3.28	31.56	5.54	4.91
12. Estimated Number of UNDUPLICATED Clients	n/a 1	1,300	3	1,300	1,350

 PSA:
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 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: March 20, 2009 REVISION NUMBER: 002, Amendment #002

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	HOTIAL SERVICES	Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Screening/A ssessment
1. Total Budgeted Cash Costs	0.000 1 272 233 39	1,050,415.09	748.02	415.80	220,654.48
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	- 27/2 <u>/2</u> 35/39	1,050,415.09	748.02	415.80	220,654.48
2. Total Budgeted Units	240,632,50	237,434.61	18.00	11.91	3,167.97
2.(a) Total Cost Per Unit of Service	En Sin/a	4.42	41.56	34.90	69.65
3. Less NSIP	145713167	145,713.67			
4. Less Cash Match		59,094.84	63.11	7.33	7,451.78
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:		59,094.84	63.11	7.33	7,451.78
7. Less Program Income	19:000:00	19,000.00	0.00	0.00	0.00
8. Less Other Non-Matching Cash & Co-payments	44113461-14	294,753.05	116.91	342.47	146,136.70
9. Adjusted Budgeted Costs	599,553,53	531,853.53	568.00	66.00	67,066.00
10. Adjusted Cost Per Unit of Service	N INAL OF	2.24	31.56	5.54	21.17
12. Estimated Number of UNDUPLICATED Clients	n'a .	600	18	600	655

 PSA:
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 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: January 27, 2009 REVISION NUMBER: Revision #001 , Amendment #002

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	TIOTEAL SIERVIIGES	Adult Day Care	Chore	Respite (In-Home)	Screening/A ssessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	354,535	322,422	0	8,369	8,623	15,121
1. (a) Add Inkind Cost 1. (b) Total Budgeted Costs	354,535	322,422	0	8,369	8,623	15,121
2. Total Budgeted Units	16,233	15,373	0	507	124	229
2.(a) Total Cost Per Unit of Service	n/a	20.97	33.92	16.50	69.65	66.06
3. Less NSIP						
4. Less Cash Match	= 14,659	12,127	0	773	291	1,468
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	14,659	12,127	0	773	291	1,468
7. Less Program Income	1,800	1,800	-	-	-	-
8. Less Other Non-Matching Cash & Co-payments	206.143	199,350	-	642	5,711	440
9. Adjusted Budgeted Costs	131.934	109,145	0	6,955	2,621	13,213
10. Adjusted Cost Per Unit of Service	the in 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:

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

ORIGINAL DATE: January 1, 2008 REVISED DATE: January 27, 2009 REVISION NUMBER: Revision #001, Amendment #002

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

<u>Funding Source</u> (X)Title III E, G2

9

Form Revised July 18, 2003	(Service Reference)	(8)	(54)	(58)
DESCRIPTION	TOTAL SERVICES	Chore	Screening/A ssessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	44,479	0	16,099	28,380
1. (a) Add Inkind Cost 1. (b) Total Budgeted Costs	44 47/9	0	16,099	28,380
2. Total Budgeted Units	66.1	0	231	430
2.(a) Total Cost Per Unit of Service	n/a	33.92	69.65	66.06
3. Less NSIP				
4. Less Cash Match	3.299	0	544	2,755
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	3,299	0	544	2,755
7. Less Program Income	0	-	-	-
8. Less Other Non-Matching Cash & Co-payments		_	10,662	825
9. Adjusted Budgeted Costs	29,692	0	4,893	24,799
10. Adjusted Cost Per Unit of Service	. सिंही 🦉	11.34	21.17	57.72
12. Estimated Number of UNDUPLICATED Clients	n/a	1	89	83