

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>42,739.53</u>	_____	_____	_____	_____
External Revenue	<u>(42,739.53)</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 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.

Departmental Fiscal Review: RAW

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

JMD 4/23/09
 OFMB
 4/21/09
 4/21
 PM 4/17/09

Dr. J. J. Jaworski 4/23/09
 Contract Administration

B. Legal Sufficiency:

J. R. B. 4/24/09
 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.

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 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	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	\$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.

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
Palm Beach/Treasure Coast, Inc.

SIGNED
BY: _____

SIGNED
BY: _____

NAME: John F. Koons, Chairman

NAME: _____

TITLE: Chairman

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 #002

I, John F. Koons, Chairman, 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: 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

DESCRIPTION	TOTAL SERVICES	(11)	(38)	(39)	(42)
		Congregate Meals C1	Nutrition Counseling	Nutrition Education	Outreach
1. Total Budgeted Cash Costs	1,045,183	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	151,972	150,703	0	506	763
2.(a) Total Cost Per Unit of Service	n/a	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	500,858	494,307	0	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: 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

DESCRIPTION	TOTAL SERVICES	(26)	(38)	(39)	(54)
		Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Screening/Assessment
1. Total Budgeted Cash Costs	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	1,272,233.39	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	n/a	4.42	41.56	34.90	69.65
3. Less NSIP	145,713.67	145,713.67			
4. Less Cash Match	66,617.06	59,094.84	63.11	7.33	7,451.78
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	66,617.06	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	441,349.14	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/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: 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	TOTAL SERVICES	Adult Day Care	Chore	Respite (In-Home)	Screening/Assessment	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	0					
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	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: 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, G2

Form Revised July 18, 2003

DESCRIPTION	(Service Reference)	(8)	(54)	(58)
	TOTAL SERVICES	Chore	Screening/Assessment	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	44,479	0	16,099	28,380
2. Total Budgeted Units	661	0	231	430
2.(a) Total Cost Per Unit of Service	n/a	33.92	69.65	66.06
3. Less NSIP	0			
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	11,487	-	10,662	825
9. Adjusted Budgeted Costs	29,692	0	4,893	24,799
10. Adjusted Cost Per Unit of Service	n/a	11.34	21.17	57.72
12. Estimated Number of UNDUPLICATED Clients	n/a	1	89	83