Agenda Item #: **3E-3** 

### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

# AGENDA ITEM SUMMARY

Meeting Date: September 1, 2009 (X) Consent ( ) Regular
I. EXECUTIVE BRIEF
<b>Motion and Title: Staff recommends motion to approve:</b> Amendment No. 001 to Standard Agreement No. IU009-9500 (R2008-2297) for the Nutrition Services Incentive Program (NSIP) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., for the period October 1, 2008, through September 30, 2009, increasing the reimbursement unit rate and increasing the maximum reimbursement by \$51,084.91, for a new total not-to-exceed \$320,863.27 for various supportive services to seniors.
<b>Summary:</b> Additional funding has been granted under the NSIP grant. This amendment will increase the new maximum reimbursement from \$269,778.36 to \$320,863.27 and increase the reimbursement unit rate from 0.6051040 to 0.6295267. 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)
<b>Background and Justification:</b> The AAA has negotiated an entitlement program with NSIP through the Department of Elder Affairs (DoEA). In this program providers may receive cash or commodities to supplement the cost of providing meals. DOSS has elected to receive cash to supplement the cost of the meals. DOSS provides meals to eligible seniors through the Congregate and Home Delivered Meals program under the OAA Title III Agreement.
Attachments:
Amendment No. 001
Recommended by: Department Director Date
Approved By:  Assistant County Administrator  Date

## II. FISCAL ANALYSIS IMPACT

## A. 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 (County) In-Kind Match (County)	51,084.91 (51,084.91)				<i>i</i>
NET FISCAL IMPACT					·
# ADDITIONAL FTE POSITIONS (Cumulative)		-0-			-
Is Item Included in Curren Budget Account No.: Fui Pro		Yes _ Dept <u>144</u> <u>Var.</u>		1 <u>59/</u> Obj. <u>V</u>	<u>'ar.</u>
B. Recommended So Federal funds through already in Budget.					Local funds
Departmental Fisca	al Review:	Tem	-bux		, <u></u>
		EWEW COM	MENTO		
	III. K	EVIEW COM	MEN IS		
A. OFMB Fiscal and/o	or Contract Adı	ministration C	comments:		
OFMI	8-24-09 3 8/1/07 ES/10	19 811109	Contract .	Administration	409
B. Legal Sufficiency:  Assistant Coun	ty Attorney	1249	Our re	amendment compliview requirements	ies with
C. Other Department	Review:				
Department D	irector	-			

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 "Area Agency", and the Palm Beach County Department of Senior Services hereinafter referred to as the "Provider", amends contract # IU009-9500.

The purpose of this amendment is to increase the total amount of the agreement by \$51,084.91 and to reflect an increase in the Unit Rate to 0.6295267 per eligible meal.

1. Section II, A., is hereby amended to read:

#### A. Contract Amount:

To pay for contracted services according to the conditions of **PROGRAM PROVISIONS** in an amount not to exceed \$320,863.27, subject to the availability of funds.

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

#### C. Source of Funds:

The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract. 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
Nutrition Services Incentive Program	2008- 2009	Older Americans Act	93.053	\$320,863.27
		FUNDS CONTAINED IN T	HIS	\$320,863.27

- 3. Section III, Paragraph A is amended to read:
  - **A.** This is a fixed rate agreement. The department shall make payment to the Provider for provision of services up to a maximum number of units of service and at the rate established by the department stated below:

Service to be Provided Eligible Congregate And Home Delivered Meals (10/1/08- 5/31/09)	<u>Units of Services</u> 1 unit = 1 meal	<u>Unit Rate</u> 0.6051040	Maximum Units 335,976	Maximum Reimbursement \$203,300.42
Eligible Congregate And Home Delivered Meals (6/1/09 – 09/30/09)	1 unit = 1 meal	0.6295267	186,748	\$117,562.85

4. This amendment shall be effective on the last date that the amendment is signed by both parties.

All provisions in the contract 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 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 of Palm Beach/ Treasure Coast, Inc.

SIGNED BY:	SIGNED BY:
John F. Koons, Chairman	DI.
DATE:	NAME:
	TITLE:
SHARON R. BOCK, Clerk	DATE:
BY:	
DATE:	
FEDERAL ID NUMBER: <u>59-6000785</u>	
FISCAL YEAR END DATE:	
Approved as to form and legal sufficiency	
Assistant County Attorney	
Approved as to terms and conditions	
Department Director	

Agreement Number \_\_\_\_\_\_\_ IU009-9500

#### **Attestation Statement**

Amendment Number
I, <u>John F. Koons, Chairman</u> , attest that no changes or revisions have been (Provider representative)
made to the content of the above referenced agreement/contract or amendment between the
Area Agency on Aging of Palm Beach/Treasure Coast 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 affect on the agreement/contract
content.
Signature of Provider Representative Date