

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>98,780</u>	<u>60,542</u>	_____	_____	_____
External Revenue	<u>(88,902)</u>	<u>(54,488)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>9,878</u>	<u>6,054</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 1459 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. No additional funding is required for FY2009. Required funding is available in proposed FY2010 budget.

Departmental Fiscal Review: Taruna Malhotra

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 9/10/09
 OFMB 09/10/09
 [Signature] 9/19/09
 [Signature] 9/19/09
[Signature] 9/11/09
 Contract Administration
 [Signature] 9/11/09

This amendment complies with our review requirements.

B. Legal Sufficiency:

[Signature] 9/14/09
 Assistant County Attorney

C. Other Department Review:

 Department Director

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 IA009-9500.

The purpose of this amendment is to increase the C2 total funding amount by \$143,390.00.

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 \$2,068,207.00 , 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	2009	U.S Dept. of Health and Human Services	93.044	\$713,980.00
Older Americans Act Title IIIC1 Congregate Meals	2009	"	93.045	\$520,224.00
Older Americans Act Title IIIC2 Home Delivered Meals	2009	"	93.045	\$670,851.00
Older Americans Act Title IIIE Services	2009	"	93.052	\$163,152.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$2,068,207.00

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 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: Chairman

DATE: _____

BY: _____
Sharon R. Bock, Clerk and Comptroller

DATE: _____

FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

SIGNED
BY: _____

NAME: _____

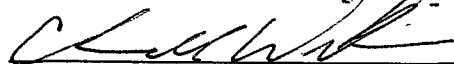
TITLE: _____

DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

Attestation Statement

Agreement/Contract Number IA009-9500

Amendment Number #001

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: 1/1/2009 - 12/31/2009
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2009
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

*(Indicate all DOE A 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	1,058,767	286,877	47	681,986	167	89,690
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	1,058,767	286,877	47	681,986	167	89,690
2. Total Budgeted Units	58,375	15,216	3	41,253	3	1,900
2.(a) Total Cost Per Unit of Service	n/a	18.85	15.78	16.53	55.73	47.21
3. Less NSIP	0					
4. Less Cash Match	79,331	12,004	4	62,842	12	4,469
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	79,331	12,004	4	62,842	12	4,469
7. Less Program Income	9,266	-	-	9,266	-	-
8. Less Other Non-Matching Cash & Co-payments	256,190	166,840	4	44,301	47	44,998
9. Adjusted Budgeted Costs	713,980	108,033	39	565,577	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: 1/1/2009 - 12/31/2009
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2009
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE A funding sources applicable to your agency)

Funding Source
 (X) Title III C1

Form Revised July 18, 2003

	(Service Reference)	(11)	(38)	(39)	(42)
DESCRIPTION	TOTAL SERVICES	Congregate Meals C1	Nutrition Counseling	Nutrition Education	Outreach
1. Total Budgeted Cash Costs	1,031,178	990,773	120	16,525	23,759
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,031,178	990,773	120	16,525	23,759
2. Total Budgeted Units	157,851	156,579	3	506	763
2.(a) Total Cost Per Unit of Service	n/a	6.33	39.76	32.62	31.15
3. Less NSIP	96,092	96,092			
4. Less Cash Match	57,803	57,064	11	312	416
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	57,803	57,064	11	312	416
7. Less Program Income	62,205	62,205	-	-	-
8. Less Other Non-Matching Cash & Co-payments	294,853	261,834	14	13,407	19,598
9. Adjusted Budgeted Costs	520,224	513,578	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: 1/1/2009 - 12/31/2009
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2009
 REVISED DATE: August 12, 2009
 REVISION NUMBER: Revision #001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE 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	1,061,979	825,321	716	389	235,553
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,061,979	825,321	716	389	235,553
2. Total Budgeted Units	257,064	252,044	18	12	4,990
2.(a) Total Cost Per Unit of Service	n/a	3	40	33	47
3. Less NSIP	154,680	154,680			
4. Less Cash Match	74,539	62,731	63	7	11,738
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	74,539	62,731	63	7	11,738
7. Less Program Income	19,000	19,000	0	0	0
8. Less Other Non-Matching Cash & Co-payments	142,909	24,331	85	316	118,177
9. Adjusted Budgeted Costs	670,851	564,579	568	66	105,638
10. Adjusted Cost Per Unit of Service	n/a	2	32	6	21
12. Estimated Number of UNDUPLICATED Clients	n/a	600	18	600	655

PSA: 9
 County Name: Palm Beach County
 Period: 1/1/2009 - 12/31/2009
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2009
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE A 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	321,638	289,830	352	10,787	5,844	14,826
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	321,638	289,830	352	10,787	5,844	14,826
2. Total Budgeted Units	16,346	15,373	10	610	124	229
2.(a) Total Cost Per Unit of Service	n/a	18.85	35.00	17.68	47.21	64.77
3. Less NSIP	0					
4. Less Cash Match	14,829	12,127	13	930	291	1,468
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	14,829	12,127	13	930	291	1,468
7. Less Program Income	1,800	1,800	-	-	-	-
8. Less Other Non-Matching Cash & Co-payments	171,550	166,758	225	1,490	2,932	145
9. Adjusted Budgeted Costs	133,460	109,145	114	8,367	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: 1/1/2009 - 12/31/2009
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2009
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE A funding sources applicable to your agency)

Funding Source
 (X) Title III E, G2

Form Revised July 18, 2003

	(Service Reference)	(8)	(54)	(58)
DESCRIPTION	TOTAL SERVICES	Chore	Screening/Assessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	39,385	2,334	9,225	27,827
1. (a) Add Inkind Cost				
1. (b) Total Budgeted Costs	39,385	2,334	9,225	27,827
2. Total Budgeted Units	692	67	195	430
2.(a) Total Cost Per Unit of Service	n/a	35.00	47.21	64.77
3. Less NSIP	0			
4. Less Cash Match	3,299	84	460	2,755
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	3,299	84	460	2,755
7. Less Program Income	0	-	-	-
8. Less Other Non-Matching Cash & Co-payments	6,395	1,494	4,628	273
9. Adjusted Budgeted Costs	29,692	756	4,137	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