

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	23,844.91	_____	_____	_____	_____
External Revenue	(21,460.92)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	2384.49	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	-0-	-0-	_____	_____	_____

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Dept 144 Unit 1443 Obj. Vari.
 Program Code Vari.

B. Recommended Sources of Funds/Summary of Fiscal Impact:

State funds through the Department of Elder Affairs and County funds. The Resolution No. and date of the previously approved amendment is R2009-0743; dated May 5, 2009.

Departmental Fiscal Review: Taruna Malhotra

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

There is a 10% county match required.

MA 9/29/09
OFMB 9/29/09
CV 9/28/09
VA 9/29/09

Traci J. Jucovina 10/2/09
 Contract Administration

B. Legal Sufficiency:

This amendment complies with our review requirements.

J. P. [Signature] 10/5/09
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

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 # IC008-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$21,460.42 and to 2) revise ATTACHMENT I, COMMUNITY CARE FOR THE ELDERLY 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 \$1,112,474.42, 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
Community Care for the Elderly	2008	General Revenue/Tobacco Settlement Trust Funds	65.010	\$1,112,474.42
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,112,474.42

3) ATTACHMENT I, COMMUNITY CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT I, COMMUNITY CARE FOR THE ELDERLY 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.

IN WITNESS THEREOF, the parties hereto have caused this 4 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

ATTACHMENT I

COMMUNITY CARE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY

CCE Case Management	\$196,383.00
CCE Case Aide	\$21,820.00
CCE Client Services	\$894,271.42
Total	\$1,112,474.42

Attestation Statement
Agreement Number IC008-9500
Amendment Number 002

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

PSA: 9
 County Name: Palm Beach County
 Period: 7/1/2008 - 6/30/2009
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: July 1, 2008
 REVISED DATE: August 17, 2009
 REVISION NUMBER: Revision #003 , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOEA funding sources applicable to your agency)

Funding Source
 (X) CCE

Form Revised July 18, 2003

	(Service Reference)	(1)	(5)	(6)	(14)	(17)	(19)	(46)	(58)
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Case Aid	Case Management	Counseling (Mental Health / Screening)	Emergency Alert Response	In_Home Services (H,P,SA,R,C,C H,CHE,E)	Pest Control (Maintenance)	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	1,591,170.83	24,952.89	23,288.09	290,450.65	3,419.65	28,223.65	1,030,606.96	0.00	190,228.94
1. (a) Add Inkind Cost									
1. (b) Total Budgeted Costs	1,591,170.83	24,952.89	23,288.09	290,450.65	3,419.65	28,223.65	1,030,606.96	0.00	190,228.94
2. Total Budgeted Units	93,396.24	1,323.50	241.75	3,483.50	30.00	23,038.00	62,342.41	0.00	2,937.08
2.(a) Total Cost Per Unit of Service	N/A	18.85	96.33	83.38	113.99	1.23	16.53	70.42	64.77
3. Less USDA	0.00								
4. Less Cash Match	123,608.27	1,376.44	597.12	14,619.07	216.67	2,022.22	95,453.16	0.00	9,323.59
5. Less Inkind Match									
6. Less Program Income Used as Match									
Sub-Total Match:	123,608.27	1,376.44	597.12	14,619.07	216.67	2,022.22	95,453.16	0.00	9,323.59
7. Program Income	48,030.00								48,030.00
8. Less Other Non-Matching Cash & Co-payments	307,058.14	11,188.52	17,316.86	144,259.95	1,252.98	8,001.41	76,075.34	0.00	48,963.08
9. Adjusted Budgeted Costs	1,112,474.42	12,387.93	5,374.11	131,571.63	1,950.00	18,200.02	859,078.46	0.00	83,912.27
10. Adjusted Cost Per Unit of Service	N/A	9.36	22.23	37.77	65.00	0.79	13.78	70.00	28.57
12. Estimated Number of UNDUPLICATED Clients	N/A	6	100	350	5	110	350	1	130