



**II. FISCAL ANALYSIS IMPACT**

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

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>66,268</u>	_____	_____	_____	_____
External Revenue	<u>(66,268)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>-0-</u>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1006 Dept. 144 Unit. 1479 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: \_\_\_\_\_

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

*[Handwritten Signature]* 10/13/09  
 OFMB VA 10/19/09 CN 10/19/09

*[Handwritten Signature]* 10/13/09  
 Contract Administration  
 6 Jan 10/13/09

**B. Legal Sufficiency:**

*[Handwritten Signature]* 10/14/09  
 Assistant County Attorney

This Contract complies with our contract review requirements.

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

STATE OF FLORIDA  
Department of Elder Affairs

CONTRACT RENEWAL FORM  
Adult Care Food Program (ACFP)

CONTRACT RENEWAL # Y0119

ORIGINAL CONTRACT # Y9119

**THIS RENEWAL** is entered into between the State of Florida, Department of Elder Affairs, hereinafter referred to as the "department" and Palm Beach County Board of County Commissioners, hereafter referred to as the "contractor."

As stated on Page 1, Paragraph 5, of Contract # Y9119, the department is exercising its option to renew this contract if mutually agreed to by both parties. This renewal will begin on October 1, 2009 and end on September 30, 2010 and the contract amount for this renewal period will not exceed \$28,495.00 as stated in the original contract.

All terms and conditions of said original Contract and any supplements and amendments thereto shall remain in force and effect for this renewal.

**IN WITNESS THEREOF**, the parties have executed this Renewal by their undersigned officials as duly authorized.

Contractor: **Palm Beach County Board of County Commissioners**

**STATE OF FLORIDA,  
DEPARTMENT OF ELDER AFFAIRS**

SIGNED BY: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: John F. Koons

NAME: E. DOUGLAS BEACH, PH.D.

TITLE: Chairman

TITLE: SECRETARY

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Federal Tax ID: 596000785  
Fiscal Year Ending Date: 10/30  
Original Contract Period: October 1, 2008 – September 30, 2009

**APPROVED AS TO TERMS  
AND CONDITIONS**

BY: 

**DEPARTMENT HEAD**

**RENEWAL IS NOT VALID UNTIL SIGNED AND DATED BY BOTH PARTIES.**

### Attestation Statement

Agreement/Contract Number \_\_\_\_\_

Amendment Number \_\_\_\_\_

I, John F. Koons, Chairman, attest that no changes or revisions have been made to the  
(Recipient/Contractor representative)

content of the above referenced agreement/contract or amendment between the Department of Elder Affairs  
and

Palm Beach County Board of County Commissioners  
(Recipient/Contractor name)

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 Recipient/Contractor representative

\_\_\_\_\_  
Date

**DOEA Contract Manager to initial and date indicating signatures/initials appropriate on all documents; ready  
for DOEA Secretary/designee signature**

\_\_\_\_\_  
initial

\_\_\_\_\_  
date