

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>216,667</u>	_____	_____	_____	_____
External Revenue	<u>(195,000)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>21,667</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes _____ No X
 Budget Account No.: Fund _____ Dept _____ Unit _____ Obj. _____
 Program Code _____

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

Federal funds through the Department of Elder Affairs and County funds. Required funding is available in the FY2010 budget. Funding previously approved (R2009-1479).

Departmental Fiscal Review: Taruna Malhotra
1/14/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Jim Oul 1.27.10.
 OFMB
 1/22/10
 1/20/10

Jim J. Jacoby 1/28/10
 Contract Administration
 1/28/10

B. Legal Sufficiency:

[Signature] 1/29/10
 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.

**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT
FUND 1006 DOSS - Administration**


BGRV - 144- 121109*155

BGEX - 144- 121109*586

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 1/14/10	REMAINING BALANCE
REVENUES								
DOSS-C2								
144-1459-8000	Transfer From General Fund 0001	754,378	754,378		21,667	732,711		
DOSS-ARRA-C1								
144-1455-3162	Physical Health & Nutrition	0	0	0	0	0		
144-1455-3168	Fed Grant Indirect - Human Services	0	0	195,000	0	195,000		
144-1455-6600	Contributions/Donations from Private Sources	0	0	0	0	0		
144-1455-8000	Transfer From General Fund 0001	0	0	21,667	0	21,667		
	Total Receipts and Balances	8,122,756	8,462,865	216,667	21,667	8,657,865		
EXPENDITURES								
DOSS-C2								
144-1459-3419	Contracted Food	1,196,820	1,196,820	0	21,667	1,175,153	185,012	990,141
DOSS-ARRA-C1								
144-1455-3419	Contracted Food	0	0	87,035	0	87,035	0	87,035
144-1455-5111	Office Furniture & Equipment	0	0	56,512	0	56,512	0	56,512
144-1455-5121	Data Processing Software/Accessories	0	0	12,150	0	12,150	0	12,150
144-1455-6401	Machinery & Equipment	0	0	35,364	0	35,364	0	35,364
144-1455-6405	Data Processing Equipment	0	0	25,606	0	25,606	0	25,606
	Total Appropriations & Expenditures	8,122,756	8,462,865	216,667	21,667	8,657,865		

OFMB
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

Signatures	Date
	1/19/10
_____	_____
_____	_____

By Board of County Commissioners
At Meeting of February 2, 2010
Deputy Clerk to the
Board of County Commissioners

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 # IA109-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$195,000.00 and to 2) revise ATTACHMENT II, AMERICAN RECOVERY AND REINVESTMENT ACT PROGRAM BUDGET SUMMARY.

1) Section D. of the agreement is hereby amended to read:

D. Agreement Amount

The agency agrees to pay for contracted services according to the terms and conditions of this agreement in an amount not to exceed \$474,499.00, subject to the availability of funds. Any costs or services paid for under any other agreement or from any other source are not eligible for payment under this agreement. The allocation for April to June is available for use immediately; the remaining allocation will be available once written notice is given to the provider from the agency.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
OAA Title IIIC1 (ARRA) Congregate Meals	2009	U.S. Health and Human Services	93.707	\$371,607.00
OAA Title IIIC2 (ARRA) Home Delivered Meals	2009	U.S. Health and Human Services	93.705	\$102,892.00
TOTAL AGREEMENT AMOUNT:				\$474,499.00

2) ATTACHMENT II, AMERICAN RECOVERY AND REINVESTMENT ACT PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, AMERICAN RECOVERY AND REINVESTMENT ACT 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: _____

NAME: Burt Aaronson, Chair

TITLE: Chair

DATE: _____

BY: _____
Sharon R. Bock, Clerk and Comptroller

DATE: _____

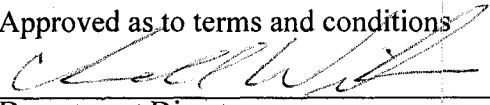
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

SIGNED
BY: _____

NAME: _____

TITLE: _____

DATE: _____

ATTACHMENT II

AMERICAN RECOVERY AND REINVESTMENT ACT PROGRAM

BUDGET SUMMARY

1.	OAA Title IIIC1 (ARRA) Congregate Meals	\$371,607.00
2.	OAA Title IIIC2 (ARRA) Home Delivered Meals	\$102,892.00
3.	Total	\$474,499.00

Attestation Statement

Agreement Number IA109

Amendment Number 001

I, Burt Aaronson, Chair, 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