

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>13,758</u>	_____	_____	_____	_____
External Revenue	<u>(12,395)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>1,363</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>-0-</u>	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____
 Budget Account No.: Fund 1006 Dept 144 Unit 1457/1458/1459/1461 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. Previous resolution for amendment No. 1 is R2009-1480. Required funding is available in the current budget.

Departmental Fiscal Review: Taruna Nalhoia
3/17/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature]
 VA OFMB
 3/22/10 3/22/10 3/22/10 3/19/10

[Signature]
 Contract Administration 3/24/10

B. Legal Sufficiency:

[Signature]
 Assistant County Attorney 3/24/10

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.

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 total funding amount by \$12,395.00 to reflect additional funds received.

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 \$2,080,602.00, 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	\$719,307.00
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	\$170,220.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$2,080,602.00

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: _____

SIGNED
BY: _____

NAME: Burt Aaronson

NAME: _____

TITLE: Chair

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

Attestation Statement

Agreement/Contract Number IA009-9500

Amendment Number #002

I, Burt Aaronson, 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: February 18, 2010
 REVISION NUMBER: Revision #001, Amendment #002

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

*(Indicate all DOE 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/Translating	Screening/Assessment
1. Total Budgeted Cash Costs	1,073,126	302,351	47	681,986	167	88,575
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	1,073,126	302,351	47	681,986	167	88,575
2. Total Budgeted Units	59,172	16,037	3	41,253	3	1,876
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	79,923	12,651	4	62,842	12	4,414
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	79,923	12,651	4	62,842	12	4,414
7. Less Program Income	9,266	-	-	9,266	-	-
8. Less Other Non-Matching Cash & Co-payments	264,630	175,840	4	44,301	47	44,438
9. Adjusted Budgeted Costs	719,307	113,860	39	565,577	108	39,723
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 #002

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE 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	1,109,094	953,184	0	127,691	28,219
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,109,094	953,184	0	127,691	28,219
2. Total Budgeted Units	155,458	150,638	0	3,914	906
2.(a) Total Cost Per Unit of Service	n/a	6.33	39.76	32.62	31.15
3. Less NSIP	92,447	92,447			
4. Less Cash Match	57,802	54,899	0	2,409	494
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	57,802	54,899	0	2,409	494
7. Less Program Income	62,205	62,205	-	-	-
8. Less Other Non-Matching Cash & Co-payments	376,416	249,540	-	103,599	23,277
9. Adjusted Budgeted Costs	520,224	494,093	0	21,683	4,448
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: February 18, 2010
 REVISION NUMBER: Revision #002, Amendment #002

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOEA 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	1,059,675	829,706	716	389	228,864
1. (a) Add Inkind Cost					
1. (b) Total Budgeted Costs	1,059,675	829,706	716	389	228,864
2. Total Budgeted Units	258,262	253,383	18	12	4,848
2.(a) Total Cost Per Unit of Service	n/a	3.27	39.76	32.62	47.21
3. Less NSIP	155,501	155,501			
4. Less Cash Match	74,538	63,064	63	7	11,404
5. Less Inkind Match					
6. Less Program Income Used as Match					
Sub-Total Match:	74,538	63,064	63	7	11,404
7. Less Program Income	19,000	19,000	-	-	-
8. Less Other Non-Matching Cash & Co-payments	139,785	24,562	85	316	114,822
9. Adjusted Budgeted Costs	670,851	567,579	568	66	102,638
10. Adjusted Cost Per Unit of Service	n/a	2.24	31.56	5.54	21.17
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
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 REVISION NUMBER: Revision #001, Amendment #002

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/A sssessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	350,924	327,198	0	10,787	5,844	7,095
1. (a) Add Inkind Cost						
1. (b) Total Budgeted Costs	350,924	327,198	0	10,787	5,844	7,095
2. Total Budgeted Units	18,198	17,355	0	610	124	110
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	15,615	13,691	0	930	291	703
5. Less Inkind Match						
6. Less Program Income Used as Match						
Sub-Total Match:	15,615	13,691	0	930	291	703
7. Less Program Income	1,800	1,800	-	-	-	-
8. Less Other Non-Matching Cash & Co-payments	192,981	188,490	-	1,490	2,932	69
9. Adjusted Budgeted Costs	140,528	123,217	0	8,367	2,621	6,323
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

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ORIGINAL DATE: January 1, 2009
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 REVISION NUMBER: Revision #001, Amendment #002

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source
 (X) Title III E, G2

Form Revised July 18, 2003

DESCRIPTION	(Service Reference)	(8)	(54)	(58)
	TOTAL SERVICES	Chore	Screening/Assessment	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	37,900	0	9,225	28,675
1. (a) Add Inkind Cost				
1. (b) Total Budgeted Costs	37,900	0	9,225	28,675
2. Total Budgeted Units	638	0	195	443
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	0	460	2,839
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	3,299	0	460	2,839
7. Less Program Income	0	-	-	-
8. Less Other Non-Matching Cash & Co-payments	4,909	-	4,628	281
9. Adjusted Budgeted Costs	29,692	0	4,137	25,555
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