

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>33,140</u>	_____	_____	_____	_____
External Revenue	<u>(29,826)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>3,314</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 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. Previous resolution for amendment No. 1 is R2009-1480 and amendment No. 2 is scheduled for approval at the April 6, 2010, meeting. Required funding is available in the current budget.

Departmental Fiscal Review: Tauna Malhotra
3/26/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

<p><u>[Signature]</u> 4/5/2010 OFMB VA 3/30/10 4/1/10 2/3/10 4/1</p>	<p><u>[Signature]</u> 4/5/10 Contract Administration</p>
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B. Legal Sufficiency:

[Signature] 4/1/10
 Assistant County Attorney

This amendment complies with our review requirements.

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 funding amount for C-2 by \$29,825.70 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 \$2,110,427.70, 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	\$700,676.70
Older Americans Act Title IIIE Services	2009	"	93.052	\$170,220.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$2,110,427.70

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: Burt Aaronson

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: _____

Attestation Statement

Agreement/Contract Number IA009-9500

Amendment Number #003

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