



**II. FISCAL IMPACT ANALYSIS**

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

| Fiscal Years                                   | <u>2011</u> | <u>2012</u>        | <u>2013</u> | <u>2014</u> | <u>2015</u> |
|--|-------------|--------------------|-------------|-------------|-------------|
| Capital Expenditures                           | _____       | _____              | _____       | _____       | _____       |
| Operating Costs                                | _____       | _____              | _____       | _____       | _____       |
| External Revenue                               | _____       | _____              | _____       | _____       | _____       |
| Program Income (County)                        | _____       | _____              | _____       | _____       | _____       |
| In-Kind Match (County)                         | _____       | _____              | _____       | _____       | _____       |
| <b>NET FISCAL IMPACT</b>                       | <u>0</u>    | <u>* see below</u> | _____       | _____       | _____       |
| <b># ADDITIONAL FTE POSITIONS (Cumulative)</b> | _____       | _____              | _____       | _____       | _____       |

Is Item Included in Current Budget: Yes X No  
 Budget Account No.: Fund 1006 Department 144 Unit 1472 Object Var.  
 Program Var.

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

Funding sources are the State of Florida, Palm Beach County and Private Donations (Program Income). Previous resolution for Standard Agreement is R2009-1259, Contract Renewal No. IZ010-9500 is R2010-1231, and Amendment No. 001 to Contract Renewal No. IZ010-9500 is R2010-1232. There is no fiscal impact.

Departmental Fiscal Review: Tauna Malhotra  
9/16/10

**III. REVIEW COMMENTS**

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

\* There is no fiscal impact.

JB  
 OFMB VA  
 9/21 9/20/10 9/17/10

Armin L. Jacovitz / E. Jene 9/22/10  
 Contract Administration

**B. Legal Sufficiency:**

[Signature] 9/22/10  
 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.

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 # IZ010-9500.

The purpose of this amendment is to revise ATTACHMENT III, ALZHEIMER'S DISEASE INITIATIVE AGREEMENT RATE SHEET.

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 WHEREOF, the parties hereto have caused this 3-page amendment to be executed by their officials there unto duly authorized.

PROVIDER: PALM BEACH COUNTY,  
FLORIDA, A Political  
Subdivision of the State of  
Florida

Area Agency on Aging of Palm Beach/  
Treasure Coast, Inc.

SIGNED  
BY: \_\_\_\_\_  
Burt Aaronson, Chair

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

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

NAME: \_\_\_\_\_

SHARON R. BOCK, Clerk and Comptroller

TITLE: \_\_\_\_\_

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

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

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

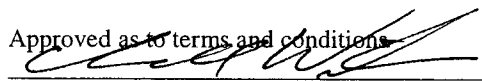
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: \_\_\_\_\_

Approved as to form and legal sufficiency

\_\_\_\_\_  
Assistant County Attorney

Approved as to terms and conditions

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

ATTACHMENT III

AGREEMENT RATE SHEET

PROGRAM: ADI

| SERVICE                                  | 2009 REIMBURSEMENT UNIT RATE | 2010 REIMBURSEMENT UNIT RATE |
|--|------------------------------|------------------------------|
| CAREGIVER TRAIN/SUPPORT (GRP)            | \$0.00                       | \$0.00                       |
| CAREGIVER TRAIN/SUPPORT (INDV)           | \$0.00                       | \$0.00                       |
| CASE AIDE                                | \$0.00                       | \$0.00                       |
| CASE MANAGEMENT                          | \$37.77                      | \$37.77                      |
| COUNSELING                               | \$0.00                       | \$0.00                       |
| COUNSELING (GERONTOLOGICAL) - INDIVIDUAL | \$0.00                       | \$0.00                       |
| GERONTOLOGICAL COUNSELING                | \$0.00                       | \$0.00                       |
| MODEL DAY CARE                           | \$0.00                       | \$0.00                       |
| OTHER SERVICES                           | \$0.00                       | \$0.00                       |
| RESPIRE                                  | \$15.77                      | \$15.77                      |
| RESPIRE IN-FACILITY                      | \$9.36                       | \$9.36                       |
| SUPPLIES/SERVICES                        | \$0.00                       | \$0.00                       |

### Attestation Statement

Agreement/Contract Number IZ010-9500

Amendment Number 002

I, \_\_\_\_\_, attest that no changes or revisions have been made to the  
*(Provider Representative)*

content of the above referenced agreement/contract or amendment between the Area Agency on Aging 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 affect on the agreement/contract content.

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date

ORIGINAL DATE: 7/1/10  
 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      Mark which one applies:  
 ADI                      X  
 CCE  
 HCE

| DESCRIPTION   | TOTAL SERVICES | (6)             | (52)                     | (53)              |
|---|----------------|-----------------|--------------------------|-------------------|
|   |                | Case Management | Respite (Facility Based) | Respite (In-Home) |
| 1. Total Budgeted Cash Costs                        | 304,796        | 22,667          | 59,627                   | 222,502           |
| 1. (a) Add Inkind Cost                              | 0              |                 |                          |                   |
| 1. (b) Total Budgeted Costs                         | 304,796        | 22,667          | 59,627                   | 222,502           |
| 2. Total Budgeted Units                             | 16,175         | 428             | 3,627                    | 11,459            |
| 2.(a) Total Cost Per Unit of Service                | n/a            | 52.96           | 16.44                    | 19.42             |
| 3. Less NSIP  | 0              | 0               | 0                        | 0                 |
| 4. Less Cash Match                                  | 0              | 0               | 0                        | 0                 |
| 5. Less Inkind Match                                | 0              |                 |                          |                   |
| 6. Less Program Income Used as Match                | 0              |                 |                          |                   |
| Sub-Total Match:                                    | 0              | 0               | 0                        | 0                 |
| 7. Less Program Income                              | 2,195          |                 | 0                        | 2,195             |
| 8. Less Other Non-Matching Cash & Co-payments       | 71,791         | 6,510           | 25,678                   | 39,603            |
| 9. Adjusted Budgeted Costs                          | 230,810        | 16,157          | 33,949                   | 180,704           |
| 10. Adjusted Cost Per Unit of Service               | n/a            | 37.77           | 9.36                     | 15.77             |
| 12. Estimated Number of <b>UNDUPLICATED</b> Clients | 70             | 35              | 10                       | 25                |