



**II. FISCAL ANALYSIS IMPACT**

**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	<u>10,667.80</u>	_____	_____	_____	_____
External Revenue	<u>(10,667.80)</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 1443 Obj. Vari.  
 Program Code Vari.

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

Department of Elder Affairs State funds and County funds. Previous resolution for Standard Agreement is R2009-1259. Required funding is available in the current budget.

Departmental Fiscal Review: Taruna Malhotra  
 9/29/10

**III. REVIEW COMMENTS**

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

[Signature]  
 JB 10/14/10 OFMB VA 10/7/10 10/11/10  
[Signature]  
 Contract Administration 10/14/10  
 E Jones 10/14/10

**B. Legal Sufficiency:**

[Signature] 10/15/10  
 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 # IZ009-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$10,667.80 and to 2) revise ATTACHMENT II, ALZHEIMER'S DISEASE INITIATIVE PROGRAM BUDGET SUMMARY.

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

**A. Agreement Amount:**

To pay for services according to the conditions of ATTACHMENT II in an amount not to exceed \$241,477.80, subject to the availability of funds.

2) Section II.C. of the agreement is hereby amended to read:

**C. 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 recipient pursuant to this agreement are in the state grants and aids appropriations and consist of the following:

Program Title	Year	Funding Source	CSFA #	Fund Amounts
Alzheimer's Disease Initiative	2010	General Revenue/Tobacco Settlement Trust Funds	65.004	\$241,477.80
<b>TOTAL FUNDS CONTAINED IN THIS AGREEMENT:</b>				<b>\$241,477.80</b>

3) ATTACHMENT II, ALZHEIMER'S DISEASE INITIATIVE PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, ALZHEIMER'S DISEASE 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 WHEREOF, the parties hereto have caused this 4-page amendment to be executed by their officials there unto duly authorized.

**PALM BEACH COUNTY,  
FLORIDA**, a Political  
Subdivision of the State of  
**Florida**

**AREA AGENCY ON AGING  
OF PALM BEACH TREASURE  
COAST, INC.**

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

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

PRINT  
NAME: Burt Aaronson

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

TITLE: Chair

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

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

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

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

PRINT  
NAME: Sharon R. Bock

TITLE: Clerk and Comptroller

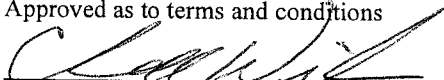
DATE: \_\_\_\_\_

FEDERAL  
ID  
NUMBER: 59-6000785

FISCAL  
YEAR  
END  
(MM/DD): \_\_\_\_\_

Approved as to form and legal sufficiency

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

Approved as to terms and conditions  
  
Department Director

**ATTACHMENT II**

**ALZHEIMER'S DISEASE INITIATIVE PROGRAM**

**BUDGET SUMMARY**

ADI Case Management	\$16,157.00
ADI Services	\$225,320.80
<b>Total</b>	<b>\$241,477.80</b>

**Attestation Statement**

**Agreement Number IZ009-9500**

**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

SIMPLIFIED UNIT COST METHODOLOGY  
 LINE ITEM BUDGET PROJECTIONS  
 BUDGET YEAR: 7/1/09-6/30/10  
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: 7/1/09  
 REVISED DATE: September 13, 2010  
 REVISION NUMBER: Amendment #001, Revision #002

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

\*(Indicate all DOE funding sources applicable to your agency)

<u>Funding Source</u>	<u>Mark which one applies:</u>
ADI	X
CCE	
HCE	

Form Revised July 18, 2003

(Service Reference) (6) (52) (53)

DESCRIPTION	TOTAL SERVICES	Case Management	Respite (Facility Based)	Respite (In-Home)
1. Total Budgeted Cash Costs	294,167.43	23,680	26,737.43	243,750
1. (a) Add Inkind Cost				
1. (b) Total Budgeted Costs	294,167.43	23,680	26,737.43	243,750
2. Total Budgeted Units	15,492	284	1,418	13,790
2.(a) Total Cost Per Unit of Service	N/A	83.38	18.86	17.68
3. Less USDA	0.00			
4. Less Cash Match	26,831.22	1,193	1,475.22	24,163
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	26,831.22	1,193	1,475.22	24,163
7. Program Income	5,513.00	5,513		
8. Less Other Non-Matching Cash & Co-payments	20,345.41	6,238	11,985.21	2,122
9. Adjusted Budgeted Costs	241,477.80	10,736	13,277.00	217,465
10. Adjusted Cost Per Unit of Service	N/A	37.77	9.36	15.77
12. Estimated Number of UNDUPLICATED Clients	N/A	25	10	25