

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	* \$0.00	* see below	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget: Yes _____ No _____					
Budget Account No.: Fund _____ Dept. _____ Unit. _____ Obj. _____					
Program Code <u>Vari.</u>					

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

* * There is no additional funding associated with this agenda item. Funding of \$54,132.35 is a reallocation of dollars between the agencies.

Departmental Fiscal Review: Taruna Malhotra
1/4/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 1/13/2011
 OFMB
 1/11/11

[Signature] 1/14/11
 Contract Administration

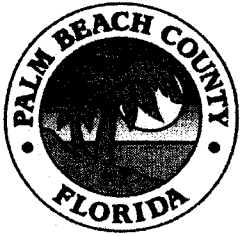
B. Legal Sufficiency:

[Signature] 1/18/11
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.



Department of Community Services
Division of Senior Services
Administration

810 Datura Street, Suite 300
West Palm Beach FL 33401
(561) 355-4746
FAX: (561) 355-3222
<http://www.pbcgov.com>



Palm Beach County
Board of County
Commissioners

Karen T. Marcus, Chair

Shelley Vana, Vice Chair

Paulette Burdick

Steven L. Abrams

Jess R. Santamaria

Priscilla A. Taylor

County Administrator

Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"

MEMORANDUM

TO: Robert Weisman
County Administrator

FROM: Channell Wilkins, Director
Community Services

DATE: December 14, 2010

RE: **Division of Senior Services (DOSS) Amended Contracts**


Pursuant to Resolution R-2010-¹⁹⁴²~~0049~~ your signature is needed for the approval of the enclosed amended contracts. In order to avoid a penalty resulting in a reduction in future funding, the grant must be spent down by the end of the agreement year, ending December 31, 2010. The reallocation of funding is due to agencies needing less/more funding than originally estimated.

Staff will submit this item at the Board's February 1, 2011 Commission Agenda as a "Receive and File" item to allow the clerk's office to note and receive the documents in accordance with PPM CW-O -051.

If additional information is needed, please contact Faith Manfra, (561) 355-4750.

Approved:


Community Services Director


Community Svc Fiscal Director
For Taruna Malhotra


Assistant County Administrator

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 IA010-9500.

The purpose of this amendment is to transfer \$50,000.00 from C-1 funding to C-2 funding and to increase the total agreement amount by \$7,479.00.

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 \$2,075,685.00, 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	2010	U.S Dept. of Health and Human Services	93.044	\$713,979.00
Older Americans Act Title IIIC1 Congregate Meals	2010	"	93.045	\$470,224.00
Older Americans Act Title IIIC2 Home Delivered Meals	2010	"	93.045	\$728,330.00
Older Americans Act Title IIIE Services	2010	"	93.052	\$163,152.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$2,075,685.00

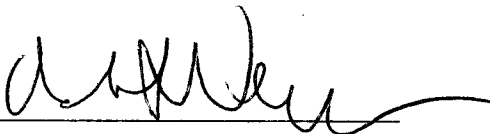
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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: Robert Weisman
Per authority granted by R2010-1942

NAME: Sergio Mariaca

TITLE: County Administrator

TITLE: Chair

DATE: 12/21/10

DATE: 1/7/2011

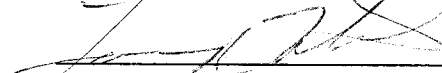
BY: _____
Sharon R. Bock, Clerk and Comptroller

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 IA010-9500

Amendment Number #001

I, Robert Weisman, 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



12/21/10

Signature of Provider Representative

Date

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/10-12/31/10
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2010
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all funding sources applicable to this proposal)

Funding Source Mark which one applies:
 IIIB X
 C1
 C2
 IIIE, IIIES, IIIEG

DESCRIPTION	TOTAL SERVICES	(Service Reference)			
		1	4	35	
		Adult Day Care	Chore	In-Home Services (Comp, Esc, Hmk, PC, Resp)	Screening/ Assessment (IIIB, C2, IIIEG)
Total Costs	1,011,050.95	238,073.38	1,941.08	647,015.39	124,021.10
Add Match (Cash and In-Kind)	0.00	0.00	0.00	0.00	0.00
Total Anticipated Costs	1,011,050.95	238,073.38	1,941.08	647,015.39	124,021.10
Number of Service Units Anticipated	58,380	15,217	83	41,180	1,900
Total Cost Per Unit of Service	n/a	15.65	23.39	15.71	65.27
Less NSIP	0.00	0.00	0.00	0.00	0.00
Less Cash Match	79,331.00	12,004.50	126.44	62,730.78	4,469.28
Less Inkind Match	0.00	0.00	0.00	0.00	0.00
Less Program Income Used as Match	0.00	0.00	0.00	0.00	0.00
Sub-Total Match:	79,331.00	12,004.50	126.44	62,730.78	4,469.28
Less Program Income	5,137.00	0.00	0.00	5,137.00	0.00
Less Other Non-Matching Cash & Co-payments	212,603.95	118,028.36	676.71	14,570.60	79,328.28
Adjusted Budgeted Costs	713,979.00	108,040.52	1,137.93	564,577.01	40,223.54
Reimbursable Rate Per Unit of Service	n/a	7.10	13.71	13.71	21.17
Estimated Number of UNDUPLICATED Clients	722	21	1	400	300

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/10-12/31/10
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2010
 REVISED DATE: November 10, 2010
 REVISION NUMBER: Revision #001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all funding sources applicable to this proposal)

Funding Source Mark which one applies:
 IIIB
 C1 X
 C2
 IIIE,IIIES,IIIEG

	(Service Reference)	7	8	27	28	30
DESCRIPTION	TOTAL SERVICES	Congregate Meals C1	Congregate Meals (Screening) C1	Nutrition Counseling	Nutrition Education	Outreach
Total Costs	893,616.89	827,412.90	39,233.79	178.02	10,506.76	16,285.42
Add Match (Cash and In-Kind)	0.00	0.00	0.00	0.00	0.00	0.00
Total Anticipated Costs	893,616.89	827,412.90	39,233.79	178.02	10,506.76	16,285.42
Number of Service Units Anticipated	137,136	134,861	1,003	3	506	764
Total Cost Per Unit of Service	n/a	6.14	39.12	59.34	20.76	21.33
Less NSIP	80,916.39	80,916.39	0.00	0.00	0.00	0.00
Less Cash Match	52,247.11	49,149.22	2,359.28	10.52	311.47	416.62
Less Inkind Match	0.00	0.00	0.00	0.00	0.00	0.00
Less Program Income Used as Match	0.00	0.00	0.00	0.00	0.00	0.00
Sub-Total Match:	52,247.11	49,149.22	2,359.28	10.52	311.47	416.62
Less Program Income	45,227.00	45,227.00	0.00	0.00	0.00	0.00
Less Other Non-Matching Cash & Co-payments	245,002.39	209,777.34	15,641.00	72.82	7,392.05	12,119.18
Adjusted Budgeted Costs	470,224.00	442,342.95	21,233.51	94.68	2,803.24	3,749.62
Reimbursable Rate Per Unit of Service	n/a	3.28	21.17	31.56	5.54	4.91
Estimated Number of UNDUPLICATED Clients	5,259	1,300	1,300	9	1,300	1,350

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/10-12/31/10
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2010
 REVISED DATE: November 10, 2010
 REVISION NUMBER: Revision #001, Amendment #001.

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all funding sources applicable to this proposal)

Funding Source Mark which one applies:
 IIIB
 C1
 C2 X
 IIIE, IIIES, IIIEG

DESCRIPTION	(Service Reference)	18	27	28	30	35
	TOTAL SERVICES	Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Outreach	Screening/ Assessment (IIIB, C2, IIIEG)
Total Costs	1,235,563.35	902,665.23	1,068.11	249.13	5,864.52	325,716.36
Add Match (Cash and In-Kind)	0.00	0.00	0.00	0.00	0.00	0.00
Total Anticipated Costs	1,235,563.35	902,665.23	1,068.11	249.13	5,864.52	325,716.36
Number of Service Units Anticipated	282,396	277,101	18	12	275	4,990
Total Cost Per Unit of Service	n/a	3.26	59.34	20.76	21.33	65.27
Less NSJP	166,260.58	166,260.58	0.00	0.00	0.00	0.00
Less Cash Match	80,925.56	68,967.35	63.12	7.39	150.03	11,737.67
Less Inkind Match	0.00	0.00	0.00	0.00	0.00	0.00
Less Program Income Used as Match	0.00	0.00	0.00	0.00	0.00	0.00
Sub-Total Match:	80,925.56	68,967.35	63.12	7.39	150.03	11,737.67
Less Program Income	17,740.00	17,740.00	0.00	0.00	0.00	0.00
Less Other Non-Matching Cash & Co-payments	242,307.21	28,991.12	436.91	175.27	4,364.22	208,339.69
Adjusted Budgeted Costs	728,330.00	620,706.18	568.08	66.47	1,350.27	105,639.00
Reimbursable Rate Per Unit of Service	n/a	2.24	31.56	5.54	4.91	21.17
Estimated Number of UNDUPLICATED Clients	2,473	600	18	600	600	655

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/10-12/31/10
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2010
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all funding sources applicable to this proposal)

Funding Source Mark which one applies:

III B
 C1
 C2
 III E X

(Service Reference) 1 3 33 35

DESCRIPTION	TOTAL SERVICES	Adult Day Care	Caregiver Training/ Support	Respite In-Home**	Screening/ Assessment (III B, C2, III E G)
Total Costs	284,661.89	260,892.38	2,156.27	13,519.19	8,094.05
Add Match (Cash and In-Kind)	0.00	0.00	0.00	0.00	0.00
Total Anticipated Costs	284,661.89	260,892.38	2,156.27	13,519.19	8,094.05
Number of Service Units Anticipated	17,681	16,676	48	833	124
Total Cost Per Unit of Service	n/a	15.65	44.84	16.23	65.27
Less NSIP	0.00	0.00	0.00	0.00	0.00
Less Cash Match	14,828.89	13,155.12	113.12	1,268.97	291.68
Less Inkind Match	0.00	0.00	0.00	0.00	0.00
Less Program Income Used as Match	0.00	0.00	0.00	0.00	0.00
Sub-Total Match:	14,828.89	13,155.12	113.12	1,268.97	291.68
Less Program Income	1,858.00	1,858.00	0.00	0.00	0.00
Less Other Non-Matching Cash & Co-payments	134,515.00	127,483.21	1,025.07	829.48	5,177.24
Adjusted Budgeted Costs	133,460.00	118,396.05	1,018.08	11,420.74	2,625.13
Reimbursable Rate Per Unit of Service	n/a	7.10	21.17	13.71	21.17
Estimated Number of UNDUPLICATED Clients	118	25	25	20	48

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/10-12/31/10
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2010
 REVISED DATE:
 REVISION NUMBER: , Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY
 * (Indicate all funding sources applicable to this proposal)

Funding Source Mark which one applies:

- III B
- C1
- C2
- III ES X

(Service Reference) 4 37

DESCRIPTION	TOTAL SERVICES	Chore	Specialized Medical Equipment, Services & Supplies
Total Costs	34,060.34	93.55	33,966.79
Add Match (Cash and In-Kind)	0.00	0.00	0.00
Total Anticipated Costs	34,060.34	93.55	33,966.79
Number of Service Units Anticipated	434	4	430
Total Cost Per Unit of Service	n/a	23.39	78.99
Less NSIP	0.00	0.00	0.00
Less Cash Match	3,299.11	6.09	3,293.02
Less Inkind Match	0.00	0.00	0.00
Less Program Income Used as Match	0.00	0.00	0.00
Sub-Total Match:	3,299.11	6.09	3,293.02
Less Program Income	0.00	0.00	0.00
Less Other Non-Matching Cash & Co-payments	1,069.23	32.62	1,036.61
Adjusted Budgeted Costs	29,692.00	54.84	29,637.16
Reimbursable Rate Per Unit of Service	n/a	13.71	68.92
Estimated Number of UNDUPLICATED Clients	84	1	83

THIS AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Area Agency", and the Palm Beach County Department of Senior Services hereinafter referred to as the "Provider", amends contract # IU010-9500.

The purpose of this amendment is to increase the total amount of the agreement by \$46,653.35 and to increase the unit rate to 0.759233066.

1. Section II, A., is hereby amended to read:

A. Contract Amount:

To pay for contracted services according to the conditions of **PROGRAM PROVISIONS** in an amount not to exceed \$396,243.95, subject to the availability of funds.

2. Section II, C., is hereby amended to read:

C. Source of Funds:

The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract. 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
Nutrition Services Incentive Program	2009-2010	Older Americans Act	93.053	\$396,243.95
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$396,243.95

3. Section III, Paragraph A is amended to read:

A. This is a fixed rate agreement. The department shall make payment to the Provider for provision of services up to a maximum number of units of service and at the rate established by the department stated below:

<u>Service to be Provided</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Eligible Congregate And Home Delivered Meals (10/1/09-8/31/10)	1 unit = 1 meal	0.60	582,651	\$349,590.60
Eligible Congregate And Home Delivered Meals (10/1/09-9/30/10)	1 unit = 1 meal	0.759233066	61,448	\$46,653.35

4. This amendment shall be effective on the last date that the amendment is signed by both parties.

All provisions in the contract 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.

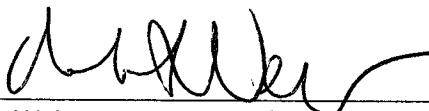
This amendment and all its attachments are hereby made a part of the agreement.

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

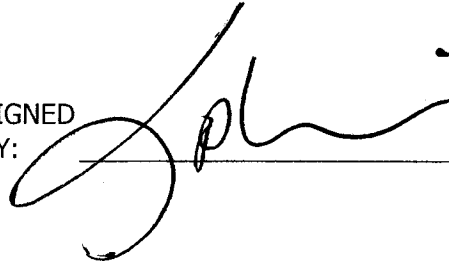
Area Agency on Aging of Palm Beach/
Treasure Coast, Inc.

SIGNED
BY:



Robert Weisman, County Administrator
Per authority granted by R2010-1942

SIGNED
BY:



DATE:

12/21/10

NAME:

Sergio Mariaca

TITLE:

Chair

SHARON R. BOCK, Clerk

DATE:

1/7/2011

BY: _____

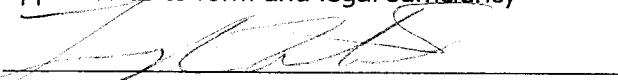
DATE: _____

FEDERAL ID NUMBER:

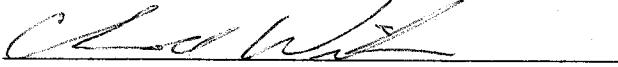
59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency


Assistant County Attorney

Approved as to terms and conditions


Department Director

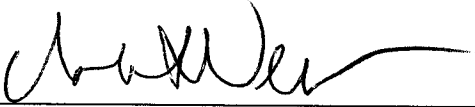
Attestation Statement

Agreement Number IU010-9500

Amendment Number 001

I, Robert Weisman, County Administrator, attest that no changes or revisions have been
(Provider representative)

made to the content of the above referenced agreement/contract or amendment between the
Area Agency on Aging of Palm Beach/Treasure Coast 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.



 12/21/10

Signature of Provider Representative

Date