

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	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT *	_____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget: Yes _____ No _____					
Budget Account No.: Fund _____ Dept. _____ Unit _____ Obj. _____					
Program Code _____					

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

* There is no additional funding associated with this agenda item. Required County funds of \$11,020.67 are in the FY 2010 budget. Funding of \$99,186.06 is a reallocation of dollars between the agencies. Funding previously approved (R2009-1479)

Departmental Fiscal Review: Tauna Malhotra
1/20/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 1/31/2011
 JB OFMB VA
 1/26/11 1/26/11

[Signature] 2/1/11
 Contract Administration
 G. Jones 1/31/11

B. Legal Sufficiency:

[Signature] 2/1/11
 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 # IA109-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$99,186.06, to 2) revise ATTACHMENT II, AMERICAN RECOVERY AND REINVESTMENT ACT PROGRAM BUDGET SUMMARY and to change rate to \$10.54 for ARRA C1 effective from the beginning of the agreement.

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

D. Agreement Amount

The agency agrees to pay for contracted services according to the terms and conditions of this agreement in an amount not to exceed \$573,685.06, subject to the availability of funds. Any costs or services paid for under any other agreement or from any other source are not eligible for payment under this agreement. The allocation for April to June is available for use immediately; the remaining allocation will be available once written notice is given to the provider from the agency.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
OAA Title IIIC1 (ARRA) Congregate Meals	2009	U.S. Health and Human Services	93.707	\$470,793.06
OAA Title IIIC2 (ARRA) Home Delivered Meals	2009	U.S. Health and Human Services	93.705	\$102,892.00
TOTAL AGREEMENT AMOUNT:				\$573,685.06

2) ATTACHMENT II, AMERICAN RECOVERY AND REINVESTMENT ACT PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, AMERICAN RECOVERY AND REINVESTMENT ACT 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.

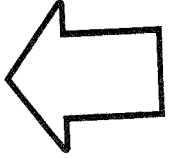
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

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

IN WITNESS THEREOF, the parties hereto have caused this 4 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: Karen T. Marcus

TITLE: Chair

DATE: _____

BY: _____
Sharon R. Bock, Clerk and Comptroller

DATE: _____

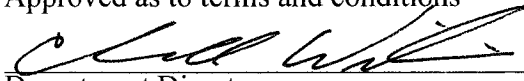
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT II

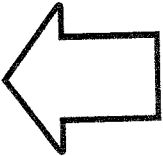
AMERICAN RECOVERY AND REINVESTMENT ACT PROGRAM

BUDGET SUMMARY

1.	OAA Title IIIC1 (ARRA) Congregate Meals	\$470,793.06
2.	OAA Title IIIC2 (ARRA) Home Delivered Meals	\$102,892.00
3.	Total	\$573,685.06

Attestation Statement
Agreement Number IA109
Amendment Number 002

I, Karen T. Marcus, 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