

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	<u>2,000</u>	_____	_____	_____	_____
External Revenue	<u>(2,000)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0 * see below</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Department 144 Unit 1483 Object Var. Program Var.

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

* Federal funds through the Department of Elder Affairs. There is no additional fiscal impact.
 Previous resolution for Standard Agreement (R2010-0842)
 Amendment No. 001 (R2011-0355)
 Amendment No. 002. (BCC meeting date 5/17/11)

Departmental Fiscal Review: Taruna Malhotra
6/1/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature]
 OFMB - JA
 6/1/11

[Signature]
 Contract Administration

B. Legal Sufficiency:

[Signature]
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



MEMORANDUM

TO: Robert Weisman
County Administrator

FROM: Channell Wilkins, Director *Channell Wilkins*
Community Services

DATE: May 10, 2011

RE: Division of Senior Services (DOSS)
Amended Contracts

Department of Community Services
Division of Senior Services
Administration

- Administration Office
810 Datura Street, Suite 300
West Palm Beach, FL 33401
Tel: (561) 355-4746 FAX: (561) 355-3222
- North County Senior Center
5217 Northlake Blvd.
Palm Beach Gardens, FL 33418
Tel: (561) 694-5435 FAX: (561) 694-9611
- North County Adult Day Care
5217 Northlake Blvd.
Palm Beach Gardens, FL 33418
Tel: (561) 694-5440 FAX: (561) 493-7245
- Mid County Senior Center
3680 Lake Worth Road
Lake Worth, FL 33461
Tel: (561) 357-7100 FAX: (561) 357-7114
- Mid County Adult Day Care
3680 Lake Worth Road
Lake Worth, FL 33461
Tel: (561) 357-7100 FAX: (561) 357-7133
- West County Senior Center
2916 State Road #15
Belle Glade, FL 33430
Tel: (561) 996-4808 FAX: (561) 992-1011

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Palm Beach County
Board of County Commissioners

- Karen T. Marcus, Chair
- Shelley Vana, Vice Chair
- Paulette Burdick
- Steven L. Abrams
- Burt Aaronson
- Jess R. Santamaria
- Priscilla A. Taylor

County Administrator

Robert Weisman

Pursuant to Resolution R-2010-¹⁹⁴²~~1072~~, your signature is needed for the approval of the enclosed amended contract. This resolution authorizes the County Administrator signatory authority on contract amendments related to DOSS/ Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) grants for no more than ten percent (10%) of the contracted amount or \$150,000, whichever is greater. Please find attachments and resolution attached.

The reallocation of funding is due to budgetary alignments from the AAA and would facilitate the spending of funds in a timely manner.

Staff will submit this item at the Board's June 21, 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:

[Signature]
Assistant County Attorney

Taruna Malhotra
Community Services Fiscal Director

[Signature]
Assistant County Administrator

Attachments: EHEAP Amendment No. 003
Resolution No. R2010-1942

"An Equal Opportunity
Affirmative Action Employer"

printed on recycled paper

This AMENDMENT, entered into between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "Agency on Aging" and the Palm Beach County Board of County Commissioners, hereinafter referred to as the "Provider", amends Agreement No. IP010-9500.

The purpose of this amendment is to increase the total amount of the agreement by \$2,000.00.

Section I is 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 **\$157,038.00**, subject to the availability of funds.

D. Source of Funds:

Services rendered and paid for 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 consist of the following:

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Emergency Home Energy Assistance	2010-2011	U.S. Dept. of Health and Human Services	93.568	\$157,038.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$157,038.00

ATTACHMENT I, Budget Summary, is hereby replaced with the revised Budget Summary, attached hereto.

This amendment shall be effective on the last date that the amendment is 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 to 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.

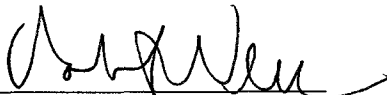
Amendment #003

Agreement Number IP010-9500

IN WITNESS THEREOF, the parties hereto have caused this 5-page agreement to be executed by their undersigned officials as duly authorized.

**PALM BEACH COUNTY, West
Palm Beach/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

DATE: 5/13/11

SIGNED BY: 

NAME: Michael Dyer

SHARON R. BOCK, Clerk and Comptroller

BY: _____

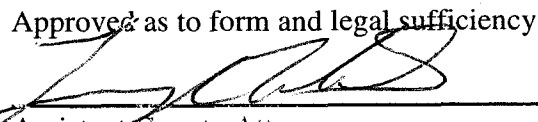
TITLE: First Vice Chair

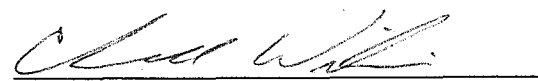
DATE: _____

DATE: May 5, 2011

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 I

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY

Original _____
Amendment X

1.	Administration	\$1,800.00
2.	Crisis/Services	\$134,104.00
3.	Outreach	\$21,134.00
4.	Total	\$157,038.00
5.	Projected minimum number of Consumers to be served:	

NOTE: Eligible households may be provided with one benefit per season up to and not to exceed six hundred dollars per benefit. The minimum number of consumers may reflect multiple duplicated consumers if a consumer receives a benefit in both seasons.

Attestation Statement

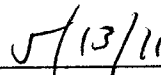
Agreement Number IP010-9500

Amendment Number 003

I, Robert Weisman, County Administrator, 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

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY



COUNTY ATTORNEY