PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: December 6,	, 2011	(X) Consent	() Regular
Department		() Ordinance	() Public Hearing
Submitted By:	Community S	ervices	
Submitted For:	Division of Se	enior Services (DOSS	<u>s)</u>
l.	EXECUTIVE BRIE	Ē	
Motion and Title: Staff red Standard Agreement No. IA with the Area Agency on A January 1, 2011 through De \$44,127, for a new not-to-ex- titles; amend Section 5 to reference the Budget Summa VII with the OAA Budget Sun	111-9500 (R2011-03 Aging of Palm Bead cember 31, 2011, to ceed total amount of allow for Agreemer ary; and replace the	354) for the Older Ame ch/Treasure Coast, Inc reflect a decrease in f \$2,044,681, and to in nt extension; revise A OAA Supporting Budge	ericans Act (OAA) grant c. (AAA) for the period total funding amount by aclude transfers between Attachment I and VII to
Summary: This amendment Congregate Meals by \$78,900 \$1,933, and required County Obligations. This ammovement of the Resolution R2010-1942 designee, to sign document Estremera-Fitzgerald, serves Substance Abuse Planning management, or policy-setting contractual relationship at a the provisions of Sect. 2-443 Hypoluxo Rd., the Mae Vole (DOSS) Countywide except (TKF)	old, IIIC2 Home Delivery funds by \$4,903. It is funded by \$4,903. It is related to DOSS on a County Advisor Council. The Board recommendations duly noticed public and Senior Center, Inc.	ered Meals by \$76,023 Funding is included ted by the County Adn authority to the Count S/AAA grant amendment Board, the Criminal and/Council provides in regarding the AAA con meeting is being provin County Code of Ethics, provides services un	B, IIIE Adult Day Care by in the budget to meet ninistrator in accordance ity Administrator, or his ents. Employee Jamie Justice Mental Health & no regulation, oversight, intract. Disclosure of this rided in accordance with cs. In the area south of oder a similar AAA grant.
Background and Justificat and the primary emphasis i socially isolated elders, and t productivity.	is on the delivery o	f in-home services to	low income minorities,
Attachments: Amendm	nent No. 001		
Recommended by:	Department Di	irector	///s// /Date
Approved By:	ssistant County Ad	 Iministrator	///2/// Date

II. FISCAL IMPACT ANALYSIS

A.	Five Year Summa	ary of Fiscal	impact:				
Fiscal	Years	2012	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	
Opera Extern Progra	al Expenditures iting Costs nal Revenue am Income (County) d Match (County)	(49,030) 44,127					
NET F	FISCAL IMPACT	(4,903)					
	DITIONAL FTE FIONS (Cumulative)	0-			-		
	n Included in Current et Account No.: Fun Pro	•	_	X No 144 Ur	o nit <u>Var.</u> Obje	ect <u>Var.</u>	
В.	Recommended Sor Funding sources as included in the bud Standard Agreemen Departmental Fiscal	re the Feder dget to mee it No. IA111-	ral Governme t County obl 9500 (R2011	ent and Paigations0354).	ılm Beach Cou Previous resol		
		III. <u>F</u>	REVIEW COM	<u>IMENTS</u>			
Α.	OFMB Fiscal and/or	Contract Ad	ministration (Comments:	,		
В.	Legal Sufficiency: Assistant Count		[1] 2//21/11	Contra	J. Joenle oct Administration J. Wheeles		7 <i>[W</i>
C.	Other Department R	Review:					
	Department	Director					

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



Department of Community Services Division of Senior Services Administration

- ☐ Central Office 810 Datura Street, Suite 300 West Palm Beach, FL 33401 Tel: (561) 355-4746 FAX: (561) 355-3222
- ☐ North Office 5217 Northlake Boulevard Palm Beach Gardens, FL 33418 Tel: (561) 694-5435 FAX: (561) 694-9611
- ☐ South Office 3680 Lake Worth Road Lake Worth, FL 33461 Tel: (561) 357-7100 FAX: (561) 357-7114
- ☐ West Office 2916 State Road #15 Belle Glade, FL 33430 Tel: (561) 996-4808 FAX: (561) 992-1011

www.pbcgov.com

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

"An Equal Opportunity
Affirmative Action Employer"

Official Electronic Letterhead

MEMORANDUM

TO:

Robert Weisman

County Administrator

FROM:

Channell Wilkins,

Director Community Services

DATE:

October 4, 2011

RE:

Division of Senior Services (DOSS)

Amended Contract

Pursuant to Resolution R-2010-1942, 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 Amendment No. 001 to Standard Agreement No. R2011-0354 for the program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) and resolution attached.

Staff will submit this item at the Board's November 15, 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.

For additional information, please contact Faith Manfra, (561) 355-4750.

Approved:

Assistant County Attorney

1 Auna Malhotz
Community Services Fiscal Director 10/7/1/

Assistant County Administrator

Attachments: Resolution No. R2010-1942

OAA Amendment 001

RESOLUTION NO. 2010-1942

RESOLUTION OF THE BOARD \mathbf{OF} COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE SIGNATORY AUTHORITY INDIVIDUAL ON AMENDMENTS TO AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC. (AAA) GRANT AGREEMENTS/CONTRACTS FOR NOT MORE THAN TEN COAST, PERCENT OF THE CONTRACTED AMOUNT OR \$150,000, WHICHEVER IS GREATER.

WHEREAS, Palm Beach County has adopted an optional Home Rule Charter pursuant to Section 1(g) of Article VIII of the Florida State Constitution and Chapter 125 of the Florida Statutes; and

WHEREAS, Section 125.85, Florida Statutes, authorizes the delegation of any powers and duties not set forth therein by resolution or ordinance of the Board of County Commissioners; and

WHEREAS, the delegation of signing authority to the County Administrator or his designee, on contract amendments to AAA agreements/contracts for the program periods, November 16, 2010 through November 15, 2013, for not more than 10% of the total grant award/agreement amount or \$150,000, whichever is greater, would facilitate timely spending of grant funds which must be spent within a program year; and

WHEREAS, the delegation of signatory authority to the County Administrator or his designee on amendments to AAA agreements/contracts would also allow for reallocation of funding in a more expeditious manner and would eliminate delays caused by such items to be brought before the Board of County Commissioners and would therefore be consistent with the goal of the grantee to expend funds in compliance with grant requirements; and

WHEREAS, Countywide PPM#CW-O-051 establishes procedures and policy regarding delegated authority for execution of County contracts, agreements, and grants.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, as follows:

- 1. The foregoing recitals are true and correct and are expressly incorporated herein by reference and made a part hereof.
- 2. The County Administrator, or his designee, is hereby expressly authorized to execute, on behalf of the Board of County Commissioners, agreement/contract amendments within the defined threshold for the indicated time period.
- 3. This delegation of signature authority shall be implemented in accordance with the provisions of Countywide PPM #CW-0-051.

The foregoing Resolution was offered by Commissioner adoption. The motion was seconded by Commissioner put to a vote, the vote was as follows:

Aaronson Vana , who moved its vana , and upon being

District 1:	KAREN T. MARCUS	Aye
District 2:	Paulette Burdick	Aye
District 3:	SHELLY VANA	Aye
District 4:	STEVE L. ABRAMS	Aye
District 5:	BURT AARONSON	
District 6:	Jess R. Santamaria	Aye Aye
District 7:	Priscilla A. Taylor	Ave

The Chair thereupon declared the Resolution duly passed and adopted this <u>16th</u> day of <u>November</u>, 2010.

APPROVED AS TO FORM SUFFICIENCY

Assistant County Attorney

PALM BEACH COUNTY, FLORIDA, BY ITS LEGAL BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, CLERK/COMPTROLLER

XXVVV

2

THIS AMENDMENT, entered into between 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 Number <u>IA111-9500</u>.

The purpose of this amendment is to make the following changes to the Standard Agreement: (1) amend Section 4 to reflect a decrease in total funding amount by \$44,127.00 and to include transfers between titles; (2) amend Section 5 to allow for Agreement extension; (3) revise the Attachment Description for Attachment VII in the Index to Agreement Attachments to reference the Budget Summary; (4) revise Attachment I Sections 2.8.4, 3.1.1, and 3.3.3 to replace reference to the Supporting Budget Schedule with reference to the Budget Summary; and (5) replace the OAA Supporting Budget Schedule, Attachment VII with the OAA Budget Summary, Attachment VII.

Section 4, is hereby amended to read:

4. Agreement Amount

The Agency agrees to pay for services according to the terms and conditions of this Agreement in an amount not to exceed \$2,044,681.00, subject to the availability of funds. Any costs or services paid for under any other contract and or agreement from any other source are not eligible for payment under this Agreement.

Program Title	Year	Funding Source	CFDA#	Fund Amounts
Older Americans Act Title IIIB Support Services	2011	U.S Dept. of Health and Human Services	93.044	\$825,478.00
Older Americans Act Title IIIB Transportation	2011	U.S Dept. of Health and Human Services	93.044	\$0.00
Older Americans Act Title IIIC1 Congregate Meals	2011	U.S Dept. of Health and Human Services	93.045	\$460,129.00
Older Americans Act Title IIIC2 Home Delivered Meals	2011	U.S Dept. of Health and Human Services	93.045	\$599,055.00
Older Americans Act Title IIIE Caregiver Support Services	2011	U.S Dept. of Health and Human Services	93.052	\$130,127.00
Older Americans Act Title IIIES Caregiver Supplemental Services	2011	U.S Dept. of Health and Human Services	93.052	\$29,892.00
Older Americans Act Title IIIEG Grandparent or Non-Parent Relative Support Services	2011	U.S Dept. of Health and Human Services	93.052	\$0.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:	2011	U.S Dept. of Health and Human Services	93.052	\$2,044,681.00

Section 5 is hereby amended to read:

5. Renewals

By mutual Agreement of the parties, in accordance with s. 287.058(1)(f), F.S., the Agency may renew the Agreement for a period not to exceed three years, or the term of the original Agreement, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charged. Any renewal is subject to the same terms and conditions as the original Agreement and contingent upon satisfactory performance evaluations by the Agency and the availability of funds.

In the event that a subsequent Agreement may not be executed prior to the January 1st start date, the Agency may, at its discretion, extend this Agreement upon written notice for up to 90 days to ensure continuity of service. Services

provided under this extension will be paid for out of the succeeding contract amount.

The Index to Agreement Attachments is replaced with the following:

INDEX TO AGREEMENT ATTACHMENTS

ATTACHMENT	ATTACHMENT DESCRIPTION	PAGE
ATTACHMENT I	STATEMENT OF WORK	19-33
ATTACHMENT II	CERTIFICATION REGARDING LOBBYING	34
ATTACHMENT III EXHIBIT 1 EXHIBIT 2	FINANCIAL & COMPLIANCE AUDIT FEDERAL AND STATE RESOURCED AWARDS AUDIT RELATIONSHIP DETERMINATION AND FISCAL COMPLIANCE REQUIREMENTS	35-37 38 39-40
ATTACHMENT IV	CERTIFICATION REGARDING DATA INTEGRITY COMPLIANCE	41
ATTACHMENT V	CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION AGREEMENTS/SUBAGREEMENTS	42
ATTACHMENT VI	ASSURANCES - NON-CONSTRUCTION PROGRAMS	43-45
ATTACHMENT VII	OLDER AMERICANS ACT PROGRAM BUDGET SUMMARY	46
ATTACHMENT VIII	OLDER AMERICANS ACT CONTRACT REPORT CALENDAR	47
ATTACHMENT IX	OAA INVOICE	48-49
EXHIBIT 1 ATTACHMENT X ATTACHMENT XI ATTACHMENT XII	IIIE EXPENDITURE ANALYSIS PROGRAMMATIC REPORT SCHEDULE APPLICABILITY CHART AND DEFINITIONS OATH OF NOT FOR PROFIT STATUS/ ATTESTATION STATEMENT	50 51-52 53-54 55-56
ATTACHMENT A	DEPARTMENT OF ELDER AFFAIRS PROGRAMS & SERVICES HANDBOOK	57
ATTACHMENT B ATTACHMENT C	CIVIL RIGHTS COMPLIANCE CHECKLIST AND INSTRUCTION PROVIDER'S STATE CONTRACTS LIST EMERGENCY CERTIFICATION FOR RETROACTIVE PAYMENT	58-62 63 64

ATTACHMENT I Section 2.8.4 is hereby amended to read:

2.8.4 The Provider agrees to manage funds as detailed in the Service Provider Application and the Budget Summary, Attachment VII to this Agreement. Any changes in the amounts of federal revenue funds identified on the OAA Budget Summary form require an Agreement amendment.

ATTACHMENT I Section 3.1.1 is hereby amended to read:

3.1.1 The Provider agrees to spend the funds as detailed in ATTACHMENT VII,

Budget Summary. An amendment is required to change the total amount of the Agreement.

ATTACHMENT I Section 3.3.3 is hereby amended to read:

3.3.3 Payment may be authorized only for allowable expenditures, which are in accordance with the limits specified in ATTACHMENT VII, Budget Summary. Any changes in the amounts of federal funds identified on the Budget Summary require an Agreement amendment.

ATTACHMENT VII is replaced with the following:

ATTACHMENT VII

BUDGET SUMMARY

PSA: 9

Original ___ Amendment _X

Division of Senior Services:

1.	IIIB Support Services	\$825,478.00
2.	IIIB Transportation	\$0.00
3.	IIIC1 Congregate Meals	\$460,129.00
4.	IIIC2 Home Delivered Meals	\$599,055.00
5.	IIIE Caregiver Support Services	\$130,127.00
6.	IHES Caregiver Supplemental Services	\$29,892.00
7.	IHEG Grandparent or Non-Parent Relative Support Services	\$0.00
8.	Total	\$2,044,681.00

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 WHEREOF, the parties hereto have caused this 6 page amendment to be executed by their officials thereunto 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	SIGNED BY:
DATE: \0\) 3/11	NAME: Dopeen McGunagle
SHARON R. BOCK, Clerk and Comptroller	
BY:	TITLE:Treasurer
DATE:	DATE: 10/16/2011
Federal Tax ID: <u>59-6000785</u>	
Fiscal Year Ending Date:	
Approved as to form and legal sufficiency	
Assistant County Attorney	
Approved as to terms and conditions Department Director	

Attestation Statement

Agreement/Contract Number IA111-9500

Amendment Number 001

I, Robert Weisman, County Administrator attest that no changes or revisions have been made to the content of (Provider Representative)

the above referenced agreement or amendment between The Area Agency on Aging,

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

Signature of Provider Representative

(0/13/1)
Date

SIMPLIFIED UNIT COST METHODOLOGY

LINE ITEM BUDGET PROJECTIONS BUDGET YEAR: 1/1/11-12/31/11

BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2011 REVISED DATE: October 12, 2011

REVISION NUMBER: 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

HIE HIES HIEG

IIIE,IIIES,IIIEG	(Service Reference)	1	35	4	6	14	20	31	33	
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Screening/ Assessment (IIIB, C2, IIIEG)	Chore**	Companion- ship**	Escort**	Homemaker**	Personal Care**	Respite In- Home**	In-Home Services (Ch,Comp,Esc, Hmk,PC,Resp)
Total Costs	1,206,022	210,410	128,702	1,626	179,074	1,864	315,175	120,538	248,633	866,910
Add Match (Cash and In-Kind) Total Anticipated Costs	0 1,206,022	210,410	0 128,702	0 1,626	0 179,074	0 1,864	0 315,175	0 120,538	248,633	866,910
Number of Service Units Anticipated	66,512	15,216	1,900	76	11,679	60	18,902	7,303	11,376	49,396
Total Cost Per Unit of Service	n/a	- 13.83	67.74	21.39	15.33	31.06	16.67	16.51	21.86	17.07
Less NSIP	0	0	0	0	0	0	0	0	0	0
Less Cash Match	91,719	12,004	4,469	116	17,791	91	28,793	11,125	17,330	75,246
Less Inkind Match	0 (14)	0	О	0	o	0	0	0	0	0
Less Program Income Used as Match	0	. 0	0	0	0	o	0	. 0	0	О
Sub-Total Match:	91,719	12,004	4,469	116	17,791	91	28,793	11,125	17,330	75,246
Less Program Income	3,365	0	3,365	0	0	0	o	0	0	0
Less Other Non-Matching Cash & Co-payments	285,460	90,372	80,644	468	1,164	950	27,241	9,288	75,333	114,444
Adjusted Budgeted Costs	825,478	108,034	40,224	1,042	160,119	823	259,141	100,125	155,970	677,220
Reimbursable Rate Per Unit of Service	n/a	7.10	21.17	13.71	13.71	13.71	13.71	13.71	13.71	13.71
Estimated Number of UNDUPLICATED Clients	559	21	172	1	45	5	169	122	24	366

SIMPLIFIED UNIT COST METHODOLOGY

LINE ITEM BUDGET PROJECTIONS

BUDGET YEAR: 1/1/11-12/31/11

BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2011 REVISED DATE: October 12, 2011

REVISION NUMBER: 001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all funding sources applicable to this proposal)

Funding Source
IIIB
C1
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	886,977	823,750	39,524	310	6,735	16,658
Add Match (Cash and In-Kind)	0	0	0	0	0	0
Total Anticipated Costs	886,977	823,750	39,524	310	6,735	16,658
Number of Service Units Anticipated	149,158	131,847	1,005	6	15,600	700
Total Cost Per Unit of Service	n/a	6.25	39.33	51.84	0.43	23.80
Less NSIP	89,656	89,656	0	0	0	0
Less Cash Match	51,126	48,051	2,364	21	308	382
Less Inkind Match	0	0	0	0	0	0
Less Program Income Used as Match	0	0	0	0	0	0
Sub-Total Match:	51,126	48,051	2,364	21	308	382
Less Program Income	36,900	36,900	0	0	0	0
Less Other Non-Matching Cash & Co-payments	249,166	216,686	15,884	100	3,657	12,839
Adjusted Budgeted Costs	460,129	432,457	21,276	189	2,770	3,437
Reimbursable Rate Per Unit of Service	n/a	3.28	21.17	31.56	0.18	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: 1/1/11-12/31/11

BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2011 REVISED DATE: October 12, 2011

REVISION NUMBER: 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 Х

IIIE,IIIES,IIIEG 35 30 18 27 28 (Service Reference) Screening/ Home Nutrition Delivered Nutrition Education Outreach TOTAL SERVICES Meals C2 Counseling DESCRIPTION

Assessment (IIIB, C2, IIIEG) 338,006 933 Total Costs 1,133,567 791,519 3,109 Add Match (Cash and In-Kind) 933 338,006 1,133,567 791,519 3,109 Total Anticipated Costs 4,990 0 232,200 219,992 18 7,200 Number of Service Units Anticipated 67.74 0.43 23.80 Total Cost Per Unit of Service n/a 3.60 51.84 149,595 149,595 Less NSIP 11,738 Less Cash Match 66,562 54,754 Less Inkind Match Less Program Income Used as Match 63 11,738 Sub-Total Match: 66,562 54,754 Less Program Income 11,860 11,860 220,629 Less Other Non-Matching Cash & Co-payments 306,495 82,528 302 3,036 105,639 599,055 492,782 568 66 Adjusted Budgeted Costs 21.17 Reimbursable Rate Per Unit of Service n/a 2.24 31.56 0.01 4.91 1,873 600 0 655 Estimated Number of UNDUPLICATED Clients 600 18

SIMPLIFIED UNIT COST METHODOLOGY LINE ITEM BUDGET PROJECTIONS

BUDGET YEAR: 1/1/11-12/31/11

BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2011 REVISED DATE: October 12, 2011

REVISION NUMBER: 001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all funding sources applicable to this proposal)

Funding Source
IIIB
C1
C2
IIIE
X

	(Service Reference)	1	33	35
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Respite In- Home**	Screening/ Assessment (IIIB, C2, IIIEG)
Total Costs	252,606	225,629	18,578	8,399
Add Match (Cash and In-Kind)	0	. 0	0	0
Total Anticipated Costs	252,606	225,629	18,578	8,399
Number of Service Units Anticipated	17,291	16,317	850	124
Total Cost Per Unit of Service	n/a	13.83	21.86	67.74
Less NSIP	0	0	0	0
Less Cash Match	14,459	12,872	1,295	292
Less Inkind Match	0	0	0	0
Less Program Income Used as Match	.0	0	0	0
Sub-Total Match:	14,459	12,872	1,295	292
Less Program Income	2,240	2,240	0	0
Less Other Non-Matching Cash & Co-payments	105,780	94,669	5,629	5,482
Adjusted Budgeted Costs	130,127	115,848	11,654	2,625
Reimbursable Rate Per Unit of Service	n/a	7.10	13.71	21.17
Estimated Number of UNDUPLICATED Clients	70	25	20	25

2011 OAA Amendment #001 UCM Budget 10-12-11.xls (3-E Supporting Budget Schedule)

Page 1 of 1

SIMPLIFIED UNIT COST METHODOLOGY LINE ITEM BUDGET PROJECTIONS

BUDGET YEAR: 1/1/11-12/31/11

BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2011 REVISED DATE: October 12, 2011 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	
C1	
C2	
IIIES	X

	(Service Reference)	37
DESCRIPTION	TOTAL SERVICES	Specialized Medical Equipment, Services & Supplies
Total Costs	34,338	34,338
Add Match (Cash and In-Kind)	0	0
Total Anticipated Costs	34,338	34,338
Number of Service Units Anticipated	285	285
Total Cost Per Unit of Service	n/a	120.48
Less NSIP	0	0
Less Cash Match	3,321	3,321
Less Inkind Match	0	0
Less Program Income Used as Match	0	o
Sub-Total Match:	3,321	3,321
Less Program Income	0	0
Less Other Non-Matching Cash & Co-payments	1,125	1,125
Adjusted Budgeted Costs	29,892	29,892
Reimbursable Rate Per Unit of Service	n/a	104.88
Estimated Number of UNDUPLICATED Clients	83	83