

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	(111,496)	5,803			
External Revenue	111,496	(5,803)			
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	-0-			

# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No

Budget Account No.:

Fund 1006 Dept 144 Unit Var. Object Var. Program Code Var. Program Period Var.

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

C. Departmental Fiscal Review:

mal
 Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

[Signature]
 OFMB
 6/12/13
 cc 6/10/13 MM 7/13 WSC

[Signature]
 Contract Development and Control
 6-14-13 B Wheeler

B. Legal Sufficiency:

[Signature]
 Chief Assistant County Attorney
 6/17/13

C. Other Department Review:

 Department Director

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

Summary: (from page 1) Grant adjustments are made during the contract year to align services with need. These amendments were executed by the County Administrator in accordance with Resolution R2010-1942, which delegated authority to the County Administrator, or his designee, to sign documents related to DOSS/AAA grant amendments. These items are being submitted in accordance with Countywide PPM No. CW-O-051 to allow the Clerk's Office to note and receive the executed amendments. The Budget Amendment is aligning the County budget with the actual grant award. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Rd (TKF)

Background and Justification: (from page 1) ADI ensures persons afflicted with Alzheimer's disease and other forms of dementia are given essential services to help them live independently. HCE assists seniors and their caregivers with the provision of care in a family-type living arrangement as an alternative to institutional care. CCE assists seniors and caregivers by providing in-home to help seniors live independently. OAA improves the quality of life for older persons, preserves their independence and prevents or delays more costly institutional care. EHEAP provides home energy assistance to seniors.



MEMORANDUM

TO: Robert Weisman
County Administrator
FROM: Channell Wilkins
Community Services Department Director
DATE: April 24, 2013
RE: Division of Senior Services (DOSS)
Amended Contracts

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

- Steven L. Abrams, Chairman
Priscilla A. Taylor, Vice Chair
Hal R. Valeche
Paulette Burdick
Shelley Vana
Mary Lou Berger
Jess R. Santamaria

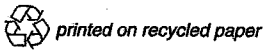
County Administrator

Robert Weisman

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 amendments and resolution attached.

- A) Amendment 001 to Standard Agreement No. IZ012-9500 (R2012-1631) for Alzheimer's Disease Initiative (ADI) with AAA for period July 1, 2012 to June 30, 2015, to increase the overall total funding by \$11,624 for a new amount not to exceed \$242,434; and to revise Attachment II, Budget Summary; and amend Paragraph D, Attachment I, Section III. A; and
B) Amendment 001 to Standard Agreement No. IH012-9500 (R2012-1634) for Home Care for the Elderly (HCE) with AAA for period July 1, 2012 to June 30, 2015, to decrease funding to both Spending Authority for HCE Subsidies by \$18,000 and Background Screening for Caregivers by \$5,679.50 and to increase funding to HCE Case Management by \$8,679.50 for an overall total funding decrease of \$15,000 for a new amount not to exceed \$17,141; and to revise Attachment II, Budget Summary; and amend Paragraph D, Attachment I, Section III. A; and
C) Amendment 001 to Standard Agreement No. IC012-9500 (R2012-1632) for Community Care for the Elderly (CCE) with AAA for period July 1, 2012 to June 30, 2015, to increase the overall total funding by \$15,000 for a new amount not to exceed \$1,062,904; and to revise Attachment II, Budget Summary and amend Paragraph D, Attachment I, Section III. A.

An Equal Opportunity
Affirmative Action Employer




D) Amendment 001 to Standard Agreement No. IA013-9500 (R2013-0433) for the **Older Americans Act (OAA)** Federal grant with AAA for period January 1, 2013 to December 31, 2015, to decrease the Agreement amount by \$146,923 and decrease the level of services accordingly. This amendment is the result of the Sequester and changes the total Agreement funding from \$2,006,624 to \$1,859,701; amends Paragraph 4; Attachment III, Exhibit 1 and Attachment VIII, Budget Summary; and

E) Renewal Agreement IP012-9500 to Standard Agreement No. IP012-9500 (R2012-1633) for **Emergency Home Energy Assistance Program (EHEAP)** with AAA, for period April 1, 2013 to March 31, 2014, for a new amount not to exceed \$11,606.00. The Renewal outlines funding allocation for the 2013-2014 Agreement period; amends paragraph 4 of Standard Agreement; revise and replaces Attachment I, III and VIII and Attachment VII Budget Summary.

Staff will submit this item at the Board's June 18, 2013 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 R. Manfra (561) 355-4750.

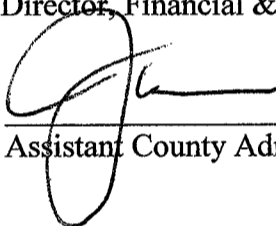
Approved:



Director, Financial & Support Svcs.



Chief Assistant County Attorney



Assistant County Administrator

Attachments: Resolution No. R2010-1942
ADI Amendment 001
HCE Amendment 001
CCE Amendment 001
OAA Amendment 001
EHEAP Renewal Agreement

RESOLUTION NO. 2010-1942

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE SIGNATORY AUTHORITY ON INDIVIDUAL AMENDMENTS TO AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC. (AAA) GRANT AGREEMENTS/CONTRACTS FOR NOT MORE THAN TEN 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 Aaronson , who moved its adoption. The motion was seconded by Commissioner Vana , and upon being put to a vote, the vote was as follows:

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	Aye
District 6:	Jess R. Santamaria	Aye
District 7:	Priscilla A. Taylor	Aye

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

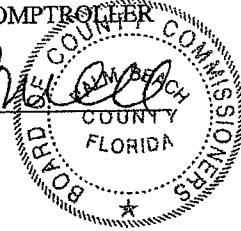
APPROVED AS TO FORM
SUFFICIENCY

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

SHARON R. BOCK, CLERK/COMPTROLLER

By Jenny K. [Signature]
Assistant County Attorney

By [Signature]
Deputy Clerk



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" and collectively referred to as the "Parties", amends Agreement IZ012-9500.

The purpose of this amendment is to increase the overall total funding by \$11,624.00 and to revise ATTACHMENT II, BUDGET SUMMARY.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) amends Attachment I, Section III. A; and (3) revises and replaces ATTACHMENT II, Budget Summary.

STANDARD AGREEMENT:

(1) Paragraph D of the Standard 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 \$242,434.00, or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment II and subject to the availability of funds. Any costs or services paid for under any other contract or agreement or from any other source are not eligible for payment under this agreement.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2012	General Revenue	65.004	\$242,434.00
TOTAL AGREEMENT AMOUNT:				\$242,434.00

(2) Attachment I, Section III, A of the Standard Agreement is hereby amended to read:

SECTION III: METHOD OF PAYMENT

A. STATEMENT OF METHOD OF PAYMENT

This is a fixed rate for services Agreement. The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed \$242,434.00, subject to the availability of funds.

(3) Attachment II, Budget Summary is replaced with the following Attachment II.

ATTACHMENT II

BUDGET SUMMARY

1. ADI Client Services	\$226,277.00
2. ADI Case Management	\$16,157.00
3. Total	\$242,434.00

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.

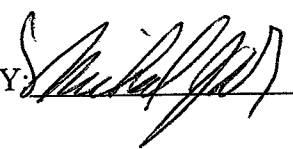
This amendment and all of its attachments are hereby made a part of this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this 4 page amendment to be executed by their officials there unto duly authorized.

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: 5/9/2013

SHARON R. BOCK, Clerk and Comptroller

NAME: Michael Dyer

BY: _____

TITLE: Chair

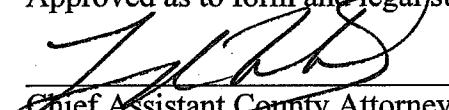
DATE: _____

DATE: 4/3/2013

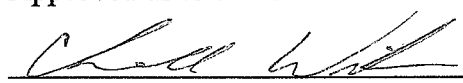
Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency


Chief Assistant County Attorney

Approved as to terms and conditions


Department Director

Attestation Statement

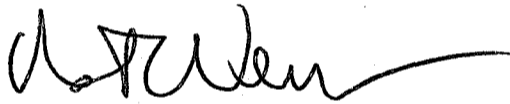
Agreement/Contract Number IZ012-9500

Amendment Number 001

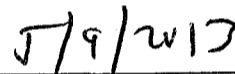
I, Robert Weisman, County Administrator, attest that no changes or revisions have

(Provider Representative)


been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging 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.



Signature of Provider Representative



Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY CLERK

ORIGINAL DATE: 7/1/12
 REVISED DATE: 5/23/13
 REVISION NUMBER: 001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOEA funding sources applicable to your agency)

Funding Source **Mark which one applies:**
 ADI X
 CCE
 HCE

DESCRIPTION	(Service Reference)	(6)	(52)	(53)
		Case Management	Respite (Facility Based)	Respite (In-Home)
1. Total Budgeted Cash Costs	288,840	35,486	53,520	199,834
1. (a) Add Inkind Cost	0			
1. (b) Total Budgeted Costs	288,840	35,486	53,520	199,834
2. Total Budgeted Units	14,657	687	3,104	10,866
2.(a) Total Cost Per Unit of Service	n/a	51.65	17.24	18.39
3. Less NSIP	0	0	0	0
4. Less Cash Match	0	0	0	0
5. Less Inkind Match	0			
6. Less Program Income Used as Match	0			
Sub-Total Match:	0	0	0	0
7. Less Program Income	2,531		2531	
8. Less Other Non-Matching Cash & Co-payments	43,875	7,705	19,856	16,314
9. Adjusted Budgeted Costs	242,434	27,781	31,133	183,520
10. Adjusted Cost Per Unit of Service	n/a	40.45	10.03	16.89
12. Estimated Number of UNDUPLICATED Clients	30	30	10	20

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" and collectively referred to as the "Parties", amends Agreement IH012-9500.

The purpose of this amendment is to decrease funding to Spending Authority for HCE Subsidies by \$18,000.00 and decrease Background Screening for Caregivers by \$5,679.50 and increase funding to HCE Case Management by \$8,679.50 for an overall total funding decrease of \$15,000.00 and revise ATTACHMENT II, BUDGET SUMMARY.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) amends Attachment I, Section III. A; and (3) revises and replaces ATTACHMENT II, Budget Summary.

STANDARD AGREEMENT:

(1) Paragraph D of the Standard Agreement, is hereby amended to read:

D. Agreement Amount

The Agency awards for services according to the statement of work, ATTACHMENT I of this agreement in an amount not to exceed **\$17,141.00** subject to the availability of funds. The Agency will provide a spending authority in the amount of \$105,685.00 for client services. Any costs or services paid for under any other contract or agreement or from any other source are not eligible for payment under this agreement. The Provider agrees to utilize the approved rate sheet, ATTACHMENT III for contracted services the Agency agrees to pay for.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly (HCE)	2012	General Revenue	65.001	\$17,141.00
TOTAL AGREEMENT AMOUNT:				\$17,141.00

(2) Attachment I, Section III, A of the Standard Agreement is hereby amended to read:

SECTION III: METHOD OF PAYMENT

A. STATEMENT OF METHOD OF PAYMENT

This is a fixed rate for services Agreement. The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed **\$122,826.00**, subject to the availability of funds.

(3) Attachment II, Budget Summary is replaced with the following Attachment II.

ATTACHMENT II

BUDGET SUMMARY

1. Spending Authority for HCE Subsidies	\$105,685.00
2. Background Screening for Caregivers	\$170.50
3. HCE Case Management	\$16,970.50
4. Total	\$122,826.00

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.

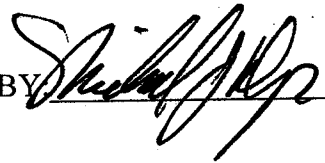
This amendment and all of its attachments are hereby made a part of this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this 4 page amendment to be executed by their officials there unto duly authorized.

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: 5/9/13

SHARON R. BOCK, Clerk and Comptroller

NAME: Michael Dyer

BY: _____

TITLE: Chair

DATE: _____

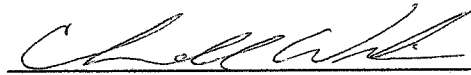
DATE: 3/26/2013

Federal Tax ID: 59-6000785
Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency


Chief Assistant County Attorney

Approved as to terms and conditions


Department Director

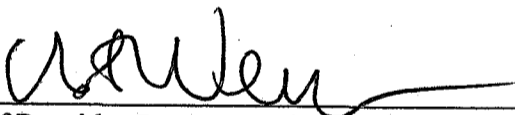
Attestation Statement

Agreement/Contract Number IH012-9500

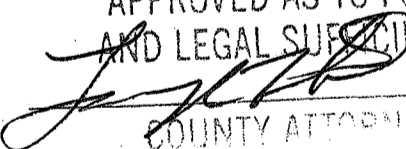
Amendment Number 001

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

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging 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.


Signature of Provider Representative

5/9/13
Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY

ORIGINAL DATE: 7/1/12
 REVISED DATE: 5/23/13
 REVISION NUMBER: 001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source **Mark which one applies:**
 ADI
 CCE
 HCE X

DESCRIPTION	TOTAL SERVICES	(6)					(53)		(58)
		Case Management	Basic Subsidy	Special Subsidy	OTHBKV	OTBKRV	Respite (In-Home)	Specialized Medical Equipment, Services & Supplies	
1. Total Budgeted Cash Costs	141,038.40	17,097.00	54,832.00	185.40	358.00	0.00	46,584.00	21,982.00	
1. (a) Add Inkind Cost	0.00		0.00	0.00	0.00	0.00			
1. (b) Total Budgeted Costs	141,038.40	17,097.00	54,832.00	185.40	358.00	0.00	46,584.00	21,982.00	
2. Total Budgeted Units	3,816.00	331.00	517.00	120.00	2.00	0.00	2,533.00	313.00	
2.(a) Total Cost Per Unit of Service	n/a	51.65	106.00	2.00	179.08	7.66	18.39	70.23	
3. Less NSIP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4. Less Cash Match	0.00	0.00	0.00	0.00	0.00	0.00			
5. Less Inkind Match	0.00		0.00	0.00	0.00	0.00			
6. Less Program Income Used as Match	0.00		0.00	0.00	0.00	0.00			
Sub-Total Match:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
7. Less Program Income	0.00	0.00	0.00	0.00	0.00	0.00			
8. Less Other Non-Matching Cash & Co-payments	16,212.40	126.50	0.00	0.00	187.50	0.00	6,257.80	11,640.60	
9. Adjusted Budgeted Costs	122,826.00	16,970.50	54,832.00	185.40	170.50	0.00	40,326.20	10,341.40	
10. Adjusted Cost Per Unit of Service	n/a	51.30	106.00	0.00	85.25	6.00	15.92	33.00	
12. Estimated Number of UNDUPLICATED Clients	40	40	40	10	40	40	5	5	

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" and collectively referred to as the "Parties", amends Agreement IC012-9500.

The purpose of this amendment is to increase the overall total funding by \$15,000.00 and to revise ATTACHMENT II, BUDGET SUMMARY.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) amends Attachment I, Section III. A; and (3) revises and replaces ATTACHMENT II, Budget Summary.

STANDARD AGREEMENT:

(1) Paragraph D of the Standard 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 \$1,062,904, or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment II and subject to the availability of funds. Any costs or services paid for under any other contract or agreement or from any other source are not eligible for payment under this agreement.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Community Care for the Elderly (CCE)	2012	General Revenue	65.010	\$1,062,904.00
TOTAL AGREEMENT AMOUNT:				\$1,062,904.00

(2) Attachment I, Section III, A of the Standard Agreement is hereby amended to read:

SECTION III: METHOD OF PAYMENT

A. STATEMENT OF METHOD OF PAYMENT

This is a fixed rate for services Agreement. The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed \$1,062,904.00, subject to the availability of funds.

- (3) Attachment II, Budget Summary is replaced with the following Attachment II.

ATTACHMENT II

BUDGET SUMMARY

1. CCE Client Services	\$853,323.00
2. CCE Case Management	\$188,623.00
3. CCE Case Aide	\$20,958.00
4. Total	\$1,062,904.00

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.

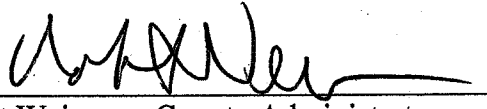
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the Agreement.

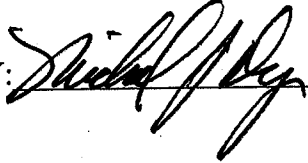
This amendment and all of its attachments are hereby made a part of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this 4 page amendment to be executed by their officials there unto duly authorized.

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: 5/8/13

SHARON R. BOCK, Clerk and Comptroller

NAME: Michael Dyer

BY: _____

TITLE: Chair

DATE: _____


DATE: 3/26/2013

Federal Tax ID: 59-6000785
Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency


Chief Assistant County Attorney

Approved as to terms and conditions


Department Director

Attestation Statement

Agreement/Contract Number IC012-9500

Amendment Number 001

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

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging 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.

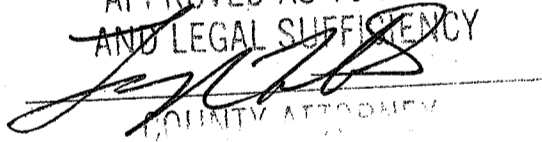


Signature of Provider Representative

5/9/13

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY



COUNTY ATTORNEY

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 7/1/12-6/30/13
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: 7/1/12
 REVISED DATE: 5/23/13
 REVISION NUMBER: 001, Amendment #001

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY
 * (Indicate all DOE funding sources applicable to your agency)

Funding Source Mark which one applies:
 ADI
 CCE X
 HCE

DESCRIPTION	(Service Reference)	(1)	(5)	(6)	(14)	(17)	(58)	(18)	(10)	(29)	(43)	(53)	(8)	In-Home Services Total (E,C,H,P,R,SA & CH)
		Adult Day Care	Case Aid	Case Management	Counseling (Gerontological) Individual	Emergency Alert Response	Specialized Medical Equipment Services & Supplies	Escort	Companionship	Homemaker	Personal Care	Respite (In-Home)	Chore	
1. Total Budgeted Cash Costs	1405,621	25,057	26,832	240,858	2,927	28,163	173,050	2,355	127,784	168,669	246,918	357,370	5,638	908,734
1. (a) Add Inkind Cost	0													
1. (b) Total Budgeted Costs	1405,621	25,057	26,832	240,858	2,927	28,163	173,050	2,355	127,784	168,669	246,918	357,370	5,638	908,734
2. Total Budgeted Units	79,966	2,005	880	4,663	13	17,679	2,464	128	7,074	9,430	13,922	19,432	276	50,262
2.(a) Total Cost Per Unit of Service	17.45	12.50	30.49	51.65	225.12	1.59	70.23	18.40	18.06	17.89	17.74	18.39	20.43	18.08
3. Less NSIP	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Less Cash Match	315,100	2,234	2,329	20,958	100	1,670	8,378	210	11,602	15,465	22,833	31,868	453	82,431
5. Less Inkind Match	0													
6. Less Program Income Used as Match	0													
Sub-Total Match:	315,100	2,234	2,329	20,958	100	1,670	8,378	210	11,602	15,465	22,833	31,868	453	82,431
7. Less Program Income	35,127						35,127							
8. Less Other Non-Matching Cash & Co-payments	187,180	2,716	3,545	31,277	1,926	11,466	54,142	251	11,763	14,015	18,590	38,690	1,109	84,418
9. Adjusted Budgeted Costs	1,082,904	20,107	20,958	188,623	901	15,027	75,403	1,894	104,419	139,189	205,495	286,812	4,076	741,885
10. Adjusted Cost Per Unit of Service	13.41	10.03	23.81	40.45	69.62	0.85	30.60	14.76	14.78	14.76	14.76	14.76	14.76	14.76
12. Estimated Number of UNDUPLICATED Clients	200	5	100	200	1	50	80	3	20	55	60	25	5	168

This AMENDMENT entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, hereinafter referred to as the "Agency", and Palm Beach County Board of County Commissioners hereinafter referred to as the "Provider", and collectively referred to as "Parties" amends Agreement IA013-9500.

The purpose of this amendment is to decrease the Agreement amount by \$146,923.00 and decrease the level of services accordingly. This amendment changes total Agreement funding from \$2,006,624.00 to \$1,859,701.00.

Additionally, this amendment (1) amends Paragraph 4, of the Standard Agreement; (2) amends Attachment III, Exhibit-1; and (3) amends Attachment VIII, Budget Summary

STANDARD AGREEMENT:

- (1) Revise the Standard Agreement to incorporate the following changes, and renumbers all affected paragraphs accordingly:
 - (a) Amend Paragraph 4;

Paragraph 4 of the Standard Agreement, is hereby amended to read:

4. 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 \$1,859,701.00, or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with ATTACHMENT VIII and subject to the availability of funds. Any costs or services paid for under any other contract or agreement or from any other source are not eligible for payment under this Agreement.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Older Americans Act Title IIIB Support Services	2013	U.S. Dept. of Health and Human Services	93.044	\$748,295.00
Older Americans Act Title IIIB Transportation	2013	U.S. Dept. of Health and Human Services	93.044	\$0.00
Older Americans Act Title IIIC1 Congregate Meals	2013	U.S. Dept. of Health and Human Services	93.045	\$419,407.00
Older Americans Act Title IIIC2 Home Delivered Meals	2013	U.S. Dept. of Health and Human Services	93.045	\$547,028.00
Older Americans Act Title IIIE Caregiver Support Services	2013	U.S. Dept. of Health and Human Services	93.052	\$118,971.00
Older Americans Act Title IIIES Caregiver Supplemental Services	2013	U.S. Dept. of Health and Human Services	93.052	\$26,000.00
Older Americans Act Title IIIEG Grandparent or Non-Parent Relative Support Services	2013	U.S. Dept. of Health and Human Services	93.052	\$0.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,859,701.00

- (2) Attachment III, Exhibit-1 is hereby amended to read:

**ATTACHMENT III
EXHIBIT - 1**

1. FEDERAL RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Program Title III	U.S. Health and Human Services	93.044	\$1,859,701.00
		93.045	
		93.052	
TOTAL FEDERAL AWARD			\$1,859,701.00

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2. STATE RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
TOTAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

ATTACHMENT VIII

BUDGET SUMMARY

PSA: 9

Original ____

Provider: Palm Beach County Board of County Commissioners

Amendment 001

1.	IIB Support Services	\$748,295.00
2.	IIB Transportation	\$0.00
3.	IIC1 Congregate Meals	\$419,407.00
4.	IIC2 Home Delivered Meals	\$547,028.00
5.	IIE Caregiver Support Services	\$118,971.00
6.	IIES Caregiver Supplemental Services	\$26,000.00
7.	IIEG Grandparent or Non-Parent Relative Support Services	\$0.00
8.	Total	\$1,859,701.00

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.

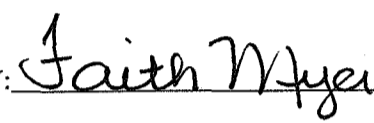
This amendment and all of its attachments are hereby made a part of this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this 5 page amendment to be executed by their officials there unto 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: 5/9/13

NAME: Faith Myer

SHARON R. BOCK, Clerk and Comptroller

TITLE: Secretary

DATE: 4/16/2013

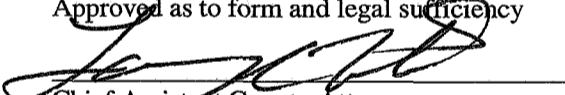
BY: _____

DATE: _____

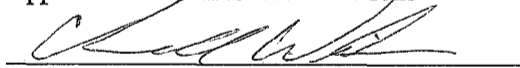
Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency


Chief Assistant County Attorney

Approved as to terms and conditions



Department Director

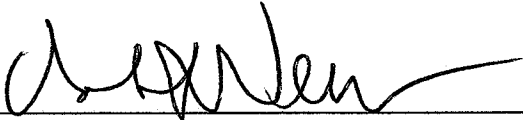
Attestation Statement

Agreement/Contract Number IA013-9500

Amendment Number 001

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

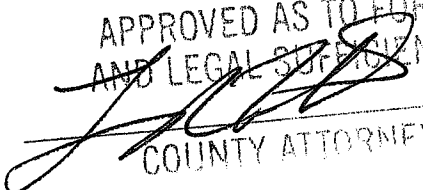
been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County Board of County Commissioners. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no affect on the agreement/contract content.



Signature of Provider Representative

5/9/13

Date

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/13-12/31/13
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2013
 REVISED DATE: May 10, 2013
 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 X
 C1
 C2
 IIIE, IIIES, IIIEG

DESCRIPTION	TOTAL SERVICES	(Service Reference)									
		1	35	4	5	14	6	20	31	33	In-Home Services (Comp, Hmk, Peca, Resp)
		Adult Day Care	Screening/ Assessment (IIIB, C2, IIIEG)	Chore	Enhanced Chore	Escort	Companion-ship**	Homemaker**	Personal Care**	Respite In-Home**	
Total Costs	999,326	158,447	87,637	469	447	1,637	161,075	218,676	96,008	274,930	750,689
Add Match (Cash and In-Kind)	0	0	0	0	0	0	0	0	0	0	0
Total Anticipated Costs	999,326	158,447	87,637	469	447	1,637	161,075	218,676	96,008	274,930	750,689
Number of Service Units Anticipated	55,748	12,378	1,476	25	15	52	9,796	13,356	5,857	12,794	41,803
Total Cost Per Unit of Service	n/a	12.80	59.36	18.74	29.85	31.59	16.44	16.37	16.39	21.49	17.16
Less NSIP	0	0	0	0	0	0	0	0	0	0	0
Less Cash Match	85,145	11,030	3,719	44	29	91	15,989	21,801	9,560	20,882	68,232
Less Inkind Match	0	0	0	0	0	0	0	0	0	0	0
Less Program Income Used as Match	0	0	0	0	0	0	0	0	0	0	0
Sub-Total Match:	85,145	11,030	3,719	44	29	91	15,989	21,801	9,560	20,882	68,232
Less Program Income	1,840	0	1,840	0	0	0	0	0	0	0	0
Less Other Non-Matching Cash & Co-payments	166,946	48,149	48,609	29	159	725	1,187	670	411	66,107	68,375
Adjusted Budgeted Costs	749,235	99,268	33,469	396	259	821	143,899	196,205	86,037	187,941	614,082
Reimbursable Rate Per Unit of Service	n/a	8.02	22.67	15.84	17.28	15.84	14.69	14.69	14.69	14.69	14.69
Estimated Number of UNDUPLICATED Clients	128	11	100	1	1	3	15	70	25	18	128

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/13-12/31/13
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2013
 REVISED DATE: May 10, 2013
 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:**
 III B
 C1 X
 C2
 III E, III ES, III EG

DESCRIPTION	TOTAL SERVICES	(Service Reference)				
		7	8	27	28	30
		Congregate Meals C1	Congregate Meals (Screening) C1	Nutrition Counseling	Nutrition Education	Outreach
Total Costs	623,176	779,881	35,762	308	2,197	5,028
Add Match (Cash and In-Kind)	0	0	0	0	0	0
Total Anticipated Costs	623,176	779,881	35,762	308	2,197	5,028
Number of Service Units Anticipated	109,484	102,073	980	6	5,239	187
Total Cost Per Unit of Service	n/a	7.64	36.51	52.52	0.42	26.91
Less NSIP	69,410	69,410	0	0	0	0
Less Cash Match	43,891	43,891	2,467	22	111	109
Less Inkind Match	0	0	0	0	0	0
Less Program Income Used as Match	0	0	0	0	0	0
Sub-Total Match:	48,900	43,891	2,467	22	111	109
Less Program Income	39,918	39,918	0	0	0	0
Less Other Non-Matching Cash & Co-payments	231,639	231,639	11,089	88	1,089	3,936
Adjusted Budgeted Costs	415,407	395,023	22,206	198	997	983
Reimbursable Rate Per Unit of Service	n/a	3.87	22.67	33.80	0.19	5.26
Estimated Number of UNDUPLICATED Clients	1,300	1,000	1,200	1	1,300	500

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/13-12/31/13
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2013
 REVISED DATE: May 10, 2013
 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 X
 IIIE,IIIES,IIIEG

DESCRIPTION	TOTAL SERVICES (Service Reference)	18	27	28	35
		Home Delivered Meals C2	Nutrition Counseling	Nutrition Education	Screening/ Assessment (IIIB, C2, IIIEG)
Total Costs	875,928	595,956	788	2,565	276,619
Add Match (Cash and In-Kind)	0	0	0	0	0
Total Anticipated Costs	875,928	595,956	788	2,565	276,619
Number of Service Units Anticipated	132,900	122,111	15	6,114	4,660
Total Cost Per Unit of Service	n/a	4.88	52.52	0.42	59.36
Less NSIP	88,035	83,035	0	0	0
Less Cash Match	60,781	48,980	56	7	11,738
Less Inkind Match	0	0	0	0	0
Less Program Income Used as Match	0	0	0	0	0
Sub-Total Match:	60,781	48,980	56	7	11,738
Less Program Income	8,284	8,284	0	0	0
Less Other Non-Matching Cash & Co-payments	176,800	14,838	225	2,498	159,239
Adjusted Budgeted Costs	587,028	440,819	507	60	105,642
Reimbursable Rate Per Unit of Service	n/a	3.61	33.80	0.01	22.67
Estimated Number of UNDUPLICATED Clients	450	450	2	450	450

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/13-12/31/13
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2013
 REVISED DATE: May 10, 2013
 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
 IIIE X

DESCRIPTION	TOTAL SERVICES (Service Reference)	1	33	35
		Adult Day Care	Respite In- Home**	Screening/ Assessment (IIIB, C2, IIIEG)
Total Costs	196,350	161,515	14,841	19,995
Add Match (Cash and In-Kind)	0	0	0	0
Total Anticipated Costs	196,350	161,515	14,841	19,995
Number of Service Units Anticipated	13,645	12,617	691	337
Total Cost Per Unit of Service	n/a	12.80	21.49	59.36
Less NSIP	0	0	0	0
Less Cash Match	13,219	11,243	1,127	848
Less Inkind Match	0	0	0	0
Less Program Income Used as Match	0	0	0	0
Sub-Total Match:	13,219	11,243	1,127	848
Less Program Income	2,060	2,060	0	0
Less Other Non-Matching Cash & Co-payments	62,101	47,021	3,568	11,511
Adjusted Budgeted Costs	118,971	101,190	10,145	7,636
Reimbursable Rate Per Unit of Service	n/a	8.02	14.69	22.67
Estimated Number of UNDUPLICATED Clients	15	14	2	14

SIMPLIFIED UNIT COST METHODOLOGY
 LINE ITEM BUDGET PROJECTIONS
 BUDGET YEAR: 1/1/13-12/31/13
 BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: January 1, 2013
 REVISED DATE: May 10, 2013
 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
 IIIES X

(Service Reference) 37

DESCRIPTION	TOTAL SERVICES	Specialized Medical Equipment, Services & Supplies
Total Costs	29,045	29,045
Add Match (Cash and In-Kind)	0	0
Total Anticipated Costs	29,045	29,045
Number of Service Units Anticipated	243	243
Total Cost Per Unit of Service	119.51	119.51
Less NSIP	0	0
Less Cash Match	2,889	2,889
Less Inkind Match	0	0
Less Program Income Used as Match	0	0
Sub-Total Match:	2,889	2,889
Less Program Income	0	0
Less Other Non-Matching Cash & Co-payments	156	156
Adjusted Budgeted Costs	26,000	26,000
Reimbursable Rate Per Unit of Service	106.98	106.98
Estimated Number of UNDUPLICATED Clients	15	15

This RENEWAL is entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, hereinafter referred to as the "Agency" and Palm Beach County Board of County Commissioners, hereinafter referred to as "Provider" and renews agreement #IP012-9500.

As stated on Page 2, Section 5 of Agreement IP012-9500, by mutual Agreement of the Parties, in accordance with s. 287.058(1) (g), 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

The purpose of this Renewal is to outline the funding allocation for the 2013-2014 Agreement period. Additionally, this renewal (1) amends paragraph 4 of the Standard Agreement; (2) revises and replaces Attachment III, Exhibit - 1; (3) revises and replaces Attachment VII Budget Summary; (4) revises Attachment I, paragraph 2.3.2.1.1; and (5) revises Attachment VIII.

STANDARD AGREEMENT:

(1) Paragraph 4 of the Standard Agreement is hereby amended to read:

4. Agreement Amount

The Agency awards the Provider for services in accordance with the conditions of this agreement in an amount not to exceed **\$11,606.00**, subject to the availability of funds. The Agency will provide a spending authority in the amount of \$141,061.00 for client services. 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.

These funds are allocated for the period April 1, 2013 through March 31, 2014.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Emergency Home Energy Assistance Program	2013	U.S. Health and Human Services	93.568	\$11,606.00
TOTAL AGREEMENT AMOUNT:				\$11,606.00

(2) **Attachment III, Exhibit-1 is amended to read as follows:**

ATTACHMENT III

EXHIBIT -1

1. FEDERAL RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
Emergency Home Energy Assistance Program	U.S. Health and Human Services	93.568	\$152,667.00
TOTAL FEDERAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2. STATE RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
TOTAL AWARD			

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY

PSA: **2**

Original

Renewal **001**

PROVIDER: Palm Beach County Board of County Commissioners

Division of Senior Services

1.	Administration*	\$1,800.00
2.	Outreach*	\$9,806.00
3.	EHEAP Benefits (Crisis)	\$141,061.00
4.	Weather-Related/Supply-Shortage**	\$0.00
5.	Total	\$152,667.00
6.	Projected minimum number of consumers to be served (Crisis):	
7.	Projected minimum number of consumers to be served (Weather-Related/SupplyShortage):	

NOTE: Eligible households may be provided with one benefit per season up to six hundred dollars per benefit. The minimum number of consumers may reflect duplicated consumers if a consumer received a benefit in both seasons.

***Allowable administrative and outreach funds may be used for emergency energy assistance benefits upon approval of the transfer by the Agency.**

ATTACHMENT VIII

**EHEAP
Fiscal and Programmatic Agreement Report and Expenditure Schedule**

Report	Report Name	Submit to the "AGENCY" on or before this Date
1	April Expenditure Report	May 10
2	April Surplus/Deficit Report	May 15
3	May Expenditure Report	June 10
4	May Surplus/Deficit Report	June 15
5	June Expenditure Report	July 10
6	June Surplus/Deficit Report	July 15
7	EHEAP Enrollment and Exception Statistical Report #1	July 10
8	July Expenditure Report	August 10
9	July Surplus/Deficit Report	August 15
10	August Expenditure Report	Sept 10
11	August Surplus/Deficit Report	Sept 15
12	September Expenditure Report	Oct 10
13	September Surplus/Deficit Report	Oct 15
14	EHEAP Enrollment and Exception Statistical Report # 2	Oct 10
15	October Expenditure Report	Nov 10
16	October Surplus/Deficit Report	Nov 15
17	November Expenditure Report	Dec 10
18	November Surplus/Deficit Report	Dec 15
19	December Expenditure Report	Jan 10
20	December Surplus/Deficit Report	Jan 15
21	EHEAP Enrollment and Exception Statistical Report # 3	Jan 10
22	January Expenditure Report	Feb 10
23	January Surplus/Deficit Report	Feb 15
24	February Expenditure Report	Mar 10
25	February Surplus/Deficit Report	Mar 15

26	March Expenditure Report	April 10
27	March surplus/Deficit Report	April 15
28	EHEAP Enrollment and Exception Statistical Report # 4	April 10
29	Final Request for Payment / Closeout Report	April 20
Note # 1:		
Submission of expenditure reports may or may not generate a payment request. If final expenditure report reflects funds due back to the Agency, payment is to accompany the report.		

2.3.2.1 Program Reports

2.3.2.1.1 Emergency Home Energy Assistance for the Elderly Statistical Report

The Provider shall submit to the Consumer Services Consultant the service report entitled, "EHEAP Enrollment and Exception Statistical Report, Attachment X" in CIRTS. The report shall reflect the use of EHEAP in each CCSA. The report shall be submitted based on the following schedule:

REPORT	REPORTING PERIOD	SEASON	DATE DUE TO AGENCY
1	4/01/13 -6/30/13	Cooling Season	July 10, 2013
2	7/01/13 -9/30/13	Cooling Season	October 10, 2013
3	10/01/13 – 12/31/13	Heating Season	January 10, 2014
4	01/01/14 – 03/31/14	Heating Season	April 10, 2014

2.3.2.1.2 Program Effectiveness Reports

The Provider agrees to provide to the Agency other service reports on the effectiveness of the program and include statistics and information that the Agency may require, upon request. The report period shall begin with the effective date of this contract in a format and according to a schedule provided by the Agency for each report.

2.3.2.1.2 Consolidated Reports

The Provider will be responsible for submitting consolidated reports identifying all households served for the reporting periods by Community Care Service Area upon request by the Agency.

2.3.3 Records and Documentation

The Provider will maintain a separate record for each EHEAP consumer that includes the following:

- (1) Application for Emergency Home Energy Assistance for the Elderly, DOEA Form 114, completed and signed by the contractor and the consumer. The application must also be signed by a supervisor prior to payment being made. The contractor is responsible for using the most recent application issued by the department through the Notice of Instruction process.
- (2) Consumer’s name, address, sex, age;
- (3) Names, ages and identification documentation of all household members;
- (4) Documented Social Security numbers for all household members (some exceptions may apply and will be outlined by the Department);
- (5) Income amount and method of verification for all household members;
- (6) Age and income documentation to support eligibility;
- (7) Statement of self-declaration of income, if applicable;
- (8) Signed Statement of how basic living expenses (i.e., food, shelter, and transportation) are being provided if the total household income is less than 50% of the current Federal Poverty Guidelines and no one in the household is receiving SNAP assistance;
- (9) Documentation of consumer’s obligation to pay an energy bill for the residence in which they live;
- (10) Services provided, including copies of utility bills, copies of bills for fans, heaters, or blankets purchased and copies of repair bills;

This Renewal shall be effective on the last date that the Renewal has been signed by both Parties.

All provisions in the Agreement and any attachments thereto in conflict with this Renewal shall be and are hereby changed to conform with this Renewal.

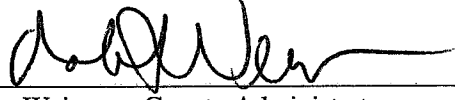
All provisions not in conflict with this Renewal are still in effect and are to be performed at the level specified in the Agreement.

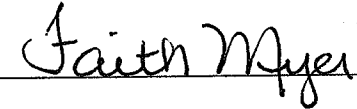
This Renewal and all of its attachments are hereby made a part of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this 8 page Renewal to be executed by their officials there unto 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: 5/9/13

SHARON R. BOCK, Clerk and Comptroller

NAME: Faith Myer

BY: _____

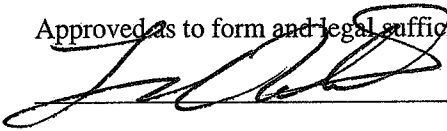
TITLE: Secretary

DATE: _____

DATE: 4/16/2013

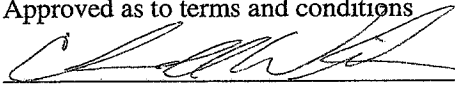
Federal Tax ID: 59-6000785
Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency



Chief Assistant County Attorney

Approved as to terms and conditions



Department Director

**PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT
FUND 1006 DOSS - Administration**

BGRV - 144- 051013*573
BGEX - 144- 051013*1562

Use this form to provide budget for items not anticipated in the budget.

ACCT. NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/	
							ENCUMBERED AS OF 5/28/13	REMAINING BALANCE
REVENUES								
DOSS-AD!								
144-1472-3469	State Grant Other Human Services	230,810	162,596	11,624		174,220		
DOSS-HCE								
144-1481-3469	State Grant Other Human Services	14,141	9,285	3,000		12,285		
DOSS-CCE								
144-1443-3469	State Grant Other Human Services	1,022,684	964,080	15,000		979,080		
DOSS-C1								
144-1458-3168	Fed Grant Indirect - Human Services	460,129	563,176		29,057	534,119		
DOSS-C2								
144-1459-3168	Fed Grant Indirect - Human Services	599,055	748,794		37,899	710,895		
DOSS-3B								
144-1457-3168	Fed Grant Indirect - Human Services	825,478	1,011,301		66,773	944,528		
DOSS-3E								
144-1461-3168	Fed Grant Indirect - Human Services	159,352	170,731		13,194	157,537		
DOSS-EHEAP								
144-1483-3168	Fed Grant Indirect - Human Services	14,743	13,219	9,100		22,319		
	Total Receipts and Balances	7,592,929	8,044,701	38,724	146,923	7,936,502		
EXPENDITURES								
DOSS-ADI								
144-1472-3401	Other Contractual Services	228,606	186,513	11,624		198,137	182,385	15,752
DOSS-HCE								
144-1481-4007	Travel-Mileage	610	610	3,000		3,610	204	3,406
DOSS-CCE								
144-1443-3401	Other Contractual Services	1,064,879	1,006,275	15,000		1,021,275	892,013	129,262
DOSS-C1								
144-1458-3419	Contracted Food	509,666	612,713		29,057	583,656	361,715	221,941
DOSS-C2								
144-1459-3419	Contracted Food	1,079,042	1,243,648		37,899	1,205,749	418,039	787,710
DOSS-3B								
144-1457-3401	Other Contractual Services	1,009,524	1,195,347		66,773	1,128,574	899,931	228,643
DOSS-3E								
144-1461-3401	Other Contractual Services	145,137	156,516		13,194	143,322	111,694	31,628
DOSS-EHEAP								
144-1483-4007	Travel-Mileage	6,052	4,528	9,100		13,628	0	13,628
	Total Appropriations & Expenditures	7,592,929	8,044,701	38,724	146,923	7,936,502		


Signatures

Date

By Board of County Commissioners
At Meeting of July 2, 2013

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION Channell Wilkins



Administration/Budget Department Approval

OFMB Department - Posted

Deputy Clerk to the
Board of County Commissioners