

Meeting Date: November 21, 2017 ☒ Consent ☐ Regular
 ☐ Ordinance ☐ Public Hearing

Submitted By: Community Services
Submitted For: Division of Senior Services

1. Amendment 002 to Standard Agreement No. IU016-9500 (R2015-1608) for Nutrition Services Incentive Program (NSIP) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), for the period January 1, 2017, through December 31, 2017, to revise, amend, and replace portions of the standard agreement and to decrease overall total funding by \$75,582.09, to provide effective delivery of nutritious meals to seniors;
2. Amendment 004 to Standard Agreement No. IA016-9500 (R2016-0321) for Older Americans Act (OAA) with AAA, for the period January 1, 2017, through December 31, 2017, to revise, amend, and replace portions of the standard agreement and increase overall total funding by \$12,600, to provide in-home and community based services to seniors;
3. Amendment 006 to Standard Agreement No. IP015-9500 (R2015-1449) for Emergency Home Energy Assistance Program (EHEAP) with AAA, for the period April 1, 2017, through March 31, 2018, to revise and replace portions of the standard agreement, to provide home energy assistance to seniors; and
4. Amendment 007 to Standard Agreement No. IP015-9500 (R2015-1449) for Emergency Home Energy Assistance Program (EHEAP) with AAA, for the period April 1, 2016, through March 31, 2017, to revise, amend, and replace portions of the standard agreement and decrease overall total spending authority by \$8,784.15, to provide home energy assistance to seniors.

1. Amendments (4)
2. Budget Amendment

Approved By: Nancy L. Bolton Date 11-16-17
Assistant County Administrator

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	(61,582)				
External Revenue	62,982				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	1,400				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget: Yes X No
Does this item include the use of federal funds? Yes X No

Budget Account No.:
Fund 1006 Dept 144 Unit 1458/1459 Object 3419 Program Code/Period Var.

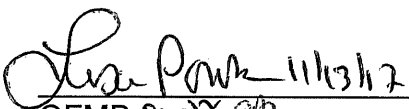
B. Recommended Sources of Funds/Summary of Fiscal Impact:
Funding source is the Federal Government and Palm Beach County. No additional County funds are required for these amendments.

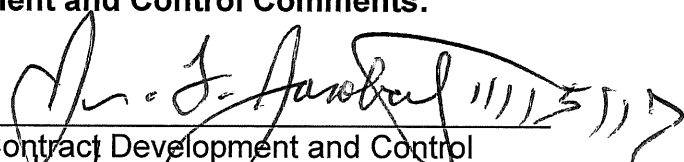
Total Funding	1458	1459	Total
<u>Funds</u>	<u>C1</u>	<u>C2</u>	<u>Funds</u>
Grant	(2,400)	15,000	12,600
Match (10%)	(267)	1,667	1,400
NSIP	(30,790)	(44,792)	(75,582)
Total	(33,457)	(28,125)	(61,582)

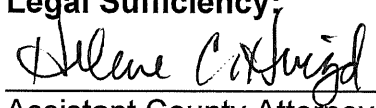
C. Departmental Fiscal Review: 
Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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


OFMB 11/13/12
11/19


Contract Development and Control
11/15/12

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

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, a political subdivision of the State of Florida, by and through its Board of County Commissioners hereinafter referred to as the "Provider", amends Agreement IU016-9500.

The purpose of this amendment is to decrease the overall total funding for the period January 1, 2017 through December 31, 2017 by \$75,582.09. Additionally, this amendment (1) amends paragraph 4 of the Standard Agreement; and (2) revises and replaces Attachment II.

STANDARD AGREEMENT:

(1) 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 the Total Agreement Amount per funding year outlined below 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.

These funds are allocated for the period October 1, 2015 – December 31, 2016.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Nutrition Services Incentive Program	2015-2016	Older Americans Act	93.053	\$251,931.27
TOTAL AGREEMENT AMOUNT:				\$251,931.27

These funds are allocated for the period January 1, 2017 through December 31, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Nutrition Services Incentive Program	2017	Older Americans Act	93.053	\$209,691.91
TOTAL AGREEMENT AMOUNT:				\$209,691.91

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2015-2016 AND 2017:	\$461,623.18
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<u>Service to be Provided Eligible</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Congregate And Home Delivered Meals (10/1/15 - 12/31/16)	1 unit = 1 meal	0.72	349,905	\$251,931.27

<u>Service to be Provided Eligible</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Congregate And Home Delivered Meals (1/1/17 - 12/31/17)	1 unit = 1 meal	0.72	291,240 *	\$209,691.91

*The .xx maximum reimbursement is the difference between the two rates using 12/31/16 YTD meals.

(2) Attachment II is revised and replaced with the following Attachment II.

ATTACHMENT II

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

PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Nutrition Services Incentive Program	2016	FGTF	93.053	\$251,931.27
PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Nutrition Services Incentive Program	2017	FGTF	93.053	\$209,691.91
TOTAL FEDERAL AWARD FOR FUNDING YEARS 2015-2016 AND 2017:				\$461,623.18

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, a political
subdivision of the State of Florida, by
and through its Board of County
Commissioners**

**AREA AGENCY ON AGING OF PALM
BEACH/TREASURE COAST, INC.**

SIGNED BY: _____
Mayor

SIGNED BY: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____
Deputy Clerk

TITLE: _____

DATE: _____

DATE: _____

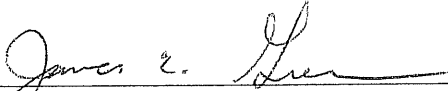
Federal Tax ID: 59-6000785 _____

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: IU016-9500

Amendment Number: 002

I, _____, Mayor _____, attest that no changes or revisions have been made to the
(Provider Representative)
content of the above referenced agreement/contract or amendment between the Area Agency on Aging
and Palm Beach County, a political subdivision of the State of Florida by and through its 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/contract content.

Signature of Provider Representative
Mayor

Date

Approved As To Form
And Legal Sufficiency

Attest:
Sharon R. Bock
Clerk and Comptroller

By: _____
Assistant County Attorney

By: _____
Deputy Clerk

A-2

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, a political subdivision of the State of Florida, by and through its Board of County Commissioners hereinafter referred to as the “Provider”, and collectively referred to as “Parties” amends Agreement IA016-9500.

The purpose of this amendment is to increase the overall total funding for the period of January 1, 2017 through December 31, 2017 by \$12,600.00. Additionally, this amendment amends Paragraph 4, of the Standard Agreement; (2) amends Attachment II, Funding Source; and (3) amends Attachment IV, Budget Summary.

(1) 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 the Total Agreement Amount per funding year outlined below or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment IV 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.

These funds are allocated for the period January 1, 2016 – December 31, 2016

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Older Americans Act Title IIIB Support Services	2016	U.S. Dept. of Health and Human Services	93.044	\$698,000.00
Older Americans Act Title IIIB Transportation	2016	U.S. Dept. of Health and Human Services	93.044	\$0.00
Older Americans Act Title IIIC1 Congregate Meals	2016	U.S. Dept. of Health and Human Services	93.045	\$468,239.00
Older Americans Act Title IIIC2 Home Delivered Meals	2016	U.S. Dept. of Health and Human Services	93.045	\$581,107.00
Older Americans Act Title IIIE Caregiver Support Services	2016	U.S. Dept. of Health and Human Services	93.052	\$119,000.00
Older Americans Act Title IIIES Caregiver Supplemental Services	2016	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	2016	U.S. Dept. of Health and Human Services	93.052	\$0.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,892,346.00

These funds are allocated for the period January 1, 2017 through December 31, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Older Americans Act Title IIIB Support Services	2017	U.S. Dept. of Health and Human Services	93.044	\$698,000.00
Older Americans Act Title IIIB Transportation	2017	U.S. Dept. of Health and Human Services	93.044	\$0.00
Older Americans Act Title IIIC1 Congregate Meals	2017	U.S. Dept. of Health and Human Services	93.045	\$465,839.00
Older Americans Act Title IIIC2 Home Delivered Meals	2017	U.S. Dept. of Health and Human Services	93.045	\$596,107.00
Older Americans Act Title IIIE Caregiver Support Services	2017	U.S. Dept. of Health and Human Services	93.052	\$119,000.00
Older Americans Act Title IIIES Caregiver Supplemental Services	2017	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	2017	U.S. Dept. of Health and Human Services	93.052	\$0.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,904,946.00

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2016 AND 2017:	\$3,797,292.00
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(2) ATTACHMENT II of the Standard Agreement, Funding Source, is hereby replaced with the following
ATTACHMENT II.

ATTACHMENT II

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

PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Program Title III	2016	U.S. Health and Human Services	93.044	\$1,892,346.00
			93.045	
			93.052	
PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Program Title III	2017	U.S. Health and Human Services	93.044	\$1,904,946.00
			93.045	
			93.052	
TOTAL FEDERAL AWARD FOR FUNDING YEARS 2016-2017, and 2017-2018:				\$3,797,292.00

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

FEDERAL FUNDS:
2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirement for Federal Awards.
OMB Circular A-133 – Audit Requirements
Reference Guide for State Expenditures

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:

STATE FINANCIAL ASSISTANCE
Section 215.97, Fla. Stat.
Chapter 69I-5, Fla. Admin. Code

(3) ATTACHMENT IV of the Standard Agreement, Budget Summary, is hereby replaced with the following ATTACHMENT IV.

ATTACHMENT IV

BUDGET SUMMARY 2016

PSA: 9

Original ____

Provider: Palm Beach County, a political subdivision of the State of Florida
by and through its Board of County Commissioners

Amendment 004

1.	IIIB Support Services	\$698,000.00
2.	IIIB Transportation	\$0.00
3.	IIIC1 Congregate Meals	\$468,239.00
4.	IIIC2 Home Delivered Meals	\$581,107.00
5.	IIIE Caregiver Support Services	\$119,000.00
6.	IIIES Caregiver Supplemental Services	\$26,000.00
7.	IIIEG Grandparent or Non-Parent Relative Support Services	\$0.00
8.	Total	\$1,892,346.00

BUDGET SUMMARY 2017

PSA: 2

Original ____

Provider: Palm Beach County, a political subdivision of the State of Florida
by and through its Board of County Commissioners

Amendment 004

1.	IIIB Support Services	\$698,000.00
2.	IIIB Transportation	\$0.00
3.	IIIC1 Congregate Meals	\$465,839.00
4.	IIIC2 Home Delivered Meals	\$596,107.00
5.	IIIE Caregiver Support Services	\$119,000.00
6.	IIIES Caregiver Supplemental Services	\$26,000.00
7.	IIIEG Grandparent or Non-Parent Relative Support Services	\$0.00
8.	Total	\$1,904,946.00

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.

**Palm Beach County, a political subdivision
of the State of Florida, by and through its
Board of County Commissioners**

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Attestation Statement

Agreement/Contract Number IA016-9500

Amendment Number 004

I, Mayor, 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 of Palm Beach/Treasure Coast, Inc. and Palm Beach County, a political subdivision of the State of Florida, by and
through its 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/contract content.

Signature of Provider Representative
Mayor

Date

Approved As To Form
And Legal Sufficiency

Attest:
Sharon R. Bock
Clerk and Comptroller

By: _____
Assistant County Attorney

By: _____
Deputy Clerk

A-3

**AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.
STANDARD AGREEMENT**

EMERGENCY HOME ENERGY ASSISTANCE PROGRAM (EHEAP)

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, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as “Provider,” and collectively referred to as the “Parties”, amends Agreement IP015-9500.

The purpose of this amendment is to (1) revise and replace ATTACHMENT IX-A.

(1) ATTACHMENT IX-A is hereby replaced with the following ATTACHMENT IX-A.

ATTACHMENT IX-A

EHEAP INVOICE

EHEAP 20XX-20XX		Provider Name		Month Invoice		
Prepared by:		Date:				
Program Code	Service Code	Current Month Request	YTD Requested	Contract Amount	Contract Balance	Percentage of Contract
Eheap XX/XX	Admin	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Eheap XX/XX	Outreach	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Eheap XX/XX	Crisis	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Eheap XX/XX	Weather Related	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
		\$0.00	\$0.00	\$0.00	\$0.00	

Number of individuals (units) served with crisis energy assistance during the report month: _____

Number of individuals ineligible or denied assistance during the report month: _____

Number of individuals served by referral to other community resources for energy assistance during the report month: _____

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 3 page Amendment, to be executed by their undersigned officials as duly authorized.

**Palm Beach County, a political subdivision
Provider: of the State of Florida by and through its
Board of County Commissioners**

**AREA AGENCY ON AGING OF PALM
BEACH/TREASURE COAST, INC.**

SIGNED
BY: _____
Mayor

SIGNED BY: _____

NAME: _____

TITLE: _____

SHARON R. BOCK, Clerk and Comptroller

BY: _____
Deputy Clerk


DATE: _____

Federal Tax ID: 59-6000785
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 Number IP015-9500

Amendment Number 006

I, _____ Mayor _____, attest that no changes or revisions have been made to
(Provider Representative)

the content of the above referenced agreement/contract or amendment between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County, a political subdivision of the State of Florida, by and through its 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/contract content.

_____ Signature of Provider Representative	_____ Date
Mayor	

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

Attest:
Sharon R. Bock
Clerk and Comptroller

By: _____
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, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as “Provider,” and collectively referred to as the “Parties”, amends Agreement IP015-9500.

The purpose of this amendment is to decrease the funding allocation for the 2016-2017 Agreement period by \$8,784.15. Additionally, this amendment (1) amends paragraph 4 of the Standard Agreement; (2) revises and replaces Attachment III, Exhibit – 1; and (3) revises and replaces Attachment VII Budget Summary.

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 \$8,240.00, subject to the availability of funds. The Agency will provide a spending authority in the amount of \$120,897.70 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, 2015 – March 31, 2016

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Emergency Home Energy Assistance Program	2015-2016	U.S. Health and Human Services	93.568	\$8,021.00
TOTAL AGREEMENT AMOUNT:				\$8,021.00

These funds are allocated for the period April 1, 2016 – March 31, 2017

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Emergency Home Energy Assistance Program	2016-2017	U.S. Health and Human Services	93.568	\$8,240.00
TOTAL AGREEMENT AMOUNT:				\$8,240.00

These funds are allocated for the period April 1, 2017 – March 31, 2018

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Emergency Home Energy Assistance Program	2017-2018	U.S. Health and Human Services	93.568	\$20,328.00
TOTAL AGREEMENT AMOUNT:				\$20,328.00

TOTAL FEDERAL AWARD FOR FUNDING YEARS 2015-2016, 2016-2017 AND 2017-2018:	\$36,589.00
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(2) Attachment III, Exhibit–1 is replaced with the following Attachment III:

ATTACHMENT III

Note: Title 2 CFR § 200.331, as revised, and section 215.97(5) Florida Statutes, require that the information about Federal programs and State projects included in Attachment III be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the Agreement budget.

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

PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Emergency Home Energy Assistance Program	2015-2016	U.S. Health and Human Services	93.568	\$8,021.00
PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Emergency Home Energy Assistance Program	2016-2017	U.S. Health and Human Services	93.568	\$8,240.00
PROGRAM TITLE	YEAR	FUNDING SOURCE	CFDA	AMOUNT
Emergency Home Energy Assistance Program	2017-2018	U.S. Health and Human Services	93.568	\$20,328.00
TOTAL FEDERAL AWARD FOR FUNDING YEARS 2015-2016, 2016-2017 AND 2017-2018:				\$36,589.00

FEDERAL FUNDS

2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. OMB Circular A-133 – Audits of States, Local Governments, and Non-Profit Organizations.

(3) Attachment VII Budget Summary is replaced with the following Attachment VII:

ATTACHMENT VII

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY

PSA: 9

Original _____
Amendment 007

PROVIDER: Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners

2015-2016 FUNDING YEAR

1.	Administration*	\$1,200.00
2.	Outreach*	\$6,821.00
3.	EHEAP Benefits (Crisis)	\$127,179.00
4.	Weather-Related/Supply-Shortage	\$0.00
5.	Total	\$135,200.00
6.	Projected minimum number of Consumers to be served (Crisis):	212
7.	Projected minimum number of Consumers to be served (Weather-Related/Supply Shortage):	0

2016-2017 FUNDING YEAR

1.	Administration*	\$1,200.00
2.	Outreach*	\$7,040.00
3.	EHEAP Benefits (Crisis)	\$120,897.70
4.	Weather-Related/Supply-Shortage**	\$0.00
5.	Total	129,137.70
6.	Projected minimum number of consumers to be served (Crisis):	216
7.	Projected minimum number of consumers to be served (Weather-Related/Supply Shortage):	0

2017-2018 FUNDING YEAR

1.	Administration*	\$1,200.00
2.	Outreach*	\$19,128.00
3.	EHEAP Benefits (Crisis)	\$117,174.00
4.	Weather-Related/Supply-Shortage**	\$0.00
5.	Total	\$137,502.00
6.	Projected minimum number of consumers to be served (Crisis):	195
7.	Projected minimum number of consumers to be served (Weather-Related/Supply Shortage):	0

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.**

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.

By signing this Agreement, the Parties agree that they have read and agree to the entire Agreement.

IN WITNESS THEREOF, the Parties hereto have caused this 7 page Agreement, to be executed by their undersigned officials as duly authorized.

Provider: Palm Beach County, a political subdivision
of the State of Florida, by and through its
Board of County Commissioners

**AREA AGENCY ON AGING OF PALM
BEACH/TREASURE COAST, INC.**

SIGNED
BY: _____
Mayor

SIGNED BY: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____
Deputy Clerk

TITLE: _____

DATE: _____

DATE: _____

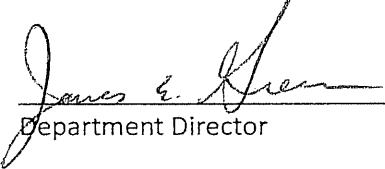
Federal Tax ID: 59-6000785

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 Number IP015-9500

Amendment Number 007

I, Paulette Burdick, Mayor, attest that no changes or revisions have been made to
(Provider Representative)

the content of the above referenced agreement/contract or amendment between the Area Agency on

Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County, a political subdivision of the State of Florida by and through its 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/contract content.

Signature of Provider Representative

Mayor

Date _____

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

Attest:
Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT**

Page 1 of 1

BGEX - 144 - 092617*1853
BGRV - 144 - 092617*515

FUND (1006) - DOSS - Administration

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 09/26/2017	REMAINING BALANCE
REVENUE								
DOSS-C1								
144 1458	3162 Physical Health & Nutrition	140,888	159,542		30,790	128,752		
144 1458	3168 Fed Grant Indirect - Human Services	432,000	669,112		2,400	666,712		
DOSS-C2								
144 1459	3162 Physical Health & Nutrition	136,912	213,675		44,792	168,883		
144 1459	3168 Fed Grant Indirect - Human Services	557,943	858,497	15,000		873,497		
Total Revenue		8,961,940	11,965,256	15,000	77,982	11,902,274		
EXPENDITURE								
DOSS-C1								
144 1458	3419 Contracted Food	456,459	604,285	0	33,190	571,095	521,970	49,125
DOSS-C2								
144 1459	3419 Contracted Food	598,507	892,131	15,000	44,792	862,339	645,361	216,978
Total Expenditures		8,961,940	11,965,256	15,000	77,982	11,902,274	1,167,331	10,734,943

Signatures

Date


By Board of County Commissioners
At Meeting on November 21, 2017

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION James Green

Administration/Budget Department Approval

OFMB Department - Posted



11/7/17

Deputy Clerk to the
Board of County Commissioners