

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	(500,000)				
External Revenue	500,000				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0.				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes No X
Does this item include the use of federal funds? Yes X No
Does this item include the use of state funds? Yes No X

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

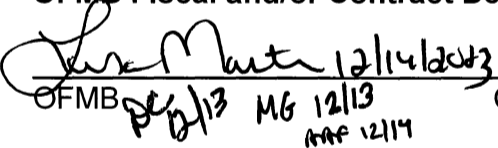

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding source is Federal and Palm Beach County. No additional County funds are needed.

DocuSigned by:

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

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:
 12/14/2023
 OFMB pe 12/13 MG 12/13
 MF 12/14
 12/15/23
 Contract Development and Control
 Ted 12/15/23

B. Legal Sufficiency:
 12-15-23
 Senior 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 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 IRP22-9500.

The purpose of this amendment is to decrease the overall total funding for the period January 1, 2022 through September 30, 2024 by \$500,000.00. Additionally, this amendment (1) amends Paragraph 4, of the Standard Agreement; (2) revises and replaces Attachment II, Exhibit 2, Funding Summary; and (3) revises and replaces Attachment IX, ARP 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 \$2,162,277.00 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.

(2) ATTACHMENT II – Exhibit 2, Funding Summary, of the Standard Agreement is hereby replaced with the following ATTACHMENT II, Exhibit 2.

**ATTACHMENT II
EXHIBIT 2 FUNDING SUMMARY**

Note: Title 2 CFR, as revised, and Section 215.97, F.S. require that the information about Federal Programs and State Projects included in Attachment II, Exhibit 1 be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the contract budget.

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

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
American Rescue Plan Administration	U.S. Health and Human Services	93.043-045 & 93.052	\$0.00
American Rescue Plan for Supportive Services under Title III-B of the Older Americans Act	U.S. Health and Human Services	93.044	\$750,974.00
American Rescue Plan for Congregate Meals under Title III-C1 of the Older Americans Act	U.S. Health and Human Services	93.045	\$725,406.00
American Rescue Plan for Home Delivered Meals under Title III-C2 of the Older Americans Act	U.S. Health and Human Services	93.045	\$555,527.00
American Rescue Plan for Family Caregivers under Title III-E of the Older Americans Act	U.S. Health and Human Services	93.052	\$130,370.00
TOTAL FEDERAL AWARD			\$2,162,277.00

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 Requirements for Federal Awards.

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

Sections 215.97 & 215.971, F.S., Chapter 69I-5, F.A.C, State Projects Compliance Supplement
Reference Guide for State Expenditures

Other fiscal requirements set forth in program laws, rules, and regulations.

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

ATTACHMENT IX

	ARP Budget Summary	Amount
1	Title IIIB Supportive Services	\$750,974.00
2	Title IIIC1 Nutrition Services	\$725,406.00
3	Title IIIC2 Nutrition Services	\$555,527.00
4	Title IIIE Caregiver Support Services	\$130,370.00
5	Total	\$2,162,277.00

AMENDMENT 004

IRP22-9500

This amendment is retroactive to December 1, 2023.

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 6 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: _____
Maria Sachs, Mayor

SIGNED BY: _____

DATE: _____

ATTEST: JOSEPH ABRUZZO, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

DATE: _____

DATE: _____

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

Approved as to form and legal sufficiency

Silene C. Hvizd DS
HCH
Senior Assistant County Attorney

Approved as to terms and conditions

Taruna Malhotra DocuSigned by:
1459E4101F1049C...
Department Director

Attestation Statement

Agreement Number IRP22-9500

Amendment Number 004

I, **Maria Sachs, Mayor** , attest that no changes or revisions have
(Provider Representative)

been made to the content of the above referenced 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 content.

Signature of Provider Representative

Date

Approve As To Form And
Legal Sufficiency
By: *Dolene Catrigan* ^{DS} _{HCH}
Senior Assistant County Attorney

Attest: Joseph Abruzzo
Clerk of the Circuit Court & Comptroller
By: _____
Deputy Clerk

24-0273

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA

BUDGET AMENDMENT

BGEX - 144 - 120423*525
BGRV - 144 - 120423*139

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 12/12/2023	REMAINING BALANCE
REVENUE								
<u>DOSS-C2</u>								
144 1459 3169	Fed Grnt Other Human Services	1,055,527	1,055,527		500,000	555,527		
Total Revenue		17,093,992	17,949,376	0	500,000	17,449,376		
EXPENDITURE								
<u>DOSS-C2</u>								
144 1459 3419	Contracted Food	1,693,901	1,693,901		500,000	1,193,901	543,608	650,293
Total Expenditures		17,093,992	17,949,376	0	500,000	17,449,376	4,067,236	13,382,140

COMMUNITY SERVICES
INITIATING DEPARTMENT/DIVISION James Green
Administration/Budget Department Approval
OFMB Department - Posted

Signatures

Date

By Board of County Commissioners
At Meeting on December 19, 2023

DocuSigned by:

Taruna Malhotra

12/12/2023

[Signature]

12/14/2023

Deputy Clerk to the
Board of County Commissioners