Texas Department of Aging and Disability Services

State of Texas Travis County NC #2013 0197 (Stem H.A.6.)

Community Services Contract Amendment

Section 1. Contractor Information

Legal Name of Entity (Contractor)	Contract No.	Contract Type
Nueces County	167600	CCAD HDM
Doing Business As (d/b/a) Name, if applicable	Amendment No.	Region No.
Nueces County Community Services	11-06	11
Address of Contractor (street, city, state, ZIP)	Waiver Contract Area	Component Code
4540 FM 892 Road, Robstown, TX 78380	Nueces County	

Section 2. Introduction

This amendment to the contract number referenced above (the "contract") is entered into by the Department of Aging and Disability Services (Department) and the legal entity (Contractor) named above (Department and Contractor, collectively, the "parties," each, a "party").

The Department represents the Health and Human Services Commission (HHSC), the Texas Medicaid agency, for any Medicaid services provided under this contract. The Department, as the representative for HHSC, administers community services programs under Title XIX, including Section 1915(c); Title XX of the Social Security Act; and Title 2, Texas Human Resources Code.

The parties agree that each marked provision below is hereby added to the contract as though it was set out word-for-word in the contract.

Section 3. Amendment Modifications

☐ The following ☐ counties ☐ local authorities are added to the contract.

	The following counties local authorities are deleted from the contract.
	Attachment A (relating to covered counties) is incorporated into the contract and represents the full listing of counties served as a result of this amendment.
	The attached Form 3691-A, Service Area Designation HCS, TxHmL, CDS and TAS, is incorporated into the contract and replaces the Contractor's previously submitted Form 3691-A.
\boxtimes	Attachment B (relating to Home Delivered Meals) is incorporated into the contract and represents the new Home Delivered Meals provisions as a result of this amendment.
	Contractor agrees to screen its employees and contractors to determine whether they have been excluded from participation in Medicare, Medicaid, the State Children's Health Insurance Program and all federal and state health care programs. The Contractor agrees to search monthly the U.S. Department of Health and Human Services Office of the Inspector General (HHS-OIG) and Health and Human Services Commission-Office of the Inspector General (HHSC-OIG) List of Excluded Individuals/Entities (LEIE) websites to capture exclusions and reinstatements that have occurred since the last search and to immediately report to the HHSC-OIG any exclusion information the contractor discovers. Exclusionary searches for prospective employees or contractors shall be performed prior to employment or contracting. The Contractor also acknowledges and agrees that no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the items or services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded.

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Section 3. Amendment Modifications (continued)

\boxtimes	Contractor agrees that in accordance with 42 CFR §455.23, the Department shall suspend all Medicaid payments to the Contractor
	upon notification by HHSC-OIG that a credible allegation of fraud under the Medicaid program is pending against the Contractor,
	unless the Department has good cause not to suspend the payments or to suspend the payments only in part.

Contractor agrees that except as provided in the paragraphs below, the Contractor must not use the Department's name, the state of Texas or refer to the Department or the state directly or indirectly in any media release, public announcement or public disclosure relating to this contract or its subject matter, including, but not limited to, in any promotional or marketing materials, customer lists or business presentations (other than those submitted to the Department, an administrative agency of the state of Texas, or a governmental agency or unit of another state or the federal government).

The Contractor may publish, at its sole expense, results of Contractor performance under this contract with the Department's prior review and approval, which the Department may exercise at its sole discretion. Any publication (written, visual or sound) will acknowledge the support received from the Department and any federal agency, as appropriate. The Contractor will provide the Department at least three copies of such publication prior to public release. The Contractor will provide additional copies at the request of the Department.

The Contractor may include information concerning this contract's terms, subject matter and estimated value in any report to a governmental body to which the Contractor is required by law to report such information.

Contractor agrees that as part of its contract with the Department, Contractor may receive or create sensitive personal information, as section 521.002 of the Business and Commerce Code defines that phrase. Contractor must use appropriate safeguards to protect this sensitive personal information. These safeguards must include maintaining the sensitive personal information in a form that is unusable, unreadable, or indecipherable to unauthorized persons. Contractor may consult the "Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals" issued by the U.S. Department of Health and Human Services to determine ways to meet this standard.

Contractor must notify the Department of any confirmed or suspected unauthorized acquisition, access, use or disclosure of sensitive personal information related to this contract, including any breach of system security, as section 521.053 of the Business and Commerce Code defines that phrase. Contractor must submit a written report to the Department as soon as possible but no later than 10 business days after discovering the unauthorized acquisition, access, use or disclosure. The written report must identify each individual whose sensitive personal information has been or is reasonably believed to have been compromised.

Contractor must either disclose the unauthorized acquisition, access, use or disclosure to each individual whose sensitive personal information has been or is reasonably believed to have been compromised or pay the expenses associated with the Department doing the disclosure if:

- Contractor experiences a breach of system security involving information owned by the Department for which disclosure or notification is required under section 521.053 of the Business and Commerce Code; or
- Contractor experiences a breach of unsecured protected health information, as 45 CFR §164.402 defines that phrase, and the Department becomes responsible for doing the notification required by 45 CFR §164.404.

The Department may, at its discretion, waive Contractor's payment of expenses associated with the Department doing the disclosure.

☐ Other

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Section 4. Effective Date

This amendment is effective October 1, 2013 to September 30, 2014.

Section 5. Terms Remain in Effect

The parties agree that all other provisions of the contract shall remain in effect and govern except to the extent modified in this amendment.

Section 6. Amendment Execution

The Department and Contractor have each caused this amendment to be signed by their respective representative.

Department of Aging and Disability Services		Nueces County	
Signature–Department Representative	924143 Date	Signature Contractor Representative	Date
Paul T. Ebrom		Samuel L. Neal, Jr.	
Name of Department Representative (Print or type)		Name of Contractor Representative (Print or type)	
Community Services Regional Director		County Judge	
Title of Department Representative (Print or type)	,	Title of Contractor Representative (Print or type)	

Community Services Contract Amendment Attachment A – Covered Counties

Type of Contract	Contract No.	Amendment No.	Region No.
CCAD HDM	167600	11-06	11
Legal Name of Contractor			•
Nueces County			
Contact Person			Area Code and Telephone No.
Edward Herrera			(361) 387-5445

The counties listed below, effective with this amendment, are covered by the contract.

These counties are on file with the DADS Home and Community Support Services licensing division for the appropriate category of licensure and are located in the DADS region specified above.

County Name	County Name	County Name
lueces		
N.		
	2	

Date Form Completed: September 3, 2013

Initials—Contractor Representative

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Community Services Contract Amendment Attachment B – Home Delivered Meals

				7			
Туре	e of Contract	Contract No.	Amendment No.	Region No.			
CCA	AD HDM	cluded in this attachment. So units of Title XX Community Care for the Aged and the proved by the approved by	11-06	11			
Lega	al Name of Contractor						
Nue	eces County						
Con	tact Person			Area Code and Telephone No.			
Edv	vard Herrera			(361) 387-5445			
Eac	h marked provision below is included in this attach	nment.					
	Contractor will provide 21,646 units of Title XX C October 1, 2013 through September 30, 2014 (but for the budget period is \$102,169. The approved Services Contract, which is incorporated into this	oudget period). The approved budget is reflected in the att	d budget for each meal is \$4.1 tached Form 2029, Information	72, and the approved budget on Worksheet, Purchase of			
	Contractor will provide Title XIX Community Base period). The Title XIX meals will be paid at the ra		ered Meals for the period leographical area covered by	through (budget the contract is , Texas.			
	Contractor will serve or deliver meals in alternated delivery terms for the period October 1, 2013 throw Meals FFY 2014 Waiver Description, which is income.	ough September 30, 2014 a	re described in the attached F				
Initia	Is-Contractor Representative						

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and Disability Services

Nueces County

9. Basis of Payment

Reimbursement

10. Estimated Amount of Co-Pay (day care and family planning only):

Information Worksheet

20130197

Form 2029

October 2002

		Purchase of Se	ervice Co	ntract		UAI	0			
Contract/Vendor Number 167600				Region 11	on Number	County Num	ber			
SECTION I — CONTRA	ACTOR DATA									
Legal Name						Contract Effective I	Date			
Nueces County				Discourse		October 1, 2007				
Commonly Used Name (if	f different)					Contract Termination	on Date			
Nueces County Communi	0.5 M. 1184 (25.0 M.) 10.0	****				Open Ended	The state of			
Address (Street, City, Sta	2005-022-023-0-4-K					Area Code and Tel	ephone Number			
4540 FM 892, Robstown,		T-w				(361) – 387-5445				
Person Authorized to Sigr	n Contract	Title			Ownership		□ n c			
Samuel L. Neal	Faralassas ID Nisrahas	County Judge		Title	□ Public	☐ Non-profit	☐ Profit			
Charter Number	Employer ID Number 174-6000585	Contract Person Edward Herrera		Title Executive Director		Area Code and Tele (361) – 387-5445	epnone Number			
CARROLLIA RICHARDO MORTERO POR CARROLLIA RECURSORIA DE CARROLLIA RECURSORIA RE	1 (2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		Displace and Displace			(301) - 307-3443				
SECTION II — SUMM	ARY OF PAYMENT (Enter	estimated information in	this section	on.)						
Effective Payment Dates	Budget Name	Budget Number	Unit R	Estimated late Number Eligible Un	Local Fun		Estimated Budget Amount			
10/01/13 - 09/30/14	Title XX	01	\$4.7		\$0	\$102,169	\$102,169			
10										
		· ·								
			E	stimated Contract To	otal \$0	\$102,169	\$102,169			
				Percent of Contr	ract \$0	100%	100%			
SECTION III — SERVI	CE				1, 100					
Program Activity Name Long Term Care Commun	nity Care for The Aged and Di	sabled	1450	NECEIVED	200000	Code 651				
Service Activity Name				CED on contr	7	Code				
Home Delivered Meals				SEP 2 3 201	Ď.	06G				
SECTION IV — CLIEN	IT DATA									
Client Categories t	to be Served (check all that ap	oply)								
☐ Current TAN	NF 🛛 Current SSI		ecipient	MAO Income E	Eligible					
	ne Eligible	☐ Without Regard to In	come	☐ Ineligible						
2. Total Number of C	lient to be Served		3. N	umber of Eligible Cli	ents to be Serve	d				
☑ Per day	☐ Per week ☐	Per month		□ Per day	☐ Per week	☐ Per month				
4. Unit of Service	5. Units o	f Service to All Clients	6. Number of Units of Service to Eligible Clients							
Meals	42,685		2	1,646						
7. Geographical Area	Served		8. G	ioals (check all that	apply)		·			

□ I

N/A

☐ Cost Reimbursement

II

⊠ III

□ Schedule

 \square V

IV

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Submission #

July 29, 2013

Department of Aging and Disability Services Uniform Rate Negotiation Workbook/Budget Federal Contract Period: 10-01-13 / 09-30-14 Common Provider

CO	m	mo	n	Pr	OV	lae
	-					

ı	1	Nutrition Providers Legal Business Name: Nueces County	
I	2	Street Address: 4540 FM 892	Ī
Ī	3	Mailing Address: 4540 FM 892	Ξ
Ì	4	City: Robstown	
Ì	5	Zip Code: 78380	_
Ì	5 6	Phone Number: 361-387-5445	
Ì	7	E-mail Address: edward.herrera@co.nueces.tx.us	
Ì	8	Contact Name: Edward Herrera	
Ì	9	Nutrition Providers website address:	_
Ì		2	_
Ì			
Ì	10	Did this Nutrition provider complete a rate setting workbook last year?	
١		If Yes what was the provider name listed on the workbook? Nueces County Community Services	
Ì			-
ı	12	Is the Provider a AAA Provider? Yes	
ı	_	If Yes, select the AAA Name: Area Agency on Aging of the Coastal Bend	
Ì		If Yes, contact name at AAA: Betty Lamb	
Ì		If Yes, is it a contract or vendor relationship? Vendor	
1		Is the Provider a DADS Community Services Provider?	
ı		If Yes, Contract Manager name at DADS Community Services: Julio Aleman	
Ì		If Yes, select the DADS Region Number: Region 11	
Ì		If Yes, enter the DADS contract number: 167600	
Ì			
i		Service Delivery Information	
		Home Delivered Meals	
	20	Does this Nutrition provider serve home delivered meals paid for by DADS or the AAA? Yes	
	_	Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for 2013?	
		Is this Nutrition provider requesting a Home Delivered Nutrition Waiver for 2014? Yes	
		Total number of home delivered meal routes for this provider:	
		Total number of meal preparation sites used by this provider:	
1		Congregate Meals	
1	25	Does this Nutrition provider serve congregate meals paid for by the AAA? Yes	
		Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2013? No	
		Is this Nutrition provider requesting a Congregate Waiver for 2014?	
		Total number of meal preparation sites used by this provider:	
		Total number of meal sites used by this provider:	

Provider Total Provider Name:	budget by c		lueces County				AAA Name	Area Agency on Ag	ning of the Coastal I	Rend			
9/17/2013 11:07 AM			deces county				Region Number:		ing of the coastal t	Bolla			
Cost Area	Total Agency Budget	Home Delivered Meal Program		Nutrition Education RLS Clients	Congregate Meal Program	Other Meal Programs (non-DADS)	Agency Budget not Applicable to Programs	Participant Assessment	Transportation	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance i
A. S. B. W. W. W. W. B. W.		Person	nel										
Salaries (Identified by Job Title)	72.040.05									36,057.00	37,859,85		
Director Assistant Director	73,916.85 39,653.06	2,410.20	483,58		7,230.60	723.06		1,831.75		25,903.39	1,070.48		
Community Services Specialist	30,467.10	1,814.80	403.30		7,230.00	1,814.80		1,001.70		10,815.08	16,022,42		
Meal Site Manager Agua Duice	32,062.34	1,903.20	391.01		7,612.80	418.70		1,484.50	3,425.76	10,828.50	5,997.87		
Meal Site Manager Banquete	31,816,36	1,903.20	387.26		5,709.60	418.70		1,484.50	3,045.12	11,311.05	7,556.93		
Meal Site Manager Bishop	31,140.52	1,903.20	379.77		7,612.80	418.70		1,446.43	3,806.40	10,244.81	5,328.41		
Meal Site Manager Driscoll	31,816.36	1,903.20	388.01		5,709.60	418.70		1,484.50	1,903.20	12,639.11	7,370.04		
Menu Planner	23,809.90	1,000,000	W.		2000			3350 -3460	III. ACTION OF	23,809.90			
Cook	26,266.69	13,649.61			9,980.36	2,636.72							
Cook Helper	22,920.33	12,452.70			8,569.60	1,898.03							
Van Driver Robstown	24,955.16	12,303.20				2,306.85			6,151.00	1,379.24	2,814.87		0.2
Van Driver Robstown	24,955.16	12,303.20				2,306.85			6,151.00	1,379.24	2,814.87		
Intermediate Clerk Activities Coordinator	22,472.10 29,755.75									29,755,75			
Custodian/Driver	24,867,11	6,021.60				1,204,32				9,097.74	8,543.45		
Temporaries (2) Van Driver/Elderly	23,200.82	13,722.80				640.90				8,837,12	0,010.10		
Temporaries (2) Cook Helpers	301.60	113.10			113.10	75.40				2,227.12			
	10000000	(Mileste			100000000000000000000000000000000000000								
Total Salaries	494,377.21	82,404.01	2,029.63	-	52,538.46	15,281.73		7,731.68	24,482.48	214,530.03	95,379.19	:*/	
ayroll Taxes & Benefits (Employer Paid)	24 504 04	4.040.00	105.71		0.454.40	646.58		400.73	2,060.21	9,049.71	3,950.84		
Federal Insurance compensation Act (FICA) Texas Unemployment Compensation Act (TUCA)	24,584.94	4,916.98	105.71		3,454.18	940.30	1	400.73	2,000.21	3,043.71	3,930.04		
Federal Unemployment Tax Act (FUTA)	1,060.14	212.12	4.55		148.94	27.88		17.28	88.83	390.23	170.31		
Workers Compensation	1,979.44	395.88	8.51		278.11	52.05		32.26	165.87	728.63	318.13		
Health Insurance	61,787.39	12.357.47	265.68		8,681,12	1,625.00		1,007.13	5,177.78	22,743.93	9,929.28		
Retirement	39,534.17	7,906.83	169.99		5,554.55	1,039.74		644.40	3,312.96	14,552.52	6,353.18		
	-				194								
	1		-										
Total Payroll Taxes & Benefits (Employer Paid)	128,946.08	25,789.28	554.44		18,116,90	3,391,25		2,101.80	10,805.65	47,465.02	20,721.74		_
ontract staff (Identify by Position)	120,340.00	20,700.20	554.44		10,110.50	0,001.20		2,101.00	10,000.00	47,400.02	20,121.14		
distribution of the state of th													
							1						
Total Contract staff otal Personnel	623.323.29	108,193,29	2,584.07	-	70,655.36	18,672,98		9.833.48	35,288.13	261,995,05	116,100,93	- S4	
otal Personnel		Professional De		-	70,000.00	10,072.90	-	5,033.40	33,200.13	201,333.03	110,100.93		
Conference (list Conference & Attendees)		Toressional De	velopment										
CB Hurricane, Director & Assitant Director	70.00	30.00			35.00	5.00							
		3000											
Total Conferences	70.00	30.00		141	35.00	5.00		*	-	-	(4)		
Dues (list Organization Name)													
	1												
Total Dues						10	14					947	
laterials (list Items)	*	-	-	-	-		-	*	-	-		*	
materials (not includ)													
š													
Total Materials			-			- 2	2		-	i i		*	
otal Professional Development	70.00	30.00			35.00	5.00			Ş.	-	-		



Provider Total	Budget by S	Service											
Provider Name:	-	1	Vueces County				AAA Name:	Area Agency on A	ging of the Coastal	Bend			
9/17/2013 11:07 AM							Region Number:	Region 11	WEST CONTRACTOR OF THE PARTY OF				160
Cost Area	Total Agency Budget	Home Delivered Meal Program		Nutrition Education RLS Clients	Congregate Meal Program	Other Meal Programs (non-DADS)	Agency Budget not Applicable to Programs	Participant Assessment	Transportation	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance not
		Meals/F	ood										
Raw Food	115,154.41	66,167.42			37,693.11	11,293.88							2
Total Raw Food	115,154,41	66,167,42	_		37,693,11	11,293.88	740						-
Purchased Meals Hot Prepared Meals Purchased from a Supplier or Central Kitchen Frozen Meals Chilled Meals	15,291.21	6,844.84			-	1,556.99					6,889.38		5
Shelf Stable Meals	2,196.60	1,208.13			658.98	329.49							
Total Purchased Meals	17,487.81	8,052.97	-		658.98	1,886.48	(4)		980		6,889.38		
Freight													3
Total Freight		-	-	+	-		-		-			-	-
Storage Cost (Food or Supply)					W		2						
Total Storage Cost	- 4		-		- 2	(4)	1.2	-	320	2		-	
Consumables (identify by type) Non-Capital Equipment (less that \$5,000 per item) Paper/plastic goods (napkins, plates, utensils, etc) Meal Delivery Consumable Supplies Pots/Pans/Cooking Utensils	10,429.50	7,432.73			1,704.11	1,292.66		la l		DX			5
Total Consumables	10,429.50	7,432.73		14	1,704,11	1,292,66	2		-		2	-	
Other (Identify Individually all items over \$100.)	w 21/152000					,,,====							.*
Total Other		(-)	10.		-	- L		5,					
otal Meals/Food	143,071.72	81,653.12	F(#2)	599	40,056.20	14,473.02	-	-			6,889,38		(m)

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Provider Total	Budget by	Service											
Provider Name:			Nueces County				AAA Name: Region Number:	Area Agency on A	ging of the Coasta	Bend			
9/17/2013 11:07 AN		V-		200		724 S 274 S		region 11				If applicable	
	Total Agency	Home Delivered	Nutrition Education -	Nutrition Education	Congregate	Other Meal Programs	Agency Budget not Applicable to	Participant		Center	Other Local	replace with title of other agency	Balance not
Cost Area	Budget	Meal Program Equipm		RLS Clients	Meal Program	(non-DADS)	Programs	Assessment	Transportation	Operations	Projects	program	budgeted
Depreciation (identify item, year purchased, cost)				_									
Total Depreciation		*	-		.*		30		-			OK.	-
Interest (Identify Item, year purchased, cost)													5
Total Interes						-	-				ш		
Leasing (identify Item, year leased)													
													*
Total Leasing Maintenance (Identify Item, year purchased, cost)	-					-	-		-	· · · · · · · · · · · · · · · · · · ·		- 2-	
waintenance (identity item, year purchased, cost)													
Total Maintenance								_					
Total Equipment			-	-	*				-			16	-
Rent		Occupancy/	Building									1	
													.00
Total Ren	1		-	-	- 2	2		-	120	¥		1.0	
Utilities			/	,									
Explanation: All meals are prepared by the Robstown Central Kitchen. Then transported to each of 5 centers. From there, they													
are home delivered to areas surrounding each center. The majority													
of the costs are allocated to Center Operations, then the balance of costs allocated by meal counts to each program. Same method is													
used for telecommunications.	74,192.42	8,385.16	/	/_	9,509.20	2,311.61				53,986.45			
Total Utilities	74,192.42	8,385.16		-	9,509.20	2,311.61	*			53,986.45			
Depreciation (identify item, year purchased, cost)													
7.118													
Total Depreciation Mortgage Interest	-	-		-		-	-	-	-			-	(*
Total Mortgage Interest	2		-	-	-			-	¥	-	14	140	14
Insurance (identify type of insurance)													
Table													(*)
Total Insurance Security			-	-	-	•	-	*	-	-	- 4		
ADT Security Koetter Fire Protection	260.16 765.00	79.45			22.90	19.56	26.01			112.24	765.00		380
Total Security	1,025.16	79.45	-	-	22.90	19.56	26.01			112.24	765.00		
Janitorial Unifirst Holding	6,622.81	569.45			305.67	89.45					5,658.24		
	507 (000/00/00/01)	1,998,000				Call Oct 20				N .	5,658.24		
Total Security Repair (Identify all items over \$100.)	6,622.81	569.45		18	305.67	89.45	•				5,558.24	,	-
A & M Electric A & R Septic Tank	2,271.24 365.00	262.34 55.75			23.45 12.90	5.45 8.45	128		RACT SER	MOES	1,980.00 287.90		
Dependable Home	3,026.53	443.47			55.69	23.49			IVED		2,503.88		120
Home Depot Jeans Restaurant	1,166.97	178.23			43.00 21.89	9.60 7.80			of N Sector		936.14 151.95		-
Jeans Restaurant Jones Refrigeration	225.31 1,991.42	43.67 874.29			135,90	33.43			0.0045		947.80		
Ken Bridges Audio	180.00	15.90 38.98			12.55 18.78	2.30 6.25		SEP 2	5 2013		149.25 158.49		*
Neff's Plumbing Pokie's Plumbing	5,095.00	693.25			267.90	117.94					4,015.91		3
Raining Favor Scott Electric	350.00 497.85	58.97 64.39			31.60 24.35	9.60 10.20					249.83 398.91		121
Tyco Integrated	554.16	76.45			13.45	13.45					450.81		2
Total Repair	15,945.98	2,805.69			661.46	247.96					12,230.87		
Taxes (Identify Type of Tax)	1,5,010.00	2,000.00			001.70	247,00							
													20
Total Taxes		44 200 75	M/I	-	40 400 00	2.000.50	- 20 04	-		E4 009 C0	10.004.11		*
Total Occupancy/Building	97,786.37	11,839.75	-	-	10,499.23	2,668.58	26.01			54,098.69	18,654.11	2	12

Provider Total	Budget by 5	Service											
Provider Name:		1	Nueces County	N.					ging of the Coastal	Bend			
9/17/2013 11:07 AN							Region Number:	Region 11					
Cost Area	Total Agency Budget	Home Delivered Meal Program		Nutrition Education RLS Clients	Congregate Meal Program	Other Meal Programs (non-DADS)	Agency Budget not Applicable to Programs	Participant Assessment	Transportation	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance no budgeted
Opput and the control of the control		Transportation	on/Travel										
Mileage Reimbursement											8.		
Total Mileage Reimbursemen	-	-		-	-	-	-	19		-		-	
Delivery													
Total Delivery		-	-	-	-	-	-	-		-	-		
Gas & Oil	18,480.38	10,390.69			1,269.55	1,100.88			1,188.43	4,530.83			
Total Gas & Oi	18,480.38	10,390.69	12	-	1,269.55	1,100.88	2	(A)	1,188.43	4,530.83			
Repairs (Identify Item & year purchased) Chevy Suburban Unit 73 / 1995 Ford Van Unit 74 / 2008		570.15 489.58			112.65 76.34	109.95 69.88			189.45 111.50	404.44 118.47			
Ford Van Unit 77 / 2006	2,695.31	1,296.75			138.98	89.15			512.35	658.08			
Ford Van Unit 78 / 2008 Ford Van Unit 79 / 2008 Ford Van Unit 80 / 2011		490.85 956.45 398.65			73.39 56.89 58.92	58,42 43,21 42,60			89.73 82.15 116.98	99.87 103.45 251.85			
Total Repair	7,871.13	4,202.43		-	517.17	413.21	-		1,102.16	1,636.16	-	- 2	
nsurance (identify type of insurance)													
Total Insurance	-				-		-		,				
Depreciation/Lease (identify item, year purchased, cost)													
Total Depreciation				-	-	-			. 2.	-			
interest													
Total Interes	-		:-:	(*)	-		-	75	-	-			
Tags & Licenses													
Total Tags & Licenses		Les:	34.0	5-6	-	+	-	*	-	-			
Total Transportation/Travel	26,351.51	14,593,12		-	1,786,72	1,514.09	-	- 2	2,290.59	6,166.99		- 4	

	Provider Total	buaget by a												
	Provider Name:		ı	Nueces County		1		AAA Name:	Area Agency on A	iging of the Coastal	Bend			
Cost Area	9/17/2013 11:07 AM	Total Agency Budget	Home Delivered Meal Program		Nutrition Education RLS Clients	Congregate Meal Program	Other Meal Programs (non-DADS)	Agency Budget not Applicable to Programs	Participant Assessment	Transportation	Center Operations	Other Local Projects	If applicable replace with title of other agency program	
Advertising			Administrative	& General					-	T T			1	
Advertising														
	Total Advertising	•			-	-		-		-				
Printing														
	Total Printing	2			-	12		-		-			740	
Copying														
	Total Copying				-	37		-	Щ	4	- 5	- 2	12/1	
Office Supplies		6,649.93	942.52			345.16	112.49			782.76	4,467.00			
	Total Office supplies	6,649.93	942.52			345.16	112.49			782.76	4,467.00		<u> </u>	
Contractual Agreements														
	Total Contractual Agreements		-	-	-	-	-	-						
Postage		7.77	1.55			1.55	1.55			1.55	1.57			
	Total Postage	7.77	1.55	-		1.55	1.55		-	1.55	1.57	- 27	-	
Telecommunications	Landlines Cell phones and pagers	11,168.89 2.394.54	1,123.08 653.55			639.78 372.30	191.69 111.55			279.22 59.86	4,394.06 1,197.28	4,541.06		
	Total Telecommunication	13,563.43		-	-	1,012.08	303.24	-		339.08	5,591.34	4,541.06		
Liability Insurance														
	Total Liability Insurance	:-	(A)	*			- 0			-		140	(a)	
Legal Fees														
	Total Legal Fees	-	-	-	-			-	-	I K	-	141	, ж	
Accounting Fees														
	Total Accounting Fees		2			=				241	321	2		
Consulting Fees														
	Total Consulting Fees		2		1			(a)	- 2	-		- E		
Other Fees (Explain)	Culligan Water	653.75	88.45			46.87	12.89			74.12	431.42			
	Total Other Fees	653.75	88.45	-		46.87	12.89			74.12	431.42			
Audit														
	Total Audit	-	-	-	-	-	-	-	-		-	-	-	
Other Misc. (Explain)						3								
	Total other Misc.	-	-		-	-		(*)		-	-		-	
Total Administrative & General		20,874.88	2,809.15	-	-	1,405.66	430.17	(*)	18	1,197.51	10,491.33	4,541.06	-	



Provider Total	Budget by	Service								
Provider Name:			Nueces County	tri			AAA Name:	Area Agency on Ag	ging of the Coastal	Bend
9/17/2013 11:07 AM							Region Number:	Region 11		
Cost Area	Total Agency Budget	Home Delivered Meal Program	Nutrition Education - AAA Clients	Nutrition Education RLS Clients	Congregate Meal Program	Other Meal Programs (non-DADS)	Agency Budget not Applicable to Programs	Participant Assessment	Transportation	Ce Open
		Tota								
Total of all Cost Areas	911,477.77		2,584.07		124,438.17	37,763.84		9,833.48	38,776.23	33
Percentage of Total Cost	100.000%	24.040%	0.284%	0.000%	13.652%	4.143%	0.003%	1.079%	4.254%	36.5
	Budgeted Me	als								
Provider Prepared Meals										
Hot Meals	73,525	41,421			25,034	7,070	Ī			
Frozen Meals							1			
Chilled Meals]			
Shelf Stable Meals							1			
Total Provider Prepared Meals	73,525	41,421			25,034	7,070	1			
Purchased Meals							1			
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	816	744			72	-				
Frozen Meals							1			
Chilled Meals										
Shelf Stable Meals	1,235	520			580	135				
Total Purchased Meals	2,051	1,264			652	135				
Total Budgeted Meals	75,576	42,685			25,686	7,205				
% of Total Meals		56%			34%	10%				
Whole Unit Rate		5.17			4.88	\$ 5.24				

If applicable

replace with title

of other agency

program

Balance not

budgeted

Center

Operations

332,752.06 36.507%

Other Local

Projects

146,185.48 16.038%

AAA Contractors/Vendors may choose to provide required Nutrition Education as a separate service and exclude costs related to Nutrition Education from the meal rate.

If the cost of Nutrition Education is to be provided as a separate service, enter an N to exclude Nutrition Education costs from the meal rate.

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Region Number: Region 11

Section 1

This section is used to compare the amounts budgeted/allocated to each program by cost area. Example: What percent of the agencies personnel cost is budgeted/allocated to home delivered meals versus congregate meals and other agency programs? The information should be used as a review tool to gain an understanding of the agencies overall budget and operations.

*	Percenta	ge of the Total Budgeted to:	Cost Area	
Cost Area	Home Delivered Meals	Congregate Meals	Other Programs	
Total Personnel	17.36%	11.34%	71.31%	
Total Professional Development	42.86%	50.00%	7.14%	
Total Raw Food	57.46%	32.73%	9.81%	
Total Purchased Meals	46.05%	3.77%	50.18%	
Total Freight	0.00%	0.00%	0.00%	
Total Storage Cost	0.00%	0.00%	0.00%	
Total Consumables	71.27%	16.34%	12.39%	
Total Other Meal/Food	0.00%	0.00%	0.00%	
Total Meals/Food	57.07%	28.00%	14.93%	
Total Equipment	0.00%	0.00%	0.00%	
Total Occupancy/Building	12.11%	10.74%	77.16%	
Total Transportation/Travel	55.38%	6.78%	37.84%	
Total Administrative & General	13.46%	6.73%	79.81%	
Total of all Cost Areas	24.04%	13.65%	62.31%	

Example of how to use this information:

Compare the percentage of total personnel budgeted to the meal programs and other programs. Based on the percentages of total cost does the percentages appear reasonable and equitably distributed between programs? If the percentages are not easily identified as equitable a further review of the salaries may be necessary. There are many reasons for variances in percentage for example the agency may use volunteers for some of the programs this may cause the overall percentages appear out of line.

REMEMBER: There are no right or wrong percentages. The reviewer through analysis of the budget and discussions with the provider must determine if the allocation is acceptable.

The reviewers notes detailing budget review, discussions with the provider, and decisions made should be included in the work file.



Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Region Number: Region 11

Section 2

This section is a summary of information to use to analyze the cost and how they are allocated between Congregate and Home Delivered Meals. The information is presented in three different ways:

• Total Cost: Amount budgeted by cost area

· Percentage of total cost: Percentage of the total of cost area for the two meal programs applied to each program

. Cost per unit: How much of the unit cost is used to pay for each cost area. \$X.XX of the cost of each meal is for XX cost area.

Below the cost area summary information is additional information showing:

· Percentage of the total budgeted meal cost applied to the home delivered and congregate meal programs

• Percentage of the total budgeted meals (home Delivered & congregate) applied to the home delivered and congregate programs.

· Whole Unit rate for each meal program

· Calculated meal rate based on information entered on the home delivered and congregate meal budget worksheets.

	Total	Cost	Percentage	of
Cost Area	Home Delivered Meals	Congregate Meals	Home Delivered Meals	Ī
Total Personnel	108,193.29	70,655.36	60.49%	T
Total Professional Development	30.00	35.00	46.15%	T
Total Raw Food	66,167.42	37,693.11	63.71%	T
Purchased Meals				T
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	6,844.84	-	100.00%	T
Frozen Meals	-	-	0.00%	T
Chilled Meals	-	-	0.00%	Ť
Shelf Stable Meals	1,208.13	658.98	64.71%	1
Total Consumables	7,432.73	1,704.11	81.35%	+
Total Other Meal/Food	-	-	0.00%	1
Total Meals/Food	81,653.12	40,056.20	67.09%	1
Total Equipment	-	-	0.00%	7
Total Occupancy/Building	11,839.75	10,499.23	53.00%	1
Total Transportation/Travel	14,593.12	1,786.72	89.09%	T
Total Administrative & General	2,809.15	1,405.66	66.65%	1
Subtotal	219,118.43	124,438.17	63.78%	T
Nutrition Education	1,613.27	970.80		
Total	220,731.70	125,408.97		
Total Budgeted Cost	219,118.43	124,438.17	343,556.60	П
Percentage of Total Budgeted Meal Cost	63.78%		100.00%	٦

Home	
Delivered	Congregate
Meals	Meals
60.49%	39.51%
46.15%	53.85%
63.71%	36.29%
100.00%	0.00%
0.00%	0.00%
0.00%	0.00%
64.71%	35.29%
81.35%	18.65%
0.00%	0.00%
67.09%	32.91%
0.00%	0.00%
53.00%	47.00%
89.09%	10.91%
66.65%	33.35%
63.78%	36.22%

68,371 100.00%

Cost p	er unit
Home Delivered Meals	Congregate Meals
2.53	2.75
0.00	0.00
1.60	1.51
9.20	-
S=.	-
52	-
2.32	1.14
0.17	0.07
100	
1.91	1.56
Tier.	~
0.28	0.41
0.34	0.07
0.07	0.05
5.13	4.84
0.04	0.04
5.17	4.88

Total Budgeted Cost	219,118.43	124,438.17
Percentage of Total Budgeted Meal Cost	63.78%	36.22%
Total Budgeted Meals	42,685	25,686
Percentage of Total Budgeted Meals	62.43%	37.57%
Whole Unit Rate (Full Cost per Meal)	5.17	4.88
Calculated Rate	4.72	4.46

9/17/2013 10:57 AM

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Region Number: Region 11

Example of how to use this information:

Review each of the cost areas based on the three different ways the information is presented. Determine if the dollar amount is reasonable for each of the cost areas. Is the percentage of the cost allocation between congregate and home delivered comparable to the percentage of total budgeted meals for each program?

Review examples:

- Occupancy/Building cost is expected to be higher for congregate than home delivered because the home delivered program should only
 be charged a share of the cost for the kitchen and delivery preparation area for the time those areas are used to prepare and disburse
 meals. The congregate program would be charged a share of the cost for the kitchen area for the time those areas are used to prepare
 meals and include the cost associated with the area used to consume meals.
- How are Personnel costs allocated between the two meal programs? Is the allocation based on the percentage of meals, percentage of total cost, or actual time spent between the two programs?
- · Review the cost per unit of raw food. Is the amount the same for both programs? If not, why are they different?
- Review the total cost per unit rates, are the rates for the programs similar? Because the program requirements are different, small
 variances are expected. If the variances cannot be explained by program differences, you need to explain in your review papers why they
 are different.

				- 24	Home D	elivered Meal Bu	udget Workshee	et	
	ne: Nueces County me: Area Agency or ber: Region 11	Aging of the	Coastal Bend	м			and the same of th	npleted Year Ap	proved Budget to Actual Year End Expense and Current roposed Budget
Most Recent Completed Budg Year	et 2012						Proposed Budge	t	Explanation of Variances
		ř		T			ř ·		Inflation Factor 2012 to 2013 1.014%
				1					Inflation Factor 2013 to 2014 1.012%
Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit	Combined Inflation Factor 1. An explanation of variance must be provided for each cost area where the expenses per General Ledger varies from the approved budget for the most recent completed year by 10% or more. 2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.
	Perso								
Salaries, PR Taxes & Benefits Contract staff, Compensation	107,193.29	103,228.26	-3,965 0	3.84%		108193.29			
Total	107,193.29	103,228.26	-3,965	3.84%	48.10%	108193.29		49.02%	
	Nutrition E								
Salaries, PR Taxes & Benefits	1,645.00	1,565.02	-80	5.11%		1613.27			
Contract staff, Compensation Materials			0	0.00%		0.00	00000000		
Conference			0	0.00%		0.00			
Total	1,645.00	1.565.02	-80	5.11%	0.74%	1613.27		0.73%	
	Professional I					10,10,20			
Conference	22.50	263.15	241	-91.45%		30,00	33.33%		1. Staff not sent to conference as planned. 2. The price of conference increased.
Dues			0	0.00%		0.00			
Materials			0	0.00%		0.00			
Total	22,50 Meals/	263.15 East	241	-91.45%	0.01%	30.00	33.33%	0.01%	
Raw Food	67,515.39	55,750.57	-11,765	21.10%		66167.42	-2.00%		Raw food price increase plus meal meals. 2. 1. Increased due to Port Aransas
Purchased Meals	7,549.29	1,665.99	-5,883	353.14%	11 11	8052.97			meals expenses, 2. Increase of home delivered clients at Port Aransas. 1. The
Freight		170.94	171	100.00%		0.00		1	cost of the freight was included in the cost of the purchesed meals. 2. Consumable
Storage			0	0.00%		0.00			supplies decreased per meals delivered.
Consumables Other	8,116.92	8,773.58	657	-7.48%		7432.73			
Total	83,181.60	66,361.08	-16,821	0.00% 25.35%	37.32%	0.00 81653,12		36.99%	
Total	Equip		-10,021	20.3076	37.3270	01000,12	-1.0470	30.9976	
Depreciation			0	0.00%		0.00	0.00%		
Interest	1 1		0	0,00%		0.00			
Leasing	1		0	0.00%		0.00			
Maintenance Total		0.00	0	0.00%	0.0004	0.00		0.000	
Total	Occupancy	0.00	U	0,00%	0.00%	0.00	0.00%	0.00%	
Rent	occupancy	n January	0	0.00%		0.00	0.00%		Security costs incurred but not budgeted in FY12. 1. Janitorial costs were
Utilities	8,507.60	8,590.27	83	-0.96%		8385,16	-1.44%		under budgeted in FY12. 1. Repair expenses were budgeted, kitchen repairs
Depreciation	7,000,000	=0800000000000000000000000000000000000	0	0.00%		0.00	0.00%		higher than anticipated in FY12.
Mortgage Interest		l 9	0	0.00%		0,00	0.00%		
Insurance			0	0.00%		0.00	0.00%		
Security Janitorial	149.85	0.00	-150 -333	-100.00%		79.45	-46.98%		
Repair	560.82 2.828.59	227.34 541.50	-333	146.69% 422.36%	1	569.45 2805.69	1.54% -0.81%		
Taxes	2,020,39	041.00	-2,267	0.00%		0.00	0.00%		
Total	12,046,86	9,359.11	-2,688	28.72%	5.41%	11839.75	-1.72%	5.36%	

					Home D	elivered Meal Bu	idget Workshee	t	
Provider Name: AAA Name Region Number	Area Agency on		Coastal Bend	ń		Review of M	lost Recent Con		proved Budget to Actual Year End Expense and Current roposed Budget
Most Recent Completed Budget Year	2012						Proposed Budge	t	Explanation of Variances
Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit	Inflation Factor 2012 to 2013 1.014% Inflation Factor 2013 to 2014 1.012% Combined Inflation Factor 2.026% 1. An explanation of variance must be provided for each cost area where the expenses per General Ledger varies from the approved budget for the most recent completed year by 10% or more. 2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.
Mileage Reimbursement Delivery Gas & Oil Repairs Insurance Depreciation/Lease Interest Tags & Licenses	13,266.69 3,534.11	11,662.38 7,380.01	0 0 -1,604 3,846 0 0 0	0.00% 0.00% 13.76% -52.11% 0.00% 0.00% 0.00%		0.00 0.00 10390.69 4202.43 0.00 0.00 0.00	0.00% -21.68% 18.91% 0.00% 0.00% 0.00% 0.00%		The meal units were reduced; however fuel costs still esculated because of price increases. Repairs costs for vehicles not as high as projected in the budget. Repairs costs for vehicles based FY13 actual costs annualized.
Total	16,800.80 Administrative	19,042.39 e & General	2,242	-11.77%	7.54%	14593.12	-13.14%	6.61%	
Advertising Printing Copying Office Supplies Contractual Agreements Postage Telecommunications Liability Insurance Legal Fees Accounting Fees Consulting Fees Other Fees (Explain) Audit Other Misc. (Explain)	962.52 10.48 887.74 109.15	0.00 0.00 1,173.04 0.00	0 0 0 -963 0 -10 285 0 0 0 -109 0 -797	0.00% 0.00% 0.00% -100.00% -100.00% -24.32% 0.00% 0.00% -100.00% -100.00% -100.00% -700.00% -700.00% -700.00%	0.88%	0.00 0.00 942.52 0.00 1.55 1776.63 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00% 0.00% -2.08% 0.00% -85.21% 100.13% 0.00% 0.00% 0.00%	1.27%	Office Supplies - Were not budgeted in FY12 but expenses incurred. 2. Office Supplies - Slight decrease anticipated based on annualized FY13 costs. 1. Telecommunication - A reduction of cell phone service charges. 1. Postage - No budget for postage in FY12 and small amount was spent. 2. Telecommunication-Based on estimated annualized costs for FY13 and also allocation percentage lower as less meals are planned. 1. Other fees - Culligan water expenses were incurred in FY12 but not budgeted.
Total of all Cost Areas	222,859.94	200,992.05	-21,867.89	10.88%	100.00%	220731.70	-0,95%	100.00%	
Total Number of Meals Whole Cost per Meal Approved Meal Rate (Title III & Title XX) Approved Meal Rate (Title XIX)	49,694 4.48 4.73 6.12	39,427 5.10 4.73 6.12							



					Hom
Provider Name: AAA Name: Region Number:	Area Agency on	Aging of the (Coastal Bend		
		9/	17/13 10:49 AN	1	
Most Recent Completed Budget Year	2012				
ē					
Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentag
Fundi	ng Source			Proposed Meals	
	S A&I AAA			9,989	
	- Title XX			21,646	
	itle XIX (CBA)				
	m Income			880	
	s - Eligible Meals Non-Eligible Meals	8		10,170	
	- Required Match	•	-	NA	
Local Funds - Cap Limit Exc		AAA & Title X	(NA NA	
Local Funds - Cap I				NA	1
Total Meals b	y Funding Source)		42,685	1
Provider Total Budge				42,685]
Variance (Provider Total Budgeted Hon Se	ne Delivered Meal ource)	s - Total Mea	s by Funding	*	
Estimated Number of Nutrit	ion Education Unit	s AAA Clients		100	ľ
Nutrition Education		ents		1,613.27	
Calculated	Cost per Unit			16.13	

Hom	e Delivered Meal Budget Worksheet
	Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current
	Proposed Budget

	Proposed Budget		Explanation of Variances		
			Inflation Factor 2012 to 2013 Inflation Factor 2013 to 2014 Combined Inflation Factor	1.014% 1.012% 2.026%	
Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit	An explanation of variance must be provided for each cost area we expenses per General Ledger varies from the approved budget for the completed year by 10% or more. An explanation of variance must be provided for each cost area whe proposed budget amount exceeds the prior year actual amount by more two year combined inflation factor.	most recen	

Calculated Rate	Revenue	
4.72	47,148	Proposed Meals * Calculated Units
4.72	102,169	Proposed Meals * Calculated Units
0.00		Proposed Meals * Calculated Units
5.17	4,550	Proposed Meals * Calculated Units
5.17	52,579	Proposed Meals * Calculated Units
5.17	-	Proposed Meals * Calculated Units
0,45	14,236	DADS A&I AAA Proposed Meals +Title XX Proposed Meals *Calculated Rate
0.00		DADS A&I AAA Proposed Meals +Title XX Proposed Meals *Calculated Rate
0.00	-	DADS Title XIX Proposed Meals *Calculated Rate
	220,681	

RECOURT CONTRACT SERVICES
RECEIVED
SEP 2 8 2013

9/17/13 11:00 AM
Provider Name: Nueces County
AAA Name: Area Agency on Aging of the Coastal Bend
Region Number: Region 11

Home Delivered Meals

BUDGET WORKSHEET CALCULATION OF THE PER MEAL UNIT RATE

Total Budgeted Expenses for Contract Year				1. \$ 220,731.70
2. Total Number of Anticipated Meals to be Provided by F	unding Source	*		
DADS A&I AAA 9,989 Title XX	21,646	Title XIX	0	
Program Income880 Other Funds Eligible Meals	10,170	Other Funds - Non-Eligible Meals	0	242,685
3. Whole Unit Rate (Line 1 divided by Line 2)				3. \$ 5.17
Reimbursement Calculation	DADS A&I AAA & Title XX		Title XIX	
4. Projected NSIP per Meal Value	0.69		N/A	
5. Rate Less NSIP per Meal Value	\$ 4.48		N/A	
6. Mandatory Local Match of 10% \$ 0.45 ** If Applicable, Match Reduction From the In-kind Match Certification form \$ -				
Required Cash Match	\$ 0.45		N/A	
7. Proposed Meal Rate (Line 3 minus Line 6)	\$ 4.72		\$ 5.17	
8. Rate Cap Applicable to Title XIX, Title XX and DADS A&I AAA Common Providers	\$ 4.95		\$ 6.12	
9. Excess of Cap Rate Reduction	\$ -		\$	
Accepted Unit Rate for Current Year	\$ 4.72	V	\$ 5.17	
** If any portion of the required match is in-kind, you must	complete an In-Ki	nd Match Certification	on form.	
By signing below, the provider acknowledges that all re requirements and all applicable federal and state laws.				RECEIVED
				SEP 2 3 2013
Nueces County Legal Name of Contracted Provider	•		muel L. Neal Jr. Typed Name of Signer	0_1 20 2010
Signature		9/18	2013 Date	_
Area Agency on Aging of the Coastal Bend			Region 11	
Name of Area Agency on Aging	-	Department of	Aging and Disability Services	
Paul T. Ebrom John P. Buckner, Executive Director		(Miles	Buckner Executiv	e Director
Printed/Typed Name of Signer		Printed/	Typed Name of Signer	
Signature	-	0	Signature	
92 420/3		9/	120/13	
Date			Date	

9/17/13 11:01 AM

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Region Number: Region 11

Home Delivered Meals BUDGET WORKSHEET CERTIFICATION

AS SIGNER OF THIS BUDGET WORKSHEET, I HEREBY CERTIFY THAT:

- I have read the note below and the instructions applicable to this budget worksheet.
- I have reviewed this budget worksheet after its preparation.
- To the best of my knowledge and belief, this budget worksheet is true, correct and complete, and was prepared in accordance with the instructions applicable to this budget worksheet.
- This budget worksheet was prepared from the books and records of the contracted provider.
- I acknowledge that all books and records related to this rate setting process are subject to audit in accordance with contract requirements and all applicable federal and state laws.

Note: The person legally responsible for the conduct of the contracted provider must sign this Budget Worksheet Certification. If a sole proprietor, the owner must sign the Budget Worksheet Certification. If a partnership, a partner must sign the Budget Worksheet Certification. If a corporation, the person authorized by the Board of Directors Resolution must sign the Budget Worksheet Certification. Misrepresentation of information contained in the budget worksheet may result in adverse action, up to and including contract termination. Furthermore, falsification of information in the budget worksheet may result in a referral for prosecution.

Nueces County	Samuel L. Neal, Jr.
Name of Contracted Provider	Printed/Typed Name of Signer
9/18/2013 Date	Signature Med
	Pane

Signer Auth	ority:
-------------	--------

Sole Proprietor

Association Officer

(check one)

Partner

Board Member

Corporate Officer

▼ Governmental Official

SEP 2 3 2013

9/17/13 11:02 AM

AAA Name: Area Agency on Aging of the Coastal Bend

Region Number: Region 11

Home Delivered Meals IN-KIND MATCH CERTIFICATION

Provider:	Nueces County			
In-kind C	ontribution(s):	\$0		
	For any iter	n identified below, you mus	t maintain support documentation	on.
	ITE	M	DATE OF RECEIPT	VALUE
		9		
			TOTAL	\$0
Note:	All contributions must r http://www.irs.gov/pub/	neet the requirements of IRS l firs-pdf/p561.pdf	Publication 561	
Examples o	of Documentation Include:			
Rent:	2. Adequate		urrent Basis (this should be review value and center participation)	ed at least every two years
Labor:			ea. For prevailing wage information racer2.com/.	n visit the Texas Workforce
	labor must be required for -kind then you cannot cour		you would not hire someone to pe	rform the labor if it
Utilities:	Copy of E Agreemen	Bill at of Amount Paid if Partial		
	Nueces County	•		L. Neal Jr.
N	ame of Contracted Providence Of Contracted Pro	3	Samo	Name of Signer

Home-Delivered Meals FFY 2014 Waiver Description

Name of Legal Entity	Director/Program N	Manager	
Nueces County	Edward Herrera		
Mailing Address	City	State	ZIP
4540 FM 892	Robstown	TX	78380
Funding Source: X Title III (Check all that apply.) AAA Name Coastal Bend	<u>⊠</u> т	itle XIX	⊠ Title XX
	er description will be in e 13 to 9/30/2014 (federal f		(4).
What areas or locations will the waiver cover?		(v	
Nueces County			
How many days per week will the provider deliver meals to an individual?	(See minimum requiremen		
For how many days per week will the provider deliver the following alternative	ate meals to an individua	/? frozen _1 o	chilled 1 shelf-stable
How will food be kept frozen or chilled, as appropriate, while being transp	orted?		3
Kept on ice in ice chest.			
How many days per week will the provider contact an individual, including (See minimum requirement in form instructions.)	g the day of meal delivery	5	
Explain how the provider will contact an individual.			
The meal delivery person must see the meal client each day when the medistributed menu received by participant.	eal is delivered. A Holida	y notice will also be	included in the
			5.
What is the estimated average number of individuals to whom the provide	er will deliver hot and alte	rnate meals each w	veek? 217
What percent is this of the total number of individuals to whom the provide	er delivers meals each w	eek? 100%	
What is the shortest distance from the meal preparation site to an individu	ual to be served under th	e waiver? 2 blocks	
1. Describe the circumstances necessitating this waiver. (See form in			
Chilled, ready-to-eat meals are part of the planned standard menu plan, s Consulting Dietician. Shelf stable meals will be served on bad weather da and also holiday meals.	served two – three times ays in accordance with the	per month. All mea ne County Emergen	als are approved by the acy Preparedness Plan
		No. of the state o	
Alternate meals delivery and individual's eligibility.		and home to recei	un the het and
 Describe how the provider will ensure alternate meals are delivered alternate meals on a scheduled delivery day. 	ed to an individual who is	s not nome to recen	ve the not and
N/A – Meals are scheduled and delivered 5 days per week. (If the cl A follow up call will be made to check on the client.)	ient is not home to recei	ve a meal, they will	not receive the meal.
P 16			
 B. Describe how the provider will ensure that a service claim is not s consumption on days DADS has determined the individual is ineli 	ubmitted for alternate me gible for services or has	eals delivered to an suspended the ind	individual for ividual's services.
Eligibility dates and Form 2067 will be checked prior to billing and if me	eals were served on inel	igible days they wil	I not be billed.
	*	REGIONAL CONTR	VED
		SEP 28	2013

Assurances

In submitting this waiver description to the Texas Department of Aging and Disability Services (DADS), Access and Intake Division, the entity requesting this waiver assures continuing compliance under the waiver with the following requirements.

- 1. If a common provider, the waivered service description is the same for all funding sources Title III, Title XIX, and Title XX.
- 2. The home-delivered meals provider has established policies and procedures to ensure:
 - An individual eligible to receive home-delivered meals is not denied services on the basis of the individual's inability to safely store and prepare a frozen or shelf-stable meal.
 - Significant changes in an individual's physical or mental condition or environment are reported in accordance with Title 40, Texas Administrative Code (TAC) §55.29 and §85.302(n)(1)(D)(iii).
 - c. The provider and every individual affected by the waiver has sanitary and safe conditions for storage, thawing and preparation of the meal (40 TAC §55.21(1), §85.302(k)(1) and §85.302(n)(1)(D)(i)).
 - d. The meal can be safely handled by an individual affected by the waiver, or by another available person if the individual is unable to do so (40 TAC §55.21(2) and §85.302(k)(2)).
 - e. All frozen meals are safely packaged and transported by the provider (40 TAC §55,23 and §85,302(I)-(m)).
 - f. Compliance with 25 TAC, Chapter 229, Subchapter K, concerning Texas Food Establishments, Texas Department of State Health Services rules, to ensure all potentially hazardous foods are: properly frozen and stored (25 TAC §229.164(I)) and (o)); prepared, stored and clearly marked using calendar dates (25 TAC §229.164(o)(6)); cooled quickly within two hours to 70 degrees Fahrenheit, and to 41 degrees Fahrenheit in an additional four hours, not to exceed a total of six hours (25 TAC §229.164(o)(4)(A) and (B)); and remain frozen until ready for the thawing or cooking process (25 TAC §229.164(o)(1)-(3)).
- 3. In the event an individual becomes ineligible for the Home-Delivered Meals Program for any reason (that is, loss of eligibility, relocation, nursing home placement, death) and the provider has requested payment for meals delivered past the date of the individual's ineligibility, the provider will reimburse the AAA or DADS for all such meals for which it has received payment.

Nueces County	Judge Samuel L. Neal
Legal Name of Provider	Printed/Typed Name - Signature Authority
Standing West	6-12-2013
Signature - Signature Authority	Date

Provider Nar	me: Nueces Cour	atv				Congregate Meal			
	me: Area Agency	on Aging of th				Review of Mo	st Recent Com	pleted Year Ap	proved Budget to Actual Year End Expense and Current Propose Budget
		- 9	9/17/13 11:02 /	M					
Most Recent Completed Budg	jet 2012						Deserved Dudge		F T W AT T
Year	2012				1		Proposed Budge	C.	Explanation of Variances
									N .
			1	T T					Inflation Factor 2012 to 2013 1.014%
				l)				10	Inflation Factor 2013 to 2014 1.0129
									Combined Inflation Factor 2.026%
									1. An explanation of variance must be provided for each cost area where the expenses pe
		23							General Ledger varies from the approved budget for the most recent completed year by 109
					1				more.
	Expense		Variance				Deventers Verlance		2. An explanation of variance must be provided for each cost area where the proposed bud
	per General	Approved	Budget	Percentage	Percentage		Percentage Variance - Prior Year Actual to	Percentage of Unit	amount exceeds the prior year actual amount by more than the two year combined inflation
Cost Area	Ledger	Budget	Expenses	of Variance	of Unit Cost	Proposed Budget	Proposed Budget	Cost	factor.
Cost Alea		onnel	Expenses	or variance	of Onit Cost	Proposed Budget	Proposed Budget	CUST	
Salaries, PR Taxes & Benefits	69,655.36	72,269.73	2,614	-3.62%		70,655.36	1.44%		Red Alert - County pays for some administrative costs, thus personnel percentage is higher
Contract staff, Compensation	Name and Property of the Party	12,200.10	0	0.00%		,0,000.00	0.00%		than average.
otal	69,655.36	72,269.73	2,614	-3.62%	55.89%	70,655.36	1.44%	56.34%	man arougo.
		Education		0.0270	53.0070	, 0,000.00	1.75.70	00.0470	
Salaries, PR Taxes & Benefits	929.48	1,010.55	81	-8.02%		970.80	4.45%		N .
Contract staff, Compensation	2072.013	c*u.c/05000000	0	0.00%		# 1 PROPERTY NAMED IN COLUMN 1	0.00%		
/laterials		ll l	0	0.00%		-	0.00%		
Conference			0	0.00%		E	0.00%		
otal	929.48		81	-8.02%	0.75%	970.80	4.45%	0.77%	
		Development							
Conference	22.50	6.00	-17	275.00%		35.00	55.56%		 Staff not sent to conference as planned. 2. The price of conference increased.
Dues			0	0.00%		390	0.00%		** **
laterials			0	0.00%			0.00%		
otal	22.50	6.00	-17	275.00%	0.02%	35.00	55.56%	0.03%	
	Meals	Food		1 4 4 6 6 4			2 2701		
law Food rurchased Meals	36,520.53	35,998.45	-522 -1,476	1.45% -100.00%		37,693.11	3.21%		1. Increase consumables cost
reight	1,476.38 107.77	0.00	-1,476	-100.00%		658.98	-55.37% -100.00%		PERMITTE VALUE OF STREET
Storage	107.77	0.00	-106	0.00%		10 ⁷²	-100.00%		
Consumables	1,689,11	2,157.19	468	-21.70%		1.704.44	0.89%		LIVE STATE
Other	1,009.11	2,137.19	0	0.00%		1,704.11	0.00%		10000011999
otal	39 793 79	38,155.64		4.29%	31.93%	40,056.20	0.66%	31.94%	
		oment	1,000	1.2070	07.0070	40,000.20	0.0070]	01.0470	
Depreciation			0	0.00%			0.00%		OLI 20 0 2010
nterest			0	0.00%		121	0.00%		
easing			0	0.00%		92	0.00%	5.1	
Naintenance			0	0.00%		157	0.00%		REGIONAL CONTRACT SERVICE
otal	-	0.00	0	0.00%	0.00%	350	0.00%	0.00%	- Complete Collins of American
	Occupano	y/Building	r						RECEIVED
ent tilities		40.410	0	0.00%	8	121	0,00%		Increased utility usage in buildings.
tilities epreciation	8,127.43	10,442.41	2,315	-22.17%		9,509.20	17.00%		
epreciation ortgage Interest			0	0.00%		(2.5)	0.00%		SEP 2.3 2013
ortgage Interest surance	4		0	0.00%			0.00%		OEF Z 0 ZUID
surance ecurity	81.70	0.00	-82	-100.00%		22.90	0.00% -71.97%		
ecunty anitorial	301.65	682.05	380	-100.00%	į.	305.67	1.33%		
epair	1,479.36	4.332.04	2.853	-65.85%	li li	661.46	-55.29%		
axes	1,479.30	4,002.04	2,055	0.00%		001.40	0.00%		
otal	9.990.14	15,456.50	5,466	-35.37%	8.02%	10,499.23	5.10%	8.37%	
	Transporta	tion/Travel		52.5770	5.52.70	10,100.20	5.1074	5,0770	
ileage Reimbursement	1		0	0.00%		(m)	0.00%		1. The meal units were reduced; however fuel costs still esculated because of price increase
elivery			0	0.00%		(4)	0.00%	1	1. Repairs costs for vehicles not as high as projected in the budget. 2. Repairs costs for
as & Oil	2,581.55	2,484.15	-97	3.92%		1,269.55	-50.82%		vehicles based FY13 actual costs annualized.
epairs	550.43	1,571.98	1,022	-64.98%		517.17	-6.04%		The second secon
surance			0	0.00%		(m)	0.00%		
epreciation/Lease	3		0	0.00%		(40	0.00%		
terest			0	0.00%		/2%	0.00%		
igs & Licenses			0	0.00%	22102-202	100	0.00%	No. 15 April 10	6
otal		4,056.13	924	-22.78%	2.51%	1,786.72	-42.95%	1.42%	
	Administrati	ve & General							T AMERICAN STATE OF THE STATE O
dvertising			0	0.00%		8.	0.00%		Office Supplies - Were not budgeted in FY12 but expenses incurred. 2. Office Supplies
inting			0	0.00%		· ·	0.00%		Slight decrease anticipated based on annualized FY13 costs. 1. Telecommunication - A
opying ffice Supplies	536.81	0.00	-537	-100.00%	1	345 16	0.00% -35.70%		reduction of cell phone service charges. 1. Postage - No budget for postage in FY12 and sn amount was spent. 2. Telecommunication - Based on estimated annualized costs for FY13
ontractual Agreements	536.81	0.00	-537	-100.00%		345.16	-35.70% 0.00%	1	amount was spent. 2. Telecommunication - Based on estimated annualized costs for FY13 and also allocation percentage lower as less meals are planned. 1. Other fees - Culligan
ontractual Agreements ostage	6.30	0.00	-6	-100.00%		1.55	-75.40%		and also allocation percentage lower as less meals are planned. 1. Other tees - Culligan water expenses were incurred in FY12 but not budgeted.
	0.30	0.00	-0	-100.00%	- 1	1.00	-75.40%	1	(water expenses were incurred in F F IZ but not budgeted.

Provider Name: AAA Name:		ty on Aging of the	Coastal Bend		
		9/	17/13 11:02 Al	M	
Most Recent Completed Budget Year	2012		-		
Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
Liability insurance Legal Fees Accounting Fees Consulting Fees Other Fees (Explain) Audit Other Misc. (Explain)	46.50	120.00	0 0 0 74 0	0.00% 0.00% 0.00% 0.00% -61.25% 0.00% 0.00%	*
Total	1,097.02	420.00	-677	161.20%	0.889
	То	tal			
Total of all Cost Areas	124,620.27	131,374.55	6,754,28	-5.14%	100.009
Total Number of Meals	22,621	25,034			
Whole Cost per Meal	5.51	5.25			
Approved Meal Rate Title III	4.79	4.79			

		Proposed Budge			
1				Explanation of Variances	
				Inflation Factor 2012 to 2013	1.014%
				Inflation Factor 2013 to 2014	1.012%
		1	1	Combined Inflation Factor	2.026%
Pro	Percentage Variance - Prior Year Actual to Proposed Budget Proposed Budget	Percentage of Unit	more. 2. An explanation of variance must be provided for each cost area where the propos amount exceeds the prior year actual amount by more than the two year combined in factor.		
	•	0.00%			
		0.00%			
- 1		0.00%			
	46.87	0.80%		1	
- 4	40.07	0.00%			
	_	0.00%			
	1,405.66	28.13%	1.12%		

Budget	
Explanation of Variances	
Inflation Factor 2012 to 2013	1.014%
Inflation Factor 2013 to 2014	1.012%
Combined Inflation Factor	2.026%
amount exceeds the prior year actual amount by more than the two year combined in factor.	

Funding Source	Proposed Meals
DADS A&I AAA - Match Required	10870
Program Income	975
Other Funds - Eligible Meals	13841
Other Funds - Non-Eligible Meals	
Local Funds - Required Match	NA
Other Sources 5	
Other Sources 6	
Total Meals by Funding Source	25686
Provider Total Budgeted Congregate Meals	25686
Variance (Provider Total Budgeted Congregate Meals - Total Meals by Funding Source)	0
Estimated Number of Nutrition Education Units AAA Clients	191
Nutrition Education Budget - AAA Clients	971
Calculated Cost per Unit	5.08

Calculated Rate	Revenue	
4.46	48480.20	Proposed Meals * Calculated Units
4.88	4758.00	Proposed Meals * Calculated Units
4.88	67544.08	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.42	4565.40	Proposed Meals * Calculated Units
4.88	0.00	Proposed Meals * Calculated Units
4.88	0.00	Proposed Meals * Calculated Units
	125347.68	Total Revenue

9/17/13 11:03 AM

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Congregate Meals

BUDGET WORKSHEET CALCULATION OF THE PER MEAL UNIT RATE

Total Budgeted Expenses for Contract Year	1. \$ 125,408.97
2. Total Number of Anticipated Meals to be Provided by Funding Source	
Other Funds DADS A&I AAA	
Other Funds - Non-Eligible Program Income 975 Meals 0 Other Sources 6 0	225,686
3. Whole Unit Rate (Line 1 divided by Line 2)	3. \$ 4.88
Reimbursement Calculation	
4. Projected NSIP per Meal Value DADS A&I AAA 0.69	
5. Rate Less NSIP per Meal Value \$ 4.19	
6. Mandatory Local Match of 10% \$ 0.42	
** If Applicable, Match Reduction From the In-kind Match Certification form \$ -	
Required Cash Match \$ 0.42	
7. Proposed Meal Rate (Line 3 minus Line 6) \$ 4.46	
** If any portion of the required match is in-kind, you must complete an In-Kind Match Certification form.	
By signing below, the provider acknowledges that all related records are subject to audit in accordance with contract requirements and all applicable federal and state laws.	
Nueces County Samuel L. Neal, Jr.	
Legal Name of Contracted Provider Printed/Typed Name of Signer	
9//820/3 Signature 9//820/3	_
Area Agency on Aging of the Coastal Bend	
Name of Area Agency on Aging	
John P. Buckner, Executive Director Printed/Typed Name of Signer	
Al Wehm Signature	
9/20/13 Date	

NECEVED

SEP 23 2013

9/17/13 11:03 AM

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Congregate Meals

BUDGET WORKSHEET CERTIFICATION

AS SIGNER OF THIS BUDGET WORKSHEET, I HEREBY CERTIFY THAT:

- I have read the note below and the instructions applicable to this budget worksheet.
- I have reviewed this budget worksheet after its preparation.
- To the best of my knowledge and belief, this budget worksheet is true, correct and complete, and was prepared in accordance with the instructions applicable to this budget worksheet.
- This budget worksheet was prepared from the books and records of the contracted provider.
- I acknowledge that all books and records related to this rate setting process are subject to audit in accordance with contract requirements and all applicable federal and state laws.

Note: The person legally responsible for the conduct of the contracted provider must sign this Budget Worksheet Certification. If a sole proprietor, the owner must sign the Budget Worksheet Certification. If a partnership, a partner must sign the Budget Worksheet Certification. If a corporation, the person authorized by the Board of Directors Resolution must sign the Budget Worksheet Certification.

Misrepresentation of information contained in the budget worksheet may result in adverse action, up to and including contract termination. Furthermore, falsification of information in the budget worksheet may result in a referral for prosecution.

N	ueces County	Samuel L. Neal, Jr.
Name o	f Contracted Provider	Printed/Typed Name of Signer
9/18/2	Date	Signature May
Signer Authority: (check one)	Sole Proprietor Partner Corporate Officer	Association Officer Board Member Governmental Official

9/17/13 11:04 AM

AAA Name: Area Agency on Aging of the Coastal Bend

Provider: Nueces County	IN-KIND MATCH CER		
Provider: Nueces County In-kind Contribution(s):	\$0	_	
For any item i	identified below, you must ma	aintain support documentatio	on.
ITEM		DATE OF RECEIPT	VALUE
	IC.		
	.02.32.35773377	TOTAL	\$0
Note: All contributions must mee http://www.irs.gov/pub/irs	et the requirements of IRS Pubs-pdf/p561.pdf	lication 561	
Examples of Documentation Include:			
2. Adequate Va	reement with Owner aluation of Property on a Curre center, based on property valu	ent Basis (this should be review the and center participation)	ed at least every two years
Labor: 1. Minimum w. 2. Documented Commission		For prevailing wage information r2.com/.	n visit the Texas Workforce
All in-kind labor must be required for the were not in-kind then you cannot count i		u would not hire someone to pe	erform the labor if it
Utilities: 1. Copy of Bill 2. Agreement of	l of Amount Paid if Partial	*	
Nueces County	2		L. Neal, Jr.
Name of Contracted Provider 9/18/2013 Date		Same 3	Name of Signer

						Trans	sportation		
	me: Nueces Cou ame: Area Agency	on Aging of		d		Review of Most	Recent Complete	d Year Approved Bu	dget to Actual Year End Expense and Current Proposed Budget
lost Recent Completed Bud	not	9/17/1:	3 11:04 AM				100 MILES NO 100		
Year	2012						Proposed Budget		Explanation of Variances
									Inflation Factor 2012 to 2013 1,014% Inflation Factor 2013 to 2014 1,012%
	Expense per General		Variance Budget				Percentage Variance -		Combined inflation Factor 2.026% 1. An explanation of variance must be provided for each cost area where the expenses per General Ledger varies from the approved budget for the most recent completed year by 10% or more. 2. An explanation of variance must be provided for each cost area where the proposed budge amount exceeds the prior year actual amount by more than the two year combined inflation
Cost Area	Ledger	Budget	minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Prior Year Actual to Proposed Budget	Percentage of Unit Cost	factor.
laries, PR Taxes & Benefits	35,218.00	sonnel 44,576.14	9,358.14	-20.99%		35288.13	0.20%		Staff positions are not fully filled.
entract staff, Compensation	35 218 00	44,576.14	9,358.14	0.00% -20.99%	83%	0.00 35288.13	0.00% 0.20%	91%	
Variable of the self collision of the self c		Education	0,000.14		0376	55250.15	0.2070	5170	
laries, PR Taxes & Benefits ntract staff, Compensation terials nference			*	0.00% 0.00% 0.00% 0.00%					
tal		0.00		0.00%	0%	0.00		0%	
nference	Professiona	I Developme	ent -	0.00%		0.00	0.00%		
ies iterials			9	0.00%		0.00	0.00%		
tal		0.00		0.00%	0%	0.00	0.00%	0%	
w Food	Mea	ls/Food		0.00%		0.00	0.00%		
rchased Meals eight orage			:	0.00% 0.00% 0.00%		0.00 0.00 0.00	0.00% 0.00% 0.00%		
nsumables			S .	0.00%		0.00	0.00%		
her tal	-	0.00		0.00%	0%	0.00	0.00%	0%	
preciation	Equ	ipment		0.00%		0.00	0,00%		
erest			-	0.00%		0.00	0.00%		
asing aintenance			-	0.00%		0.00	0.00% 0.00%		
tal	Occupan	0.00 cy/Building	-	0.00%	0%	0.00	0.00%	0%	
nt	Occupan	cyrounding	-	0.00%		0.00	0.00%		
lities preciation rtgage Interest urance			-	0.00% 0.00% 0.00% 0.00%		0.00 0.00 0.00 0.00	0.00% 0.00% 0.00% 0.00%		
curity nitorial			2	0.00%		0.00	0.00% 0.00%		
pair xes				0.00%		0.00	0.00%		
al	Transpor	0.00 ation/Travel	=	0.00%	0%	0.00	0.00%	0%	
eage Reimbursement	Hanspor	ation/riave	-	0.00%		0.00	0.00%		2. We reduced the amount of perjected transportation units from 10,000. to 8,888. 1. Repair
ivery s & Oil pairs urance	5,020.16 1,011.77	4,931.28 0.00	(88.88) (1,011.77)	0.00% 1.80% -100.00% 0.00%		0.00 1188.43 1102.16	0.00% -76.33% 8.93% 0.00%		expenditures have been allocated to reflect an accurate meal delivery cost. 2. Projecting more repairs for older models.
preciation/Lease				0.00%		0.00	0.00%		
erest gs & Licenses			-	0.00%		0.00	0.00% 0.00%		
al		4,931.28 tive & Genera	(1,100.65)	22.32%	14%	2290.59	-62.03%	6%	
vertising	Administrat	Te a Gener	-	0.00%		0.00	0.00%		Office supplies were not projected 2. Office supplies projected as previous year
nting pying ice Supplies	757.84	0.00	- (757.84)	0.00% 0.00% -100.00%		0.00 0.00 782.76	0.00% 0.00% 3.29%		expenditures. 2. Postage price increase. 1. Telecommunications actual costs increased in FY12 compared to the FY12 budget, even though a portion of the telecommunication costs was allocated to Center Operations. 2. Other Fees, Water service not previously budgeted.
ntractual Agreements stage		0.00	-	0.00%		0.00 1.55	0.00% 100.00%		
ecommunications pility Insurance pal Fees	345,00	75.56	(269.44)	356.59% 0.00% 0.00%		339.08 0.00 0.00	-1.72% 0.00% 0.00%		REGICINAL CONTRACT SERVICES
ounting Fees nsulting Fees er Fees (Explain)			4	0.00% 0.00% 0.00%		0.00 0.00 74,12	0.00% 0.00% 100.00%		RECEIVED
lit er Misc. (Explain)			7	0.00% 0.00%		0.00 0.00	0.00% 0.00%		SEP 2 3 2013

						Tran	sportation			
Provider Name: AAA Name:		on Aging of t	the Coastal Ben	d		Review of Most	Recent Complete	d Year Approved Bu	dget to Actual Year End Expense and Current Proposed Budge	
		9/17/13	3 11:04 AM							
Most Recent Completed Budget Year	2012					Proposed Budget			Explanation of Variances	
									Inflation Factor 2012 to 2013 1.014%	
	1 1								Inflation Factor 2013 to 2014 1.012% Combined Inflation Factor 2.026%	
Cost Area Total	Expense per General Ledger 1,102.84	Approved Budget 75.56	Variance Budget minus Expenses (1,027.28)	of Variance	Unit Cost	Proposed Budget	Percentage Variance – Prior Year Actual to Proposed Budget 8.58%	Percentage of Unit Cost	An explanation of variance must be provided for each cost area where the expenses General Ledger varies from the approved budget for the most recent completed year by 1 or more. An explanation of variance must be provided for each cost area where the proposed bu amount exceeds the prior year actual amount by more than the two year combined inflatio factor.	
**************************************		otal								
Total of all Cost Areas	42,352.77	49,582.98		-14.58%	1.00	38,776.23	-8.44%	100%		
Total Number One Way Trips	11,936	12,500	564.00	4.73%	1					
Whole Cost per Trip	3.55	3.97	12.82	11.79%		Budgeted Units		Budgeted Cost per Unit		
Approved One Way Trip Unit Rate						8,817.00		4.40		

Funding Source	Proposed One Way Trips
DADS A&I AAA - 10 % Match Required	5,970
DADS A&I AAA - 25 % Match Required	
DADS A&I AAA - Full Unit Rate	
Program Income	
Local Funds - Eligible Trips	2,847
Other Funds - Non-Eligible Trips	
Local Funds - Required Match 10%	NA
Local Funds - Required Match 25%	NA
Other Sources 6	
Other Sources 7	
Other Sources 8	
Total One Way Trips by Funding Source	8,817

Calculated Rate	Revenue		
3.96	23,641.20		
(#)	-		
5 + 0	*		
(Fe)	A		
4.40	12,526.80		
	-		
0.44	2,626.80		
1.10	-		
-	-		
-			
-			
Total Revenue	38,794.80		

9/17/13 11:05 AM

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Transportation

BUDGET WORKSHEET CALCULATION OF THE UNIT RATE

1.Total Budgeted Expenses fo	r Contract Year				1. \$ 3	8,776.23
2.Total Number of Anticipated DADS A&I AAA - 10 % Match Required	Units to be Provided Program 5,970 Income	0	Other Sources 6	0		
DADS A&I AAA - 25 % Match Required	Local Funds - 0 Eligible Trips	2,847	Other Sources 7		26	
DADS A&I AAA - Full Unit Rate	Other Funds - Non-Eligible 0 Trips	0	Other Sources 8	0	2	8,817
Cost per unit (Line 1 divided Reimbursement Calculation for		ate Match Red	uction		3\$	4.40
4. Mandatory Local Match of 1 ** If Applicable, Match Reduc Required Match 5.Full Unit Rate Less Required	tion From the In-kind Match	Certification f	s	0.44	4. <u>\$</u> 5. <u>\$</u>	0.44
4. Mandatory Local Match of 2 ** If Applicable, Match Reduce Required Match 5.Full Unit Rate Less Required *** Required Match *** Required Mat	tion From the In-kind Match	Certification for	orm <u>\$</u>	1.10	4. <u>\$</u> 5. <u>\$</u>	1.10
**If any portion of the required	match is in-kind, you must co	omplete an In-	Kind Match Certification	form.		
Contract Reimbursed at Full	Cost Per Unit Rate. Match	Requirement	s Will Be Met Through AAA Initial	Provision of Add	itional Units	
Sign Printed/Typed	s County ontracted Provider nature Neal, Jr. Name of Signer		John P. Buckne	ging of the Coastal a Agency on Aging Lucker gnature er, Executive Direct d Name of Signer Date	tor	

RECEIVED COMMITTEE VICES

SEP 23 2013

9/17/13 11:05 AM

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Transportation

BUDGET WORKSHEET CERTIFICATION

AS SIGNER OF THIS BUDGET WORKSHEET, I HEREBY CERTIFY THAT:

- I have read the note below and the instructions applicable to this budget worksheet.
- I have reviewed this budget worksheet after its preparation.
- To the best of my knowledge and belief, this budget worksheet is true, correct and complete, and was prepared in accordance with the instructions applicable to this budget worksheet.
- This budget worksheet was prepared from the books and records of the contracted provider.
- I acknowledge that all books and records related to this rate setting process are subject to audit in accordance with contract requirements and all applicable federal and state laws.

Note: The person legally responsible for the conduct of the contracted provider must sign this Budget Worksheet Certification. If a sole proprietor, the owner must sign the Budget Worksheet Certification. If a partnership, a partner must sign the Budget Worksheet Certification. If a corporation, the person authorized by the Board of Directors Resolution must sign the Budget Worksheet Certification.

Misrepresentation of information contained in the budget worksheet may result in adverse action, up to and including contract termination. Furthermore, falsification of information in the budget worksheet may result in a referral for prosecution.

	Nueces (County		Samuel L. Nea	al, Jr.
Nam	e of Contra	cted Provider		Printed/Typed Name	of Signer
9/1	8/20	013		Sand y'	ni Q
	Dat	te		Signature	
Signer Authority:		Sole Proprietor		Association Officer	
(check one)	님	Partner	님	Board Member	
(encen one)		Corporate Officer	✓	Governmental Official	

9/17/13 11:05 AM

AAA Name: Area Agency on Aging of the Coastal Bend

Transportation

D :1	N	IN-KIND MATCH	CERTIFICATION		
Provider:	Nueces County	-			
In-kind Contribution(s): \$0			_		
	For any ite	m identified below, you m	ust maintain support documenta	tion.	
	ITI	EM	DATE OF RECEIPT	VALUE	
4 1 1 2			TOTA	L \$0	
Note:	All contributions must http://www.irs.gov/pub of Documentation Include:	•	S Publication 561		
Rent: 1. Letter of Agreement with Owner					
	 Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation) 				
Labor: 1. Minimum wage					
	 Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at http://www.tracer2.com/. 				
	labor must be required fo-kind then you cannot cou		If you would not hire someone to	perform the labor if it	
Utilities:	 Copy of Agreeme 	Bill nt of Amount Paid if Partial			
-	Nueces County			l L. Neal, Jr.	
Name of Contracted Provider Printed/Typed Name of Signer					
9/18/2013 Janes 18/19					
	Date	RECEDEL	RECEIVED	gnature	



OCT 09 2013

LOYD NEAL County Judge, Nueces County, Texas

Commissioner Jon Weizenbaum

September 27, 2013

Certified Mail - 7012 3050 0001 3174 7058 Return Receipt Requested

Honorable Judge Samuel L. Neal, Jr. Nueces County Nueces County Community Service 4540 FM 892 Robstown, TX 78380

Re: Approval of Amendment Number 11-06 for Contract Number(s) 167600 Home Delivered Meals

Dear Judge Samuel L. Neal, Jr.:

Enclosed is an original signed contract amendment from the Department of Aging and Disability Services (DADS), along with other information regarding an amendment for the above-referenced program(s). The effective date for this amendment is October 1, 2013.

If you have any questions about your Home Delivered Meals contract in Region 11 or any questions regarding this letter, please contact Blanca Marroquin, Contract Manager at 956/316-8332.

Sincerely,

Blanca Marroquin Contract Manager

DADS Contracts Division

laura Marroquin

Enclosures