

Home-Delivered Meals  
**FFY 2014 Waiver Description**

Name of Legal Entity Nueces County	Director/Program Manager Edward Herrera		
Mailing Address 4540 FM 892	City Robstown	State TX	ZIP 78380

Funding Source:  
(Check all that apply.)

Title III  
AAA Name Coastal Bend

Title XIX

Title XX

Common provider?  
(See form instructions.)  Yes  No

This waiver description will be in effect for the period  
10/01/2013 to 9/30/2014 (federal fiscal year (FFY) 2014).

What areas or locations will the waiver cover?

Nueces County

How many days per week will the provider deliver meals to an individual? (See minimum requirement in form instructions.) 5

For how many days per week will the provider deliver the following alternate meals to an individual?     frozen 1 chilled 1 shelf-stable

How will food be kept frozen or chilled, as appropriate, while being transported?

Kept on ice in ice chest.

How many days per week will the provider contact an individual, including the day of meal delivery?  
(See minimum requirement in form instructions.) 5

Explain how the provider will contact an individual.

The meal delivery person must see the meal client each day when the meal is delivered. A Holiday notice will also be included in the distributed menu received by participant.

What is the estimated average number of individuals to whom the provider will deliver hot and alternate meals each week? 217

What percent is this of the total number of individuals to whom the provider delivers meals each week? 100%

What is the shortest distance from the meal preparation site to an individual to be served under the waiver? 2 blocks

**1. Describe the circumstances necessitating this waiver. (See form instructions for examples.)**

Chilled, ready-to-eat meals are part of the planned standard menu plan, served two – three times per month. All meals are approved by the Consulting Dietician. Shelf stable meals will be served on bad weather days in accordance with the County Emergency Preparedness Plan and also holiday meals.

**2. Alternate meals delivery and individual's eligibility.**

A. Describe how the provider will ensure alternate meals are delivered to an individual who is not home to receive the hot and alternate meals on a scheduled delivery day.

N/A – Meals are scheduled and delivered 5 days per week. (If the client is not home to receive a meal, they will not receive the meal. A follow up call will be made to check on the client.)

B. Describe how the provider will ensure that a service claim is not submitted for alternate meals delivered to an individual for consumption on days DADS has determined the individual is ineligible for services or has suspended the individual's services.

Eligibility dates and Form 2067 will be checked prior to billing and if meals were served on ineligible days they will not be billed.

**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 waived 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:
  - a. 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.
  - b. 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(l)-(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(l) 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

Legal Name of Provider

  
Signature – Signature Authority

Judge Samuel L. Neal

Printed/Typed Name – Signature Authority

6-12-2013

Date



State of Texas  
Travis County

### 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.

**Section 3. Amendment Modifications**

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.

- 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*.
  
- 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.

**Section 3. Amendment Modifications (continued)**

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:

1. 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
2. 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

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature—Contractor Representative

\_\_\_\_\_  
Date

Paul T. Ebrom

\_\_\_\_\_  
Name of Department Representative (Print or type)

Community Services Regional Director

\_\_\_\_\_  
Title of Department Representative (Print or type)

Samuel L. Neal, Jr.

\_\_\_\_\_  
Name of Contractor Representative (Print or type)

County Judge

\_\_\_\_\_  
Title of Contractor Representative (Print or type)



### Community Services Contract Amendment Attachment B – Home Delivered Meals

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

Each marked provision below is included in this attachment.

- Contractor will provide 21,646 units of Title XX Community Care for the Aged and Disabled/Home Delivered Meals for the period October 1, 2013 through September 30, 2014 (budget period). The approved budget for each meal is \$4.72, and the approved budget for the budget period is \$102,169. The approved budget is reflected in the attached *Form 2029, Information Worksheet, Purchase of Services Contract*, which is incorporated into this amendment. The geographical area covered by the contract is Nueces, Texas.
  
- Contractor will provide Title XIX Community Based Alternatives/Home Delivered Meals for the period \_\_\_\_\_ through \_\_\_\_\_ (budget period). The Title XIX meals will be paid at the rate of \$ \_\_\_\_\_ per unit. The geographical area covered by the contract is \_\_\_\_\_, Texas.
  
- Contractor will serve or deliver meals in alternate format (frozen, chilled or shelf-stable) on fewer than five days per week. The alternate delivery terms for the period October 1, 2013 through September 30, 2014 are described in the attached *Form 2027, Home Delivered Meals FFY 2014 Waiver Description*, which is incorporated into this amendment.

\_\_\_\_\_  
Initials—Contractor Representative



**Department of Aging and Disability Services**

Uniform Rate Negotiation Workbook/Budget

Federal Contract Period: 10-01-13 / 09-30-14

**Common Provider**

1	Nutrition Providers Legal Business Name: <u>Nueces County</u>
2	Street Address: <u>4540 FM 892</u>
3	Mailing Address: <u>4540 FM 892</u>
4	City: <u>Robstown</u>
5	Zip Code: <u>78380</u>
6	Phone Number: <u>361-387-5445</u>
7	E-mail Address: <u>edward.herrera@co.nueces.tx.us</u>
8	Contact Name: <u>Edward Herrera</u>
9	Nutrition Providers website address: _____

10	Did this Nutrition provider complete a rate setting workbook last year? <u>Yes</u>
11	If Yes what was the provider name listed on the workbook? <u>Nueces County Community Services</u>
12	Is the Provider a AAA Provider? <u>Yes</u>
13	If Yes, select the AAA Name: <u>Area Agency on Aging of the Coastal Bend</u>
14	If Yes, contact name at AAA: <u>Betty Lamb</u>
15	If Yes, is it a contract or vendor relationship? <u>Vendor</u>
16	Is the Provider a DADS Community Services Provider? <u>Yes</u>
17	If Yes, Contract Manager name at DADS Community Services: <u>Julio Aleman</u>
18	If Yes, select the DADS Region Number: <u>Region 11</u>
19	If Yes, enter the DADS contract number: <u>167600</u>

**Service Delivery Information**

**Home Delivered Meals**

20	Does this Nutrition provider serve home delivered meals paid for by DADS or the AAA? <u>Yes</u>
21	Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for 2013? <u>No</u>
22	Is this Nutrition provider requesting a Home Delivered Nutrition Waiver for 2014? <u>Yes</u>
23	Total number of home delivered meal routes for this provider: <u>5</u>
24	Total number of meal preparation sites used by this provider: <u>1</u>

**Congregate Meals**

25	Does this Nutrition provider serve congregate meals paid for by the AAA? <u>Yes</u>
26	Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2013? <u>No</u>
27	Is this Nutrition provider requesting a Congregate Waiver for 2014? <u>No</u>
28	Total number of meal preparation sites used by this provider: <u>1</u>
29	Total number of meal sites used by this provider: <u>5</u>

**Provider Total Budget by Service**

Provider Name: 9/4/2013 8:35 AM		Nueces County					AAA Name: Area Agency on Aging of the Coastal Bend 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	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance not budgeted
<b>Personnel</b>													
<b>Salaries (Identified by Job Title)</b>													
Director	73,916.85									36,057.00	37,859.85		-
Assistant Director	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				1,814.80				10,815.08	16,022.42		-
Meal Site Manager Agua Dulce	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		5,709.80	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		5,709.80	418.70		1,484.50	1,903.20	12,639.11	7,370.04		-
Menu Planner	23,809.90									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		-
Van Driver Robstown	24,955.16	12,303.20				2,306.85			6,151.00	1,379.24	2,814.87		-
Intermediate Clerk	22,472.10									22,472.10			-
Activities Coordinator	29,755.75									29,755.75			-
Custodian/Driver	24,867.11	6,021.60				1,204.32					8,543.45		-
Temporaries (2) Van Driver/Elderly	23,200.82	13,722.80				640.90				8,837.12			-
Temporaries (2) Cook Helpers	301.60				113.10	75.40							-
<b>Total Salaries</b>	<b>494,377.21</b>	<b>82,404.01</b>	<b>2,029.63</b>		<b>52,538.46</b>	<b>15,281.73</b>		<b>7,731.68</b>	<b>24,482.48</b>	<b>214,530.03</b>	<b>95,379.19</b>		-
<b>Payroll Taxes &amp; Benefits (Employer Paid)</b>													
Federal Insurance compensation Act (FICA)	24,584.94	4,916.98	105.71		3,454.18	646.58		400.73	2,060.21	9,049.71	3,950.84		-
Texas Unemployment Compensation Act (TUCA)													-
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	189.99		5,554.55	1,039.74		644.40	3,312.96	14,552.52	6,353.18		-
<b>Total Payroll Taxes &amp; Benefits (Employer Paid)</b>	<b>128,948.08</b>	<b>25,789.28</b>	<b>554.44</b>		<b>18,116.90</b>	<b>3,391.25</b>		<b>2,101.80</b>	<b>10,805.65</b>	<b>47,465.02</b>	<b>20,721.74</b>		-
<b>Contract staff (Identify by Position)</b>													
<b>Total Contract staff</b>													
<b>Total Personnel</b>	<b>623,323.29</b>	<b>108,193.29</b>	<b>2,584.07</b>		<b>70,655.36</b>	<b>18,672.98</b>		<b>9,833.48</b>	<b>35,288.13</b>	<b>261,995.05</b>	<b>116,100.93</b>		-
<b>Professional Development</b>													
<b>Conference (list Conference &amp; Attendees)</b>													
CB Hurricane, Director & Assitant Director	70.00	30.00			35.00	5.00							-
<b>Total Conferences</b>	<b>70.00</b>	<b>30.00</b>			<b>35.00</b>	<b>5.00</b>							-
<b>Dues (list Organization Name)</b>													
<b>Total Dues</b>													
<b>Materials (list Items)</b>													
<b>Total Materials</b>													
<b>Total Professional Development</b>	<b>70.00</b>	<b>30.00</b>			<b>35.00</b>	<b>5.00</b>							-

**Provider Total Budget by Service**

Provider Name:  
9/4/2013 8:35 AM

Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend  
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	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance not budgeted
<b>Raw Food</b>													
	115,154.41	66,167.42			37,693.11	11,293.88							-
<b>Total Raw Food</b>	115,154.41	66,167.42	-	-	37,693.11	11,293.88	-	-	-	-	-	-	-
<b>Purchased Meals</b>													
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	15,291.21	6,844.84			-	1,556.99					6,889.38		-
Frozen Meals													-
Chilled Meals													-
Shelf Stable Meals	2,196.60	1,208.13			658.98	329.49							-
<b>Total Purchased Meals</b>	17,487.81	8,052.97	-	-	658.98	1,886.48	-	-	-	-	6,889.38	-	-
<b>Freight</b>													
<b>Total Freight</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Storage Cost (Food or Supply)</b>													
<b>Total Storage Cost</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Consumables (Identify by type)</b>													
Non-Capital Equipment (less that \$5,000 per item)													
Paper/plastic goods (napkins, plates, utensils, etc)	10,429.50	7,432.73			1,704.11	1,292.66							-
Meal Delivery Consumable Supplies													-
Pots/Pans/Cooking Utensils													-
<b>Total Consumables</b>	10,429.50	7,432.73	-	-	1,704.11	1,292.66	-	-	-	-	-	-	-
<b>Other (Identify Individually all items over \$100.)</b>													
<b>Total Other</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Meals/Food</b>	143,071.72	81,653.12	-	-	40,056.20	14,473.02	-	-	-	-	6,889.38	-	-

**Provider Total Budget by Service**

Provider Name:  
9/4/2013 8:35 AM

Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

Region Number: Region 11

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<b>Equipment</b>													
Depreciation (Identify item, year purchased, cost)													
Total Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest (Identify Item, year purchased, cost)													
Total Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
Leasing (Identify Item, year leased)													
Total Leasing	-	-	-	-	-	-	-	-	-	-	-	-	-
Maintenance (Identify Item, year purchased, cost)													
Total Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Equipment</b>													
<b>Occupancy/Building</b>													
Rent													
Total Rent	-	-	-	-	-	-	-	-	-	-	-	-	-
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)													
Total Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-
Mortgage Interest													
Total Mortgage Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
Insurance (Identify type of insurance)													
Total Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Security													
ADT Security	260.16	79.45			22.90	19.56	26.01			112.24			-
Koetter Fire Protection	765.00										765.00		-
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		-
Total Security	6,622.81	569.45	-	-	305.67	89.45	-	-	-	-	5,658.24	-	-
Repair (Identify all items over \$100.)													
A & M Electric	2,271.24	262.34			23.45	5.45					1,980.00		-

**Provider Total Budget by Service**

Provider Name:  
9/4/2013 8:35 AM

Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

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	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance not budgeted
A & R Septic Tank	365.00	55.75			12.60	8.45					287.90		-
Dependable Home	3,026.53	443.47			55.69	23.49					2,503.88		-
Home Depot	1,166.97	178.23			43.00	9.60					936.14		-
Jeans Restaurant	225.31	43.67			21.89	7.80					151.95		-
Jones Refrigeration	1,991.42	874.29			135.90	33.43					947.80		-
Ken Bridges Audio	180.00	15.90			12.55	2.30					149.25		-
Neff's Plumbing	222.50	38.98			18.78	6.25					158.49		-
Pokle's Plumbing	5,095.00	693.25			267.90	117.94					4,015.91		-
Raining Favor	350.00	58.97			31.60	9.60					249.83		-
Scott Electric	497.85	64.39			24.35	10.20					398.91		-
Tyco Integrated	554.16	76.45			13.45	13.45					450.81		-
<b>Total Repair</b>	<b>15,945.98</b>	<b>2,805.69</b>	-	-	<b>661.46</b>	<b>247.96</b>	-	-	-	-	<b>12,230.87</b>		-
<b>Taxes (Identify Type of Tax)</b>													-
<b>Total Taxes</b>	-	-	-	-	-	-	-	-	-	-	-		-
<b>Total Occupancy/Building</b>	<b>97,786.37</b>	<b>11,839.75</b>	-	-	<b>10,499.23</b>	<b>2,668.58</b>	<b>26.01</b>	-	-	<b>54,098.69</b>	<b>18,654.11</b>		-

**Provider Total Budget by Service**

Provider Name:  
9/4/2013 8:35 AM

Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

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	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance not budgeted
Mileage Reimbursement			Transportation/Travel										
Total Mileage Reimbursement	-	-	-	-	-	-	-	-	-	-	-	-	-
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 & Oil	18,480.38	10,390.69	-	-	1,269.55	1,100.88	-	-	1,188.43	4,530.83	-	-	-
Repairs (Identify Item & year purchased)													
Chevy Suburban Unit 73 / 1995	1,386.64	570.15			112.65	109.95			189.45	404.44			
Ford Van Unit 74 / 2005	865.77	489.58			76.34	69.88			111.50	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	812.26	490.85			73.39	58.42			89.73	99.87			
Ford Van Unit 79 / 2009	1,242.15	956.45			56.89	43.21			82.15	103.45			
Ford Van Unit 80 / 2011	669.00	398.65			58.92	42.60			116.98	251.85			
Total Repair	7,871.13	4,202.43	-	-	517.17	413.21	-	-	1,102.16	1,636.16	-	-	-
Insurance (Identify type of insurance)													
Total Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation/Lease (Identify item, year purchased, cost)													
Total Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest													
Total Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
Tags & Licenses													
Total Tags & Licenses	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Transportation/Travel</b>	<b>26,351.51</b>	<b>14,593.12</b>	<b>-</b>	<b>-</b>	<b>1,786.72</b>	<b>1,514.09</b>	<b>-</b>	<b>-</b>	<b>2,290.59</b>	<b>6,166.99</b>	<b>-</b>	<b>-</b>	<b>-</b>



**Provider Total Budget by Service**

Provider Name:  
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Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

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	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance not budgeted
Total other Misc.	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Administrative &amp; General</b>	<b>20,874.88</b>	<b>2,809.15</b>	-	-	<b>1,405.66</b>	<b>430.17</b>	-	-	<b>1,197.51</b>	<b>10,491.33</b>	<b>4,541.06</b>	-	-



**Provider Total Budget by Service**

Provider Name:  
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Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend  
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	Center Operations	Other Local Projects	If applicable replace with title of other agency program	Balance not budgeted
<b>Total</b>													
Total of all Cost Areas	911,477.77	219,118.43	2,584.07	-	124,438.17	37,763.84	28.01	9,833.48	38,776.23	332,752.06	146,185.48	-	-
Percentage of Total Cost	100.000%	24.040%	0.284%	0.000%	13.652%	4.143%	0.003%	1.079%	4.254%	36.507%	16.038%	0.000%	-
<b>Budgeted Meals</b>													
<b>Provider Prepared Meals</b>													
Hot Meals	73,525	41,421			25,034	7,070							
Frozen Meals													
Chilled Meals													
Shelf Stable Meals													
<b>Total Provider Prepared Meals</b>	<b>73,525</b>	<b>41,421</b>			<b>25,034</b>	<b>7,070</b>							
<b>Purchased Meals</b>													
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	816	744			72								
Frozen Meals													
Chilled Meals													
Shelf Stable Meals	1,235	520			580	135							
<b>Total Purchased Meals</b>	<b>2,051</b>	<b>1,264</b>			<b>652</b>	<b>135</b>							
<b>Total Budgeted Meals</b>	<b>75,576</b>	<b>42,685</b>			<b>25,686</b>	<b>7,205</b>							
% of Total Meals		56%			34%	10%							
Whole Unit Rate		5.17			4.88	\$ 5.24							

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.

Cost Area	Percentage of the Total Cost Area Budgeted to:		
	Home Delivered Meals	Congregate Meals	Other Programs
<b>Total Personnel</b>	17.36%	11.34%	71.31%
<b>Total Professional Development</b>	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%
<b>Total Meals/Food</b>	57.07%	28.00%	14.93%
<b>Total Equipment</b>	0.00%	0.00%	0.00%
<b>Total Occupancy/Building</b>	12.11%	10.74%	77.16%
<b>Total Transportation/Travel</b>	55.38%	6.78%	37.84%
<b>Total Administrative &amp; General</b>	13.46%	6.73%	79.81%
<b>Total of all Cost Areas</b>	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.

Cost Area	Total Cost		Percentage of Total Cost		Cost per unit	
	Home Delivered Meals	Congregate Meals	Home Delivered Meals	Congregate Meals	Home Delivered Meals	Congregate Meals
<b>Total Personnel</b>	108,193.29	70,655.36	60.49%	39.51%	2.53	2.75
<b>Total Professional Development</b>	30.00	35.00	46.15%	53.85%	0.00	0.00
Total Raw Food	66,167.42	37,693.11	63.71%	36.29%	1.60	1.51
<b>Purchased Meals</b>						
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	6,844.84	-	100.00%	0.00%	9.20	-
Frozen Meals	-	-	0.00%	0.00%	-	-
Chilled Meals	-	-	0.00%	0.00%	-	-
Shelf Stable Meals	1,208.13	658.98	64.71%	35.29%	2.32	1.14
Total Consumables	7,432.73	1,704.11	81.35%	18.65%	0.17	0.07
Total Other Meal/Food	-	-	0.00%	0.00%	-	-
<b>Total Meals/Food</b>	<b>81,653.12</b>	<b>40,056.20</b>	<b>67.09%</b>	<b>32.91%</b>	<b>1.91</b>	<b>1.56</b>
<b>Total Equipment</b>	-	-	0.00%	0.00%	-	-
<b>Total Occupancy/Building</b>	<b>11,839.75</b>	<b>10,499.23</b>	<b>53.00%</b>	<b>47.00%</b>	<b>0.28</b>	<b>0.41</b>
<b>Total Transportation/Travel</b>	<b>14,593.12</b>	<b>1,786.72</b>	<b>89.09%</b>	<b>10.91%</b>	<b>0.34</b>	<b>0.07</b>
<b>Total Administrative &amp; General</b>	<b>2,809.15</b>	<b>1,405.66</b>	<b>66.65%</b>	<b>33.35%</b>	<b>0.07</b>	<b>0.05</b>
<b>Subtotal</b>	<b>219,118.43</b>	<b>124,438.17</b>	<b>63.78%</b>	<b>36.22%</b>	<b>5.13</b>	<b>4.84</b>
Nutrition Education	1,613.27	970.80			0.04	0.04
<b>Total</b>	<b>220,731.70</b>	<b>125,408.97</b>			<b>5.17</b>	<b>4.88</b>

  

<b>Total Budgeted Cost</b>	219,118.43	124,438.17	343,556.60
<b>Percentage of Total Budgeted Meal Cost</b>	63.78%	36.22%	100.00%

  

<b>Total Budgeted Meals</b>	42,685	25,686	68,371
<b>Percentage of Total Budgeted Meals</b>	62.43%	37.57%	100.00%

  

<b>Whole Unit Rate (Full Cost per Meal)</b>	5.17	4.88
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<b>Calculated Rate</b>	4.72	4.46
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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.

**Home Delivered Meal Budget Worksheet**

Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11

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**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

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
<b>Personnel</b>					
Salaries, PR Taxes & Benefits	107,193.29	103,228.26	-3,965	3.84%	
Contract staff, Compensation			0	0.00%	
<b>Total</b>	<b>107,193.29</b>	<b>103,228.26</b>	<b>-3,965</b>	<b>3.84%</b>	<b>48.10%</b>
<b>Nutrition Education</b>					
Salaries, PR Taxes & Benefits	1,645.00	1,565.02	-80	5.11%	
Contract staff, Compensation			0	0.00%	
Materials			0	0.00%	
Conference			0	0.00%	
<b>Total</b>	<b>1,645.00</b>	<b>1,565.02</b>	<b>-80</b>	<b>5.11%</b>	<b>0.74%</b>
<b>Professional Development</b>					
Conference	22.50	263.15	241	-91.45%	
Dues			0	0.00%	
Materials			0	0.00%	
<b>Total</b>	<b>22.50</b>	<b>263.15</b>	<b>241</b>	<b>-91.45%</b>	<b>0.01%</b>
<b>Meals/Food</b>					
Raw Food	67,515.39	55,750.57	-11,765	21.10%	
Purchased Meals	7,549.29	1,665.99	-5,883	353.14%	
Freight		170.94	171	100.00%	
Storage			0	0.00%	
Consumables	8,116.92	8,773.58	657	-7.48%	
Other			0	0.00%	
<b>Total</b>	<b>83,181.60</b>	<b>66,361.08</b>	<b>-16,821</b>	<b>25.35%</b>	<b>37.32%</b>
<b>Equipment</b>					
Depreciation			0	0.00%	
Interest			0	0.00%	
Leasing			0	0.00%	
Maintenance			0	0.00%	
<b>Total</b>	<b>-</b>	<b>0.00</b>	<b>0</b>	<b>0.00%</b>	<b>0.00%</b>
<b>Occupancy/Building</b>					
Rent			0	0.00%	
Utilities	8,507.60	8,590.27	83	-0.96%	
Depreciation			0	0.00%	
Mortgage Interest			0	0.00%	
Insurance			0	0.00%	
Security	149.85	0.00	-150	-100.00%	
Janitorial	560.82	227.34	-333	146.69%	
Repair	2,828.59	541.50	-2,287	422.36%	
Taxes			0	0.00%	
<b>Total</b>	<b>12,046.86</b>	<b>9,359.11</b>	<b>-2,688</b>	<b>28.72%</b>	<b>5.41%</b>

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
108193.29	0.93%	
0.00	0.00%	
<b>108193.29</b>	<b>0.93%</b>	<b>49.02%</b>
1613.27	-1.93%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
<b>1613.27</b>	<b>-1.93%</b>	<b>0.73%</b>
30.00	33.33%	
0.00	0.00%	
0.00	0.00%	
<b>30.00</b>	<b>33.33%</b>	<b>0.01%</b>
66167.42	-2.00%	
8052.97	6.67%	
0.00	0.00%	
0.00	0.00%	
7432.73	-8.43%	
0.00	0.00%	
<b>81653.12</b>	<b>-1.84%</b>	<b>36.99%</b>
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
<b>0.00</b>	<b>0.00%</b>	<b>0.00%</b>
0.00	0.00%	
8385.16	-1.44%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
79.45	-46.98%	
569.45	1.54%	
2805.69	-0.81%	
0.00	0.00%	
<b>11839.75</b>	<b>-1.72%</b>	<b>5.36%</b>

Explanation of Variances
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.
1. Staff not sent to conference as planned. 2. The price of conference increased.
1. Raw food price increase plus meal meals. 2. 1. Increased due to Port Aransas meals expenses. 2. Increase of home delivered clients at Port Aransas. 1. The cost of the freight was included in the cost of the purchased meals. 2. Consumable supplies decreased per meals delivered.
1. Security costs incurred but not budgeted in FY12. 1. Janitorial costs were under budgeted in FY12. 1. Repair expenses were budgeted, kitchen repairs higher than anticipated in FY12.

**Home Delivered Meal Budget Worksheet**

Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11

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**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

**Most Recent Completed Budget Year 2012**

**Proposed Budget**

**Explanation of Variances**

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<b>Transportation/Travel</b>					
Mileage Reimbursement			0	0.00%	
Delivery			0	0.00%	
Gas & Oil	13,266.69	11,662.38	-1,604	13.76%	
Repairs	3,534.11	7,380.01	3,846	-52.11%	
Insurance			0	0.00%	
Depreciation/Lease			0	0.00%	
Interest			0	0.00%	
Tags & Licenses			0	0.00%	
<b>Total</b>	<b>16,800.80</b>	<b>19,042.39</b>	<b>2,242</b>	<b>-11.77%</b>	<b>7.54%</b>
<b>Administrative &amp; General</b>					
Advertising			0	0.00%	
Printing			0	0.00%	
Copying			0	0.00%	
Office Supplies	962.52	0.00	-963	-100.00%	
Contractual Agreements			0	0.00%	
Postage	10.48	0.00	-10	-100.00%	
Telecommunications	887.74	1,173.04	285	-24.32%	
Liability Insurance			0	0.00%	
Legal Fees			0	0.00%	
Accounting Fees			0	0.00%	
Consulting Fees			0	0.00%	
Other Fees (Explain)	109.15	0.00	-109	-100.00%	
Audit			0	0.00%	
Other Misc. (Explain)			0	0.00%	
<b>Total</b>	<b>1,969.89</b>	<b>1,173.04</b>	<b>-797</b>	<b>67.93%</b>	<b>0.88%</b>
<b>Total</b>					
Total of all Cost Areas	222,859.94	200,992.05	-21,867.89	10.88%	100.00%
Total Number of Meals	49,694	39,427			
Whole Cost per Meal	4.48	5.10			
Approved Meal Rate (Title III & Title XX)	4.73	4.73			
Approved Meal Rate (Title XIX)	6.12	6.12			

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
0.00	0.00%	
0.00	0.00%	
10390.69	-21.68%	
4202.43	18.91%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
14593.12	-13.14%	6.61%
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
942.52	-2.08%	
0.00	0.00%	
1.55	-85.21%	
1776.63	100.13%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
88.45	-18.96%	
0.00	0.00%	
0.00	0.00%	
2809.15	42.60%	1.27%
220731.70	-0.95%	100.00%

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.

1. The meal units were reduced; however fuel costs still escalated because of price increases. 1. Repairs costs for vehicles not as high as projected in the budget. 2. Repairs costs for vehicles based FY13 actual costs annualized.

1. 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.

**Home Delivered Meal Budget Worksheet**

Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11

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**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

**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
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Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
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**Explanation of Variances**

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.

Funding Source	Proposed Meals
DADS A&I AAA	9,989
DADS - Title XX	21,646
DADS - Title XIX (CBA)	
Program Income	880
Other Funds - Eligible Meals	10,170
Other Funds - Non-Eligible Meals	
Local Funds - Required Match	NA
Local Funds - Cap Limit Exceeded DADS A&I-AAA & Title XX	NA
Local Funds - Cap Limit Exceeded Title XIX	NA
<b>Total Meals by Funding Source</b>	<b>42,685</b>
<b>Provider Total Budgeted Home Delivered Meals</b>	<b>42,685</b>
<b>Variance (Provider Total Budgeted Home Delivered Meals - Total Meals by Funding Source)</b>	<b>-</b>
Estimated Number of Nutrition Education Units AAA Clients	100
Nutrition Education Budget - AAA Clients	1,613.27
Calculated Cost per Unit	16.13

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	

9/4/13 8:35 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**

1. Total Budgeted Expenses for Contract Year 1. \$ 220,731.70

2. Total Number of Anticipated Meals to be Provided by Funding Source

DADS A&I AAA <u>9,989</u>	Title XX <u>21,646</u>	Title XIX <u>0</u>	
Program Income <u>880</u>	Other Funds Eligible Meals <u>10,170</u>	Other Funds - Non-Eligible Meals <u>0</u>	2. <u>42,685</u>

3. Whole Unit Rate (Line 1 divided by Line 2) 3. \$ 5.17

**Reimbursement Calculation**

4. Projected NSIP per Meal Value	DADS A&I AAA & Title XX <u>0.69</u>	Title XIX <u>N/A</u>	
5. Rate Less NSIP per Meal Value	\$ <u>4.48</u>	<u>N/A</u>	
6. Mandatory Local Match of 10% ** If Applicable, Match Reduction From the In-kind Match Certification form	\$ <u>0.45</u> <u>-</u>		
Required Cash Match	\$ <u>0.45</u>	<u>N/A</u>	
7. Proposed Meal Rate (Line 3 minus Line 6)	\$ <u>4.72</u>	\$ <u>5.17</u>	
8. Rate Cap Applicable to Title XIX, Title XX and DADS A&I AAA Common Providers	\$ <u>4.95</u>	\$ <u>6.12</u>	
9. Excess of Cap Rate Reduction	\$ <u>-</u>	\$ <u>-</u>	
Accepted Unit Rate for Current Year	\$ <u>4.72</u>	\$ <u>5.17</u>	

\*\* 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  
 Legal Name of Contracted Provider

Samuel L. Neal Jr.  
 Printed/Typed Name of Signer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Area Agency on Aging of the Coastal Bend  
 Name of Area Agency on Aging

Region 11  
 Department of Aging and Disability Services

John P. Buckner, Executive Director  
 Printed/Typed Name of Signer

Paul T. Ebrom  
 Printed/Typed Name of Signer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date



**Calculation of In-Kind Value**

1. Required Match Rate	0.45
2. TDoA units + DHS units	<u>31,635</u>
3. Required Match Rate (1) Multiplied by the anticipated number of TDoA units (2)	<u>14,236</u>
4. Total Valuation from the In-Kind Certification	-
5. Balance of Required Match (3-4)	<u>14,236</u>
6. TDoA units + DHS units	<u>31,635</u>
7. Balance of Required Match (5) Divided by TDoA units (6)	0.45
8. Required Match Rate	<u>0.45</u>
9. Reduced Required Match If (8) is equal to or less than 0 this will equal (8) or else (8-7)	-

21646

9/4/13 8:35 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  
Name of Contracted Provider

Samuel L. Neal, Jr.  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Signer Authority:  
(check one)

- Sole Proprietor
- Partner
- Corporate Officer

- Association Officer
- Board Member
- Governmental Official

9/4/13 8:35 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 Contribution(s): \$0

**For any item identified below, you must maintain support documentation.**

ITEM	DATE OF RECEIPT	VALUE
	<b>TOTAL</b>	<b>\$0</b>

Note: All contributions must meet the requirements of IRS Publication 561  
<http://www.irs.gov/pub/irs-pdf/p561.pdf>

Examples of Documentation Include:

- Rent:
1. Letter of Agreement with Owner
  2. 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
  2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <http://www.tracer2.com/>.

All in-kind labor must be required for the service to be provided. If you would not hire someone to perform the labor if it were not in-kind then you cannot count it.

- Utilities:
1. Copy of Bill
  2. Agreement of Amount Paid if Partial

Nueces County  
**Name of Contracted Provider**

Samuel L. Neal Jr.  
**Printed/Typed Name of Signer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

Department of Aging and Disability Services

Congregate Meals - Request for Waiver

Federal Contract Period: 10-01-13 / 09-30-14

Provider Must be a AAA Congregate Nutrition Provider

Nutrition Providers Legal Business Name:
Street Address:
Mailing Address:
City:
Zip Code:
Contact Name:

AAA Provider:

AAA Contact Name:

1 Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2013?:

Waiver to Serve Congregate Meals less than five (5) days per week

2 Number of meal sites included in this waiver:

3 Percentage of total meal sites included in this waiver: 0%

4 The circumstances necessitating this waiver request: (select "Yes" for all that apply)

- Rural area where 5 days a week is not feasible
Low number of consumers at the site
Insufficient number of staff or volunteers
Insufficient funding
Other

5 If other, a reason for the request must be provided:

6 If the answer to question one is no, how will the consumers and the general public be notified of the change in the pattern of meal service:

- Local newspaper
Flyers
Posting at the meal site
Other

7 If other is selected method used must be provided:

Assurances

By submitting this waiver request to the Texas Department of Aging and Disability Services (DADS, Access and Intake Division, the entity requesting this waiver assures adherence to all AAA contract/vendor agreement requirements and applicable Texas Administrative Codes.

8 Provider Signature

Date

**Congregate Meal Budget Worksheet**

Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

9/4/13 8:35 AM

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
<b>Personnel</b>					
Salaries, PR Taxes & Benefits	69,655.36	72,269.73	2,614	-3.62%	
Contract staff, Compensation			0	0.00%	
<b>Total</b>	<b>69,655.36</b>	<b>72,269.73</b>	<b>2,614</b>	<b>-3.62%</b>	<b>55.89%</b>
<b>Nutrition Education</b>					
Salaries, PR Taxes & Benefits	929.48	1,010.55	81	-8.02%	
Contract staff, Compensation			0	0.00%	
Materials			0	0.00%	
Conference			0	0.00%	
<b>Total</b>	<b>929.48</b>	<b>1,010.55</b>	<b>81</b>	<b>-8.02%</b>	<b>0.75%</b>
<b>Professional Development</b>					
Conference	22.50	6.00	-17	275.00%	
Dues			0	0.00%	
Materials			0	0.00%	
<b>Total</b>	<b>22.50</b>	<b>6.00</b>	<b>-17</b>	<b>275.00%</b>	<b>0.02%</b>
<b>Meals/Food</b>					
Raw Food	36,520.53	35,998.45	-522	1.45%	
Purchased Meals	1,476.38	0.00	-1,476	-100.00%	
Freight	107.77	0.00	-108	-100.00%	
Storage			0	0.00%	
Consumables	1,689.11	2,157.19	468	-21.70%	
Other			0	0.00%	
<b>Total</b>	<b>39,793.79</b>	<b>38,155.64</b>	<b>-1,638</b>	<b>4.29%</b>	<b>31.93%</b>
<b>Equipment</b>					
Depreciation			0	0.00%	
Interest			0	0.00%	
Leasing			0	0.00%	
Maintenance			0	0.00%	
<b>Total</b>	<b>-</b>	<b>0.00</b>	<b>0</b>	<b>0.00%</b>	<b>0.00%</b>
<b>Occupancy/Building</b>					
Rent			0	0.00%	
Utilities	8,127.43	10,442.41	2,315	-22.17%	
Depreciation			0	0.00%	
Mortgage Interest			0	0.00%	
Insurance			0	0.00%	
Security	81.70	0.00	-82	-100.00%	
Janitorial	301.65	582.05	380	-55.77%	
Repair	1,479.36	4,332.04	2,853	-65.85%	
Taxes			0	0.00%	
<b>Total</b>	<b>9,990.14</b>	<b>15,456.50</b>	<b>5,466</b>	<b>-35.37%</b>	<b>8.02%</b>

Proposed Budget		
Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
70,655.36	1.44%	
-	0.00%	
<b>70,655.36</b>	<b>1.44%</b>	<b>56.34%</b>
970.80	4.45%	
-	0.00%	
-	0.00%	
-	0.00%	
<b>970.80</b>	<b>4.45%</b>	<b>0.77%</b>
35.00	55.56%	
-	0.00%	
-	0.00%	
<b>35.00</b>	<b>55.56%</b>	<b>0.03%</b>
37,693.11	3.21%	
658.98	-55.37%	
-	-100.00%	
-	0.00%	
1,704.11	0.89%	
-	0.00%	
<b>40,056.20</b>	<b>-0.66%</b>	<b>31.94%</b>
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
<b>-</b>	<b>0.00%</b>	<b>0.00%</b>
-	0.00%	
9,509.20	17.00%	
-	0.00%	
-	0.00%	
-	0.00%	
22.90	-71.97%	
305.67	1.33%	
661.46	-55.29%	
-	0.00%	
<b>10,499.23</b>	<b>5.10%</b>	<b>8.37%</b>

Explanation of Variances	
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.	
Red Alert - County pays for some administrative costs, thus personnel percentage is higher than average.	
1. Staff not sent to conference as planned. 2. The price of conference increased.	
1. Increase consumables cost	
2. Increased utility usage in buildings.	

**Congregate Meal Budget Worksheet**

Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

9/4/13 8:35 AM

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
<b>Transportation/Travel</b>					
Mileage Reimbursement			0	0.00%	
Delivery			0	0.00%	
Gas & Oil	2,581.55	2,484.15	-97	3.92%	
Repairs	550.43	1,571.98	1,022	-84.98%	
Insurance			0	0.00%	
Depreciation/Lease			0	0.00%	
Interest			0	0.00%	
Tags & Licenses			0	0.00%	
<b>Total</b>	<b>3,131.98</b>	<b>4,056.13</b>	<b>924</b>	<b>-22.78%</b>	<b>2.51%</b>
<b>Administrative &amp; General</b>					
Advertising			0	0.00%	
Printing			0	0.00%	
Copying			0	0.00%	
Office Supplies	536.81	0.00	-537	-100.00%	
Contractual Agreements			0	0.00%	
Postage	6.30	0.00	-6	-100.00%	
Telecommunications	507.41	300.00	-207	69.14%	
Liability Insurance			0	0.00%	
Legal Fees			0	0.00%	
Accounting Fees			0	0.00%	
Consulting Fees			0	0.00%	
Other Fees (Explain)	46.50	120.00	74	-61.25%	
Audit			0	0.00%	
Other Misc. (Explain)			0	0.00%	
<b>Total</b>	<b>1,097.02</b>	<b>420.00</b>	<b>-677</b>	<b>161.20%</b>	<b>0.88%</b>
<b>Total</b>					
<b>Total of all Cost Areas</b>	<b>124,620.27</b>	<b>131,374.55</b>	<b>6,754.28</b>	<b>-5.14%</b>	<b>100.00%</b>
<b>Total Number of Meals</b>	<b>22,621</b>	<b>25,034</b>			
<b>Whole Cost per Meal</b>	<b>5.51</b>	<b>5.25</b>			
<b>Approved Meal Rate Title III</b>	<b>4.79</b>	<b>4.79</b>			

Proposed Budget		
Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
-	0.00%	
-	0.00%	
1,269.55	-50.82%	
517.17	-6.04%	
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
1,786.72	-42.95%	1.42%
-	0.00%	
-	0.00%	
-	0.00%	
345.16	-35.70%	
-	0.00%	
1.55	-75.40%	
1,012.08	99.46%	
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
46.87	0.80%	
-	0.00%	
-	0.00%	
1,405.66	28.13%	1.12%
125,408.97	0.63%	100.00%

Explanation of Variances	
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.	
1. The meal units were reduced; however fuel costs still escalated because of price increases. 1. Repairs costs for vehicles not as high as projected in the budget. 2. Repairs costs for vehicles based FY13 actual costs annualized.	
1. 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.	

**Congregate Meal Budget Worksheet**

Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

9/4/13 8:35 AM

**Most Recent Completed Budget Year 2012**

**Proposed Budget**

**Explanation of Variances**

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<i>Funding Source</i>					
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					
<b>Total Meals by Funding Source</b>					<b>25686</b>
<b>Provider Total Budgeted Congregate Meals</b>					<b>25686</b>
<b>Variance (Provider Total Budgeted Congregate Meals - Total Meals by Funding Source)</b>					<b>0</b>
Estimated Number of Nutrition Education Units AAA Clients					191
Nutrition Education Budget - AAA Clients					971
Calculated Cost per Unit					5.08

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
Calculated Rate		Revenue
4.46		48480.20
4.88		4758.00
4.88		67544.08
0.00		0.00
0.42		4565.40
4.88		0.00
4.88		0.00
		<b>125347.68</b>

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.	
Proposed Meals * Calculated Units	
Proposed Meals * Calculated Units	
Proposed Meals * Calculated Units	
Proposed Meals * Calculated Units	
Proposed Meals * Calculated Units	
Proposed Meals * Calculated Units	
Proposed Meals * Calculated Units	
Proposed Meals * Calculated Units	
<b>Total Revenue</b>	

9/4/13 8:35 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**

1. Total Budgeted Expenses for Contract Year		1. \$ <u>125,408.97</u>
2. Total Number of Anticipated Meals to be Provided by Funding Source		
	DADS A&I AAA <u>10,870</u>	Other Funds Eligible Meals <u>13,841</u>
		Other Sources 5 <u>0</u>
	Program Income <u>975</u>	Other Funds - Non-Eligible Meals <u>0</u>
		Other Sources 6 <u>0</u>
		2. <u>25,686</u>
3. Whole Unit Rate (Line 1 divided by Line 2)		3. \$ <u>4.88</u>

**Reimbursement Calculation**

4. Projected NSIP per Meal Value		<u>DADS A&amp;I AAA</u> <u>0.69</u>
5. Rate Less NSIP per Meal Value		\$ <u>4.19</u>
6. Mandatory Local Match of 10%	\$ <u>0.42</u>	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ <u>-</u>	
Required Cash Match	\$ <u>0.42</u>	
7. Proposed Meal Rate (Line 3 minus Line 6)	\$ <u>4.46</u>	

\*\* 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  
 Legal Name of Contracted Provider

Samuel L. Neal, Jr.  
 Printed/Typed Name of Signer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Area Agency on Aging of the Coastal Bend  
 Name of Area Agency on Aging

John P. Buckner, Executive Director  
 Printed/Typed Name of Signer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



**Calculation of In-Kind Value**

1. Required Match Rate	0.42
2. TDoA units + DHS units	<u>24,711</u>
3. Required Match Rate (1) Multiplied by the anticipated number of TDoA units (2)	10,379
4. Total Valuation from the In-Kind Certification	-
5. Balance of Required Match (3-4)	<u>10,379</u>
6. TDoA units + DHS units	<u>24,711</u>
7. Balance of Required Match (5) Divided by TDoA units (6)	0.42
8. Required Match Rate	<u>0.42</u>
9. Reduced Required Match If (8) is equal to or less than 0 this will equal (8) or else (8-7)	-

9/4/13 8:35 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.

Nueces County

Name of Contracted Provider

Samuel L. Neal, Jr.

Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Signer Authority:

(check one)

Sole Proprietor

Partner

Corporate Officer

Association Officer

Board Member

Governmental Official









9/4/13 8:35 AM  
 Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend

**Participant Assessment  
 BUDGET WORKSHEET CALCULATION OF THE UNIT RATE**

1. Total Budgeted Expenses for Contract Year		1. \$ <u>9,833.48</u>
2. Total Number of Anticipated Units to be Provided		
DADS A&I AAA - 10 %	Program	
Match Required <u>0</u>	Income <u>0</u>	Other Sources 6 <u>0</u>
DADS A&I AAA - 25 %	Local Funds	Other Sources 7 <u>0</u>
Match Required <u>0</u>	<u>0</u>	<u>0</u>
DADS A&I AAA - Full Unit	Other Funds	Other Sources 8 <u>0</u>
Rate <u>0</u>	<u>0</u>	<u>0</u>
		2. <u>-</u>
3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate		3. \$ <u>-</u>

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

4. Mandatory Local Match of 10%	\$ <u>-</u>	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ <u>-</u>	
Required Match		4. \$ <u>-</u>
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		5. \$ <u>-</u>

4. Mandatory Local Match of 25%	\$ <u>-</u>	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ <u>-</u>	
Required Match		4. \$ <u>-</u>
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		5. \$ <u>-</u>

\*\*If any portion of the required match is in-kind, you must complete an In-Kind Match Certification form.

<b>Contract Reimbursed at Full Cost Per Unit Rate. Match Requirements Will Be Met Through Provision of Additional Units</b>		
\$ <u>-</u>	Contractor Initial _____	AAA Initial _____

Nueces County  
 Legal Name of Contracted Provider

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed/Typed Name of Signer

\_\_\_\_\_  
 Date

Area Agency on Aging of the Coastal Bend  
 Name of Area Agency on Aging

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed/Typed Name of Signer

\_\_\_\_\_  
 Date

9/4/13 10:08 AM

Provider Name: Nueces County

AAA Name: Area Agency on Aging of the Coastal Bend

**Participant Assessment  
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

\_\_\_\_\_  
Name of Contracted Provider

\_\_\_\_\_  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Signer Authority:  
(check one)

Sole Proprietor

Association Officer

Partner

Board Member

Corporate Officer

Governmental Official







**Transportation**

Provider Name: Nueces County  
 AAA Name: Area Agency on Aging of the Coastal Bend

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

9/4/13 8:35 AM

**Most Recent Completed Budget Year 2012**

**Proposed Budget**

**Explanation of Variances**

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<b>Total</b>	1,102.84	75.56	(1,027.28)	1359.58%	3%
<b>Total</b>					
Total of all Cost Areas	42,352.77	49,582.98	7,230.21	-14.58%	1.00
Total Number One Way Trips	11,936	12,500	564.00	4.73%	
Whole Cost per Trip	3.55	3.97	12.82	11.79%	
Approved One Way Trip Unit Rate					

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
1197.51	8.58%	3%
38,776.23	-8.44%	100%
<b>Budgeted Units</b>		<b>Budgeted Cost per Unit</b>
8,817.00		4.40

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.	

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	
<b>Total One Way Trips by Funding Source</b>	<b>8,817</b>

Calculated Rate	Revenue
3.96	23,641.20
-	-
-	-
-	-
4.40	12,526.80
-	-
0.44	2,626.80
-	-
1.10	-
-	-
-	-
-	-
<b>Total Revenue</b>	<b>38,794.80</b>

9/4/13 8:35 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 for Contract Year		1. \$ 38,776.23
2. Total Number of Anticipated Units to be Provided		
DADS A&I AAA - 10 % Match Required	5,970	Program Income 0 Other Sources 6 0
DADS A&I AAA - 25 % Match Required	0	Local Funds - Eligible Trips 2,847 Other Sources 7 0
DADS A&I AAA - Full Unit Rate	0	Other Funds - Non-Eligible Trips 0 Other Sources 8 0
		2. 8,817
3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate		3. \$ 4.40

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

4. Mandatory Local Match of 10%	\$ 0.44	
** If Applicable, Match Reduction From the In-kind Match Certification form Required Match	\$ -	4. \$ 0.44
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		5. \$ 3.96

4. Mandatory Local Match of 25%	\$ 1.10	
** If Applicable, Match Reduction From the In-kind Match Certification form Required Match	\$ -	4. \$ 1.10
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		5. \$ 3.30

\*\*If any portion of the required match is in-kind, you must complete an In-Kind Match Certification form.

<b>Contract Reimbursed at Full Cost Per Unit Rate. Match Requirements Will Be Met Through Provision of Additional Units</b>		
\$ 4.40	Contractor Initial	AAA Initial

Nueces County  
 Legal Name of Contracted Provider

Area Agency on Aging of the Coastal Bend  
 Name of Area Agency on Aging

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

Samuel L. Neal, Jr.  
 Printed/Typed Name of Signer

John P. Buckner, Executive Director  
 Printed/Typed Name of Signer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

9/4/13 8:35 AM  
Provider Name: Nueces County  
AAA Name: Area Agency on Aging of the Coastal Bend

**Transportation**  
**BUDGET WORKSHEET CERTIFICATION**

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Nueces County  
Name of Contracted Provider

Samuel L. Neal, Jr.  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Signer Authority:  
(check one)

Sole Proprietor

Partner

Corporate Officer

Association Officer

Board Member

Governmental Official

