Henry P. Roybal Commissioner, District 1

Miguel M. Chavez Commissioner, District 2

Robert A. Anaya Commissioner, District 3



Kathy Holian Commissioner, District 4

Liz Stefanics Commissioner, District 5

> Katherine Miller County Manager

MEMORANDUM

TO:

Santa Fe Board of County Commissioners

FROM:

Carole Jaramillo, Finance Director

THRU:

Katherine Miller, County Manager

Rachel O'Connor, Department Director

DATE:

April 24, 2015

RE:

Resolution 2015 – A Resolution Requesting a Budget Increase to the General Fund (101)/Senior Congregate And Home Delivered Meals Programs to Budget Additional Funding Awarded by the Non-Metro New Mexico Area Agency On

Aging / \$13,000.00. (Finance Division/Carole Jaramillo)

ISSUE

The Santa Fe County Community Services Department, Senior Services Division is requesting approval of an increase to the Senior Congregate and Home Delivered Meal Program to budget for facility food.

BACKGROUND

Santa Fe County Senior Services exceeded its goals for Fiscal Year 2014, resulting in an award of "incentive funds" in the amount of \$13,000.00. These funds were awarded by the Non-Metro New Mexico Area Agency on Aging.

RECOMMENDATION:

In light of increased participating in congregate and home delivered meals, approval of the attached budget resolution increasing both Senior Congregate and Home Delivered Meals for FY15 in the amount of \$13,000.00 is requested.

RESOLUTION 2015 - _

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A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTI
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USTMENT DETAILED ON THIS FORM

BUDGETED REVENUES: (use continuation sheet, if necessary)

Budget Adjustment Type: Increase Fund 101

Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

County Manager Approval:		Requesting Department Approval:	TOTAL (if SUBTOTAL, check here	101 0492 461	101 0490 461	XXX XXXX XXXX	CODE DIVISION BASIC/SUB	DEPARTMENT/ ACTIVITY
	HEL O'CONNOIS	18/2	2	60-12	60-12	XXXX	OBJECT	ELEMENT
Date: Updated by:	Country 5/13/15 Entered by:	Title: Department Director Da		Supplies – Rehab/Prgm/Facility Food	Supplies - Rehab/Prgm/Facility Food	NAME	CATEGORY/LINE ITEM	
D	D	Date: <u>4/27/2015</u>	13,000	5,453	7,547	V310054	ENCREASE	10000000
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RESOLUTION 2015 -___

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DEPARTMENT CONTACT: Name: K. Greg Smith Dept/Div: CSD/SENIOR SERVICES Phone No.: 992-9848

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award

date, other laws, regulations, etc.):

Please summarize the request and its purpose. accommodate increased participation. New Mexico Non-Metro Area Agency on Aging for exceeding program goals. We will be increasing the facility food line item with these funds to This request increases the Senior Services Congregate Meal Budget by \$7,547.00 and Home Delivered Meals Budget by \$5,453.00, which was awarded by the

a) Employee Actions

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			Action (Add/Delete Position, Reclass, Overtime)	
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			ment, ten	
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b) Professional Services (50-xx) and Capital Category (80-xx) detail:

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	Line Item	
	Detail (what specific inings, connacts, or services are seen	
	2013 E-C-1 111 C C C C C C C C C C C C C C C C	vervices are being added or deleted)
		Amount

Is the budget action for RECURRING expense or for NON-RECURRING (one-time only) expense \underline{X}

SANTA FE COUNTY RESOLUTION 2015 -

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Name: K. Greg Smith
Dept/Div: CSD/SENIOR SERVICES
Phone No.: 992-9848

date, other laws, regulations, etc.): DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award

- Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following: If this is a state special appropriation, YES NO N
- If YES, cite statute and attach a copy
- Ξ Does this include state or federal funds? YES award letter and proposed budget. If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a NO X
- c Is this request is a result of Commission action? YES If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.). NON
- d) Please identify other funding sources used to match this request.

SANTA F. COUNTY RESOLUTION 2015 -



Geraldine Salazar, County Clerk	ATTEST:	Robert A. Anaya, Chairperson	Santa Fe Board of County Commissioners	Approved, Adopted, and Passed This Day of, 2015.	NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.
					Local Government ailed above.

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PO Box 5115, Santa Fe, New Mexico 87502

MEMORANDUM

To: Contractor/Provider

From: Nancy M. Arias, Associate Director

Date: March 6, 2015

Re: Vendor Agreement/Contract Amendment

Enclosed you will find two signed Contract Amendment and Notification of Grant Awards for fiscal year 2014/2015. Please ensure both contracts and notification of grant award documents are signed by the appropriate individual(s). Keep one set for your records and return one for full execution to:

NCNMEDD Non-Metro Area Agency on Aging P.O. Box 5115 Santa Fe, NM 87502

The purpose of the Amendment:
is to reclassify Federal and/or State funds
is to adjust Local funds according to Letter of Commitment
is a result of Recalculation of Service Cost submitted to Non-Metro AAA
is a result of Recalculation of Service Cost and/or change to Units of Service as
determined by review of financial and performance information submitted to Non-Metro
AAA.
is to reduce or increase Federal and/or State funds as a result of Mid-Year Reviews
(One-Time Incentive for exceeding performance goals).
is to increase Federal and/or State funds to implement a pilot project buffet service.
is to reduce or increase Local and/or Program Income funds

You will also find enclosed a copy of the Amended Summary of Budgeted Revenues for your records.

Please do not hesitate to contact me at 1-877-762-6228 or via email at narias@ncnmedd.com, if you have questions.

North Central New Mexico Economic Development District Non-Metro Area Agency on Aging

DIRECT PURCHASE OF SERVICES VENDOR AGREEMENT AMENDMENT NO. 1

This Amendment is made and entered into this 1st day of March, 2015, by and between the North Central New Mexico Economic Development District, Non-Metro Area Agency on Aging hereinafter referred to as the "Agency" and Santa Fe County, hereinafter referred to as the "Contractor".

1. Purpose of Amendment. The purpose of the Amendment is to:

Revise the contract amount from (\$391,260) to (\$404,260) thereby *increasing* the total dollar amount by (\$13,000).

- 2. Changes to Contract. The following changes are amendments to the contract:
 - A. Paragraph I.B. Payment for Services is amended to read: For the services by the Agency to be satisfactorily provided by Vendor hereunder, the Agency shall pay the vendor during the Term an aggregate amount, not to exceed (\$404,260) said aggregate amount to be derived from the following sources, when units are met.
 - 1. (\$16,472) from Title III-B of the OAA;
 - 2. (\$59,692) from Title III-C1 of the OAA;
 - 3. (\$27,644) from Title III-C2 of the OAA:
 - 4. (\$0) from Title III-D of the OAA;
 - 5. (\$0) from Title III-E of the OAA; and
 - 6. (\$300,452) from the NMGAA-State/HB-2.

B. Paragraph I.C. Services and Reimbursement Methodology is amended to read:

Service	Total Unit Cost (III,State,PI,Local)	Federal Title III & State Negotiated Unit Costs	Units of Service	Persons
Congregate Meals	\$8.06760	\$4.59790	37,635	900
Home Delivered Meals	\$9.28913	\$4.78713	44,859	175
Transportation	\$16.53388	\$1.93788	8,500	150
Homemaker/Housekeeping		=		
CG-Respite Care - Elderly			-	
		4		

- 3. All other clauses in the original Agreement will remain unchanged and together with this Agreement constitute the entire Agreement between the Contractor and NCNMEDD, Non-Metro AAA.
- 4. For the faithful performance of the terms of this agreement, the parties affix their signatures and bind themselves effective July 1, 2014.

Santa Fe County Legal Name of Vendor/Contractor Signature	NCNMEDD Non-Metro Area Agency on Aging Name of Area Agency on Aging Signature
Printed/Typed Name of Signatory	Tim Armer, Executive Director Printed/Typed Name of Signatory
5.29.\5 Date	3/4/15 Date

NORTH CENTRAL NEW MEXICO ECONOMIC DEVELOPMENT DISTRICT NON-METRO AREA AGENCY ON AGING NOTIFICATION OF GRANT AWARD (NGA)

GRANTEE:	Santa Fe County						AD	PROVED	BUDGET		int/Action			NGA
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REMARKS: In addition to the conditions contained in the agreement on the application form, the conditions below apply to this grant:

1. Unless revised, the amount of lines 6 and 7 (Computation of Grant) will constitute a ceiling for federal and/or state participation in the approved cost.

2. The federal and/or state share of the project cost is earned only when the cost is accrued and the non-federal and/or non- state share of the cost has been contributed. Receipt of federal and/or state funds (either through advance or reimbursement) does not constitute earning of these funds.

3. If the actual net cost is less than the amount on line 3 (Computation of Grant) the non-federal and/or non-state share, the federal share and the state share will meet the percentages indicated on Page 1 of the NGA.

4. As shown in the Computation of Grant (assuming satisfactory progress, adequate justification and the availability of funds), the federal and state shares shall meet the amounts shown on lines 6 and 7 of the estimated net project cost shown on line 3.

5. Funds herein awarded will remain available during the length of the project period; however, state and/or federal funds are dependent upon availability.

6. Programs must meet the units of services projected to be reimbursed or submit an amended plan detailing reasons why approved units are not being met which must be approved by the NCNMEDD Area Agency on Aging.

THE GRANTEE ORGANIZATION IS RESPONSIBLE FOR RETAINING RECORDS OF ALL FEDERAL AND/OR STATE ACCOUNTS AS FOLLOWS:

All accounting records are to be kept in accordance with federal and state policy and readily available for examination by Area Agency personnel or other federal and/or state officials authorized to examine any or all financial and programmatic records. Such records shall be retained in accordance with the following:

1. Keep adequate and complete financial records, and to report promptly and fully to the Area Agency.

2. If a federal and/or state audit has not been made within three (3) years after project termination, project records may then be destroyed, on approval of the Agency.

3. In all cases, an over-riding requirement exists to retain records until resolution of any audit questions relating to individual grants.

4. Non-federal resources must be contributed equally to the percentage of the non-federal share of actual net costs for a project year. If a Grantee reports federal and/or state cash received but unearned on the final project report for a project year, the Grantee then owes the Area Agency this amount. This amount may constitute a cash advance on any funds awarded to the Grantee by the Area Agency for the following project year.

5. The disposition of unearned portions of federal and/or state funds at the end of the project year shall be made in accordance with current state policies.

6. Unearned federal and/or state cash at the time the project is terminated shall be returned in full to the Area Agency.

7. All obligations will be liquidated within 30 days after the end of the project year and before final program and financial reports are submitted.

8. Inventory of project equipment will be maintained and submitted as requested.

9. Project records will preserved and kept available to federal and state auditors at the primary offices of the Grantee.

Signature of NCNMEDD Non-Metro Area Agency on Aging Authorizing Official:	We, the undersigned officer certify that we are in agreen conditions of this award.	s of the Grantee organization, ment with the terms and
		Date: 5.29.15
Tim Armer Date	DEPUTY COUNTY MA	Date:
Executive Director		

North Central New Mexico Economic Development District Non-Metro Area Agency on Aging

DIRECT PURCHASE OF SERVICES VENDOR AGREEMENT AMENDMENT NO. 1

This Amendment is made and entered into this 1st day of March, 2015, by and between the North Central New Mexico Economic Development District, Non-Metro Area Agency on Aging hereinafter referred to as the "Agency" and Santa Fe County, hereinafter referred to as the "Contractor".

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- 2. Changes to Contract. The following changes are amendments to the contract:
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 - 3. (\$27,644) from Title III-C2 of the OAA;
 - 4. (\$0) from Title III-D of the OAA;
 - 5. (\$0) from Title III-E of the OAA; and
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Home Delivered Meals	\$9.28913	\$4.78713	44,859	175
Transportation	\$16.53388	\$1.93788	8,500	150
Homemaker/Housekeeping				
CG-Respite Care - Elderly				
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- 3. All other clauses in the original Agreement will remain unchanged and together with this Agreement constitute the entire Agreement between the Contractor and NCNMEDD, Non-Metro AAA.
- 4. For the faithful performance of the terms of this agreement, the parties affix their signatures and bind themselves effective July 1, 2014.

Santa Fe County Legal Name of Vendor/Contractor	NCNMEDD Non-Metro Area Agency on Aging Name of Area Agency on Aging
	Nume of Area Agency on Aging
Signature	Signature
Printed/Typed Name of Signatory	Tim Armer, Executive Director Printed/Typed Name of Signatory
5.29.15 Date	3/9/15
Dule	Date

NORTH CENTRAL NEW MEXICO ECONOMIC DEVELOPMENT DISTRICT NON-METRO AREA AGENCY ON AGING NOTIFICATION OF GRANT AWARD (NGA)

							Grant/Action			NGA
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	Title IIIC2	- 1	\$ 27,644	\$ 187,102	\$ 193,955	s -	\$ 8,000		\$	416,70
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REMARKS: In addition to the conditions contained in the agreement on the application form, the conditions below apply to this grant:

1. Unless revised, the amount of lines 6 and 7 (Computation of Grant) will constitute a ceiling for federal and/or state participation in the approved cost.

2. The federal and/or state share of the project cost is earned only when the cost is accrued and the non-federal and/or non- state share of the cost has been contributed. Receipt of federal and/or state funds (either through advance or reimbursement) does not constitute earning of these funds.

3. If the actual net cost is less than the amount on line 3 (Computation of Grant) the non-federal and/or non-state share, the federal share and the state share will meet the percentages indicated on Page 1 of the NGA.

4. As shown in the Computation of Grant (assuming satisfactory progress, adequate justification and the availability of funds), the federal and state shares shall meet the amounts shown on lines 6 and 7 of the estimated net project cost shown on line 3.

5. Funds herein awarded will remain available during the length of the project period; however, state and/or federal funds are dependent upon availability.

6. Programs must meet the units of services projected to be reimbursed or submit an amended plan detailing reasons why approved units are not being met which must be approved by the NCNMEDD Area Agency on Aging.

THE GRANTEE ORGANIZATION IS RESPONSIBLE FOR RETAINING RECORDS OF ALL FEDERAL AND/OR STATE ACCOUNTS AS FOLLOWS:

All accounting records are to be kept in accordance with federal and state policy and readily available for examination by Area Agency personnel or other federal and/or state officials authorized to examine any or all financial and programmatic records. Such records shall be retained in accordance with the following:

1. Keep adequate and complete financial records, and to report promptly and fully to the Area Agency.

2. If a federal and/or state audit has not been made within three (3) years after project termination, project records may then be destroyed, on approval of the Agency.

3. In all cases, an over-riding requirement exists to retain records until resolution of any audit questions relating to individual grants.

4. Non-federal resources must be contributed equally to the percentage of the non-federal share of actual net costs for a project year. If a Grantee reports federal and/or state cash received but unearned on the final project report for a project year, the Grantee then owes the Area Agency this amount. This amount may constitute a cash advance on any funds awarded to the Grantee by the Area Agency for the following project year.

5. The disposition of unearned portions of federal and/or state funds at the end of the project year shall be made in accordance with current state policies.

6. Unearned federal and/or state cash at the time the project is terminated shall be returned in full to the Area Agency.

7. All obligations will be liquidated within 30 days after the end of the project year and before final program and financial reports are submitted.

8. Inventory of project equipment will be maintained and submitted as requested.

9. Project records will preserved and kept available to federal and state auditors at the primary offices of the Grantee.

Signature of NCNMEDD Non-Metro Area Agency on Aging Authorizing Official:	We, the undersigned officers of the Grantee organization certify that we are in agreement with the terms and conditions of this award.	on,
	Date: 5.22.15	
1-han 3/8/15	Deputy County manager Date:	٧
Tim Armer Date Executive Director		

Non-Metro Area Agency on Aging Summary of Budgeted Revenues (SBR) FY 2014/2018

Non-Metro Area Agency on Aging Summary of Budgeled Revenue (SBR) FY 2014/2018 AMINDAKHI 91 IXMconhe

Confractor: SANTA FE COUNTY

Date: 3/31/14 Till AAA Contracts

\$ 1,103,922 \$ 33,756 \$ 300,452 \$ 416,603 18,472 59,692 27,844 2,400 209,301 \$ 27,800 TOTAL 1 Commention Anne Management Congress of Confess Management Floris Confess 8 - 8 - 8 - 8 - 8 -1 Pares Balany Hearth Education Physical Pilmoni Health Servering Training Eventure 8 . 8 . 8 . .. į Added Day Care Case Migral 8 - 8 - 8 Applease \$ 370,236 \$ 471,883 \$ 261,733 \$ 30,000 \$ 37,625 \$ 44,829 \$ 8,500 \$ 8,5 \$ 121,165 \$ \$ 2,400 \$ 1,87768 \$ 15,879 \$ 17,879 \$ 113,350 \$ 187,102 \$ --\$ 102,982 \$ 180,956 \$ 121,889 Transpartedon 18,472 \$ 1.93788 \$ 0.81624 Hame-Doll, Hoote \$ 4.59790 \$ 4.76713 \$ 50,633 \$ 37,303 \$ 27,644 8 6,000 \$ 1.58808 \$ 59,662 Program from the Park State State Total Cost of Service (CoS)

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Date: 3/31/14 Till AAA Contracts



PO Box 5115, Santa Fe, New Mexico 87502

MEMORANDUM

To: Contractor/Provider

From: Nancy M. Arias, Associate Director

Date: March 6, 2015

Re: Vendor Agreement/Contract Amendment

Enclosed you will find two signed Contract Amendment and Notification of Grant Awards for fiscal year 2014/2015. Please ensure both contracts and notification of grant award documents are signed by the appropriate individual(s). Keep one set for your records and return one for full execution to:

NCNMEDD Non-Metro Area Agency on Aging P.O. Box 5115 Santa Fe, NM 87502

The purpose of the Amendment:
is to reclassify Federal and/or State funds
is to adjust Local funds according to Letter of Commitment
is a result of Recalculation of Service Cost submitted to Non-Metro AAA
lis a result of Recalculation of Service Cost and/or change to Units of Service as
determined by review of financial and performance information submitted to Non-Metro
AAA.
is to reduce or increase Federal and/or State funds as a result of Mid-Year Reviews
(One-Time Incentive for exceeding performance goals).
is to increase Federal and/or State funds to implement a pilot project buffet service.
is to reduce or increase Local and/or Program Income funds
-

You will also find enclosed a copy of the Amended Summary of Budgeted Revenues for your records.

Please do not hesitate to contact me at 1-877-762-6228 or via email at narias@ncnmedd.com, if you have questions.

North Central New Mexico Economic Development District Non-Metro Area Agency on Aging

DIRECT PURCHASE OF SERVICES VENDOR AGREEMENT AMENDMENT NO. 1

This Amendment is made and entered into this 1st day of March, 2015, by and between the North Central New Mexico Economic Development District, Non-Metro Area Agency on Aging hereinafter referred to as the "Agency" and Santa Fe County, hereinafter referred to as the "Contractor".

1. Purpose of Amendment. The purpose of the Amendment is to:

Revise the contract amount from (\$391,260) to (\$404,260) thereby *increasing* the total dollar amount by (\$13,000).

- Changes to Contract. The following changes are amendments to the contract:
 - A. Paragraph I.B. Payment for Services is amended to read: For the services by the Agency to be satisfactorily provided by Vendor hereunder, the Agency shall pay the vendor during the Term an aggregate amount, not to exceed (\$404,260) said aggregate amount to be derived from the following sources, when units are met.
 - 1. (\$16,472) from Title III-B of the OAA;
 - 2. (\$59,692) from Title III-C1 of the OAA;
 - (\$27,644) from Title III-C2 of the OAA;
 - 4. (\$0) from Title III-D of the OAA;
 - 5. (\$0) from Title III-E of the OAA; and
 - (\$300,452) from the NMGAA-State/HB-2.

B. Paragraph I.C. Services and Reimbursement Methodology is amended to read:

Service	Total Unit Cost (III,State,PI,Local)	Federal Title III & State Negotiated Unit Costs	Units of Service	Persons
Congregate Meals	\$8.06760	\$4.59790	37,635	900
Home Delivered Meals	\$9.28913	\$4.78713	44,859	175
Transportation	\$16.53388	\$1.93788	8,500	150
Homemaker/Housekeeping				
CG-Respite Care - Elderly				
FI				

- All other clauses in the original Agreement will remain unchanged and together with this
 Agreement constitute the entire Agreement between the Contractor and NCNMEDD,
 Non-Metro AAA.
- 4. For the faithful performance of the terms of this agreement, the parties affix their signatures and bind themselves effective July 1, 2014.

Santa Fe County Legal Name of Vendor/Contractor Signature	NCNMEDD Non-Metro Area Agency on Aging Name of Area Agency on Aging Signature
Toly Flores Printed/Typed Name of Signatory	Tim Armer, Executive Director Printed/Typed Name of Signatory
5.29.15 Date	3/4/15 Date

NORTH CENTRAL NEW MEXICO ECONOMIC DEVELOPMENT DISTRICT NON-METRO AREA AGENCY ON AGING NOTIFICATION OF GRANT AWARD (NGA)

8541					Г			(Gr	ant/Action			NGA
GRANTEE:	Santa Fe County				AP	PROVED	BUDGET	Ne	w/Cont:			DATE
ADDRESS:					L		100	Re	vision:	X		3.6.15
PHONE:					[7/1/2014	BA			1	WEND#1
FRORE:					ļ.,	TO:	6/30/2015	Otl	10r:		11	dncentive
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	Community All Other	5	•	•	\$		-	5		- (\$	
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	200000	+*	10,472	S -	\$	121,556	\$ -	\$	2,400		\$	140,53
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	Subtotal	13		\$ 113,350		102,982		15	27,600		\$	303,62
		+*	38,486	\$ 113 ₁ 350	╀³	102,902	5 -	3	27,800	-	\$	303,62
Title IIIC2	Meal Costs	s	27,644	\$ 187,102	١.	193,955	s .	L				
	SubTotal	13		\$ 187,102		193,955		1.5	8,000	-	\$	416,70
		† <u> </u>		U 107,102	+*	137,800	5 -	3	8,000		\$	416,70
THIE HID	Health Promotion	1 3	_	s .	s	_	s .	١.				
	Sub Total	15		\$.	-		\$.	3 5			\$	
		1			H		•	13	_	-		
Title IIIE	Care Giver Support	5		\$ -	\$		s .	3				
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ALZHEIMER .	Respite Care	15		\$ -	s	_	s .	5				
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		T			Ť		-	1.3		_	\$	
	GRAND TOTAL	.\$	103,808	\$ 300,452	s	415,603	s =	s	38.000	l		800.0-
					, ,	410,000		1 3	38,000		\$	860,86
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2.LESS Anticipated Pro	inc t mo		roerai/stat It unearne				FY 20		leral			
3.Estimated Net Cost								Sta	te			
		. [a sious pr	oject year(s)						_		
.Non-federal and Non-	state	h c	arry Over									
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5.Proj. Inc. (Used as Ma	rtch) \$ 39.000	.}						Sta	te			
Lederal Share of Net	Cost \$ 100 pos											
7.State Share of Net Co			ew Obliga	donal	-							
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		P- 44-0	CINII	WILL WASTER				Sta	to		\$	_

REMARKS: In addition to the conditions contained in the agreement on the application form, the conditions below apply to this grant:

1. Unless revised, the amount of lines 6 and 7 (Computation of Grant) will constitute a ceiling for federal and/or state participation in the approved cost.

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Signature of NCNMEDD Non-Metro Area Agency on Aging Authorizing Official:	We, the undersigned officers of the Grantee organization, certify that we are in agreement with the terms and conditions of this award.
Tim Armer Date Executive Director	Date: 5.29.15 Date: Date:

North Central New Mexico Economic Development District Non-Metro Area Agency on Aging

DIRECT PURCHASE OF SERVICES VENDOR AGREEMENT AMENDMENT NO. 1

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Homemaker/Housekeeping	>					
CG-Respite Care – Elderly						

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- 4. For the faithful performance of the terms of this agreement, the parties affix their signatures and bind themselves effective July 1, 2014.

Santa Fe County Legal Name of Vendor/Contractor Signature	NCNMEDD Non-Metro Area Agency on Aging Name of Area Agency on Aging Signature
Tony Flores Printed/Typed Name of Signatory 5.29'15	Tim Armer, Executive Director Printed/Typed Name of Signatory
Date	Date 15

NORTH CENTRAL NEW MEXICO ECONOMIC DEVELOPMENT DISTRICT NON-METRO AREA AGENCY ON AGING NOTIFICATION OF GRANT AWARD (NGA)

										Gra	nt/Action			NGA
GRANTEE: Santa Fe County				AP	PROVED	BUDGET		v/Cont:		L	DATE			
ADDRESS:							L	PER		Rev	rision:	Х		3.6.15
BUONE.									7/1/2014	BAR:			AMEND#1	
PHONE:							-	TO:	6/30/2015	Oth	ier:		1×	incentive
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A Manadada da a sas		-			_									
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			Aut	hority Her	ein .	Awarded				Sta	te		5	,

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Signature of NCNMEDD Non-Metro Area Agency on Aging Authorizing Official:	We, the undersigned officers of the Grantee organization, certify that we are in agreement with the terms and conditions of this award.
	Date: 5.29.16
1-han 3/5/15	Date:
Tim Armer Date Executive Director	

Nor-Metro Avea Agency on Aging Summary of Budgeled Reverues (SBR) PY 2014/2018
AMINDMENT I J EMECON

SANTA FE COUNTY

Contractor;

Date: 3/31/14 7gf AAA Contracts

\$ 16,472 \$ 59,892 \$ 27,844 \$ 33,758 \$ 300,452 \$ 418,803 2,400 \$ 209,301 \$ 27,800 \$ 1,100,922 FOTAL 1 Bestimates Complement Control States
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Total Cost of Service (CoS)
Total Cost w/o In-Kind
Total CoS w/o SEP/NSFP Funding Sources Other Grants/Foundations Federal This IRB Federal This IRC2 Federal This IRC2 Transportation: Housekeeping: Program Incomé: Adult Day Care: Federal Title ITE TOTAL: Other: In-Idnd

Non-Metro Area Agency on Aging Summary of Budgeted Revenues (SBR) FY 28142815

Date: 3/31/14 TIB AAA Contracts



