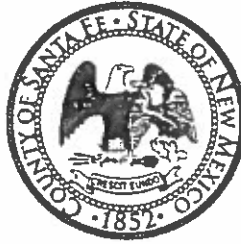


Henry P. Roybal
Commissioner, District 1

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 *KM 5/19/15*
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.

SANTA FE COUNTY

RESOLUTION 2015 - _____

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

Whereas, the Board of County Commissioners meeting in regular session on _____, did request the following budget adjustment:

Department / Division: CSD/SENIOR SERVICES DIVISION Fund Name: General Fund 101

Budget Adjustment Type: Increase Fund 101 Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0490	341	7000	Charges for Service - Area Agency on Aging	7,547	
101	0492	341	7000	Charges for Service - Area Agency on Aging	5,453	
TOTAL (if SUBTOTAL, check here)					13,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0490	461	60-12	Supplies - Rehab/Prgm/Facility Food	7,547	
101	0492	461	60-12	Supplies - Rehab/Prgm/Facility Food	5,453	
TOTAL (if SUBTOTAL, check here)					13,000	

Requesting Department Approval: Rachel O'Connor Title: Department Director Date: 4/27/2015

Finance Department Approval: Carol Garcia Date: 5/13/15 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2015 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.):

- 1) Please summarize the request and its purpose.
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 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 accommodate increased participation.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense ☒

SANTA FE COUNTY

RESOLUTION 2015 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: K. Greg Smith Dep/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.):

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

SANTA FE COUNTY

RESOLUTION 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.

Approved, Adopted, and Passed This _____ Day of _____, 2015.

Santa Fe Board of County Commissioners

Robert A. Anaya, Chairperson

ATTEST:

Geraldine Salazar, County Clerk



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 (Ill, 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				

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

TONY FLORES

Printed/Typed Name of Signatory

5.29.15

Date

NCNMEDD Non-Metro Area Agency on Aging

Name of Area Agency on Aging


Signature

Tim Armer, Executive Director

Printed/Typed Name of Signatory

3/4/15
Date

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

TITLE III

GRANTEE: Santa Fe County ADDRESS: PHONE:				APPROVED BUDGET PERIOD FROM: 7/1/2014 TO: 6/30/2015		Grant/Action New/Cont: <input checked="" type="checkbox"/> Revision: <input type="checkbox"/> BAR: <input type="checkbox"/> Other: <input type="checkbox"/>		NGA DATE 3.8.15 AMEND#1 1 incentive	
DESCRIPTION		FEDERAL	STATE	LOCAL	Fundraising- Foundations	PROJ. INC.	TOTAL		
Title IIIB	Access	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400	\$ 140,538		
	In-Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Community All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Subtotal	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400	\$ 140,538		
Title IIIC1	Meal Costs	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624		
	Subtotal	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624		
Title IIIC2	Meal Costs	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701		
	Subtotal	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701		
Title IIID	Health Promotion	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Title IIIE	Care Giver Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
DEMONSTRATION GRANT									
ALZHEIMER	Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
ALL STATE OTHER		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
SUB TOTALS	Title IIIB	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400	\$ 140,538		
	Title IIIC1	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624		
	Title IIIC2	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701		
	Title IIID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Title IIIE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Alzheimer Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	All State Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
GRAND TOTAL		\$ 103,808	\$ 300,452	\$ 416,603	\$ -	\$ 38,000	\$ 860,863		
COMPUTATION OF GRANT				8. Federal/State Shares will be comprised of: a. Federal/State grant unearned in previous project year(s)					
1. Estimated Total Cost..... \$ 860,863				b. Carry Over FY 20 ____ Federal State					
2. LESS Anticipated Proj. Inc. \$ 38,000									
3. Estimated Net Cost..... \$ 822,863				c. New Obligation Authority Herein Awarded FY- Federal State \$ 13,000					
4. Non-federal and Non-state Share of Net Cost.....									
5. Proj. Inc. (Used as Match)..... \$ 38,000									
6. Federal Share of Net Cost..... \$ 103,808									
7. State Share of Net Cost.... \$ 300,452									

NOTIFICATION OF GRANT AWARD

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 be 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:


 Tim Armer
 Executive Director

3/9/15
 Date

We, the undersigned officers of the Grantee organization, certify that we are in agreement with the terms and conditions of this award.



Date:
 5-29-15
 Date:

DEPUTY COUNTY MANAGER

**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				

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

JOEY FLORES

Printed/Typed Name of Signatory

5.29.15

Date

NCNMEDD Non-Metro Area Agency on Aging
Name of Area Agency on Aging

Signature

Tim Armer, Executive Director

Printed/Typed Name of Signatory

3/9/15

Date

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

GRANTEE: Santa Fe County ADDRESS: PHONE:				APPROVED BUDGET PERIOD FROM: 7/1/2014 TO: 6/30/2015		Grant/Action New/Cont: <input type="checkbox"/>		NGA DATE 3.6.15
						Revision: <input checked="" type="checkbox"/> X BAR: <input type="checkbox"/> Other: <input type="checkbox"/>		
DESCRIPTION		FEDERAL	STATE	LOCAL	Fundraising- Foundations	PROJ. INC.		TOTAL
Title IIIB	Access	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400		\$ 140,538
	In-Home	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
	Community All Other	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Subtotal		\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400		\$ 140,538
Title IIIC1	Meal Costs	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600		\$ 303,624
Subtotal		\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600		\$ 303,624
Title IIIC2	Meal Costs	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000		\$ 416,701
SubTotal		\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000		\$ 416,701
Title IIID	Health Promotion	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Title IIIE	Care Giver Support	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
DEMONSTRATION GRANT								
ALZHEIMER	Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
ALL STATE OTHER								
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
SUB TOTALS								
	Title IIIB	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400		\$ 140,538
	Title IIIC1	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600		\$ 303,624
	Title IIIC2	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000		\$ 416,701
	Title IIID	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
	Title IIIE	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
	Alzheimer Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
	All State Other	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
GRAND TOTAL		\$ 103,808	\$ 300,452	\$ 418,603	\$ -	\$ 38,000		\$ 860,863
COMPUTATION OF GRANT 1. Estimated Total Cost..... \$ 860,863 2. LESS Anticipated Proj. Inc. \$ 38,000 3. Estimated Net Cost..... \$ 822,863 4. Non-federal and Non-state Share of Net Cost..... 5. Proj. Inc. (Used as Match)..... \$ 38,000 6. Federal Share of Net Cost.... \$ 103,808 7. State Share of Net Cost.... \$ 300,452								
8. Federal/State Shares will be comprised of: a. Federal/State grant unearned in previous project year(s) FY 20 __ Federal State b. Carry Over FY 20 __ Federal State c. New Obligational Authority Herein Awarded FY- Federal State \$ 13,000 \$ -								

NOTIFICATION OF GRANT AWARD



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 be 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.
	
Tim Armer Executive Director	Date: 5-22-15 Date: _____ Deputy County Manager



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				

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


Tolly Flores

Printed/Typed Name of Signatory

6-29-15

Date

NCNMEDD Non-Metro Area Agency on Aging
Name of Area Agency on Aging


Signature

Tim Armer, Executive Director

Printed/Typed Name of Signatory

3/4/15
Date

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

TITLE III

GRANTEE: Santa Fe County ADDRESS: PHONE:			APPROVED BUDGET PERIOD FROM: 7/1/2014 TO: 6/30/2015			Grant/Action New/Cont: <input type="checkbox"/>		NGA DATE 3.6.15 AMEND#1 1 incentive
						Revision: <input checked="" type="checkbox"/> X		
DESCRIPTION		FEDERAL	STATE	LOCAL	Fundraising- Foundations	PROJ. INC.	TOTAL	
Title IIIB	Access	\$ 16,472	\$ -	\$ 121,866	\$ -	\$ 2,400	\$ 140,538	
	In-Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Community All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Subtotal	\$ 16,472	\$ -	\$ 121,866	\$ -	\$ 2,400	\$ 140,538	
Title IIIC1	Meal Costs	\$ 59,892	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624	
	Subtotal	\$ 59,892	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624	
Title IIIC2	Meal Costs	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701	
	Subtotal	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701	
Title IIID	Health Promotion	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Title IIIE	Care Giver Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
DEMONSTRATION GRANT								
ALZHEIMER	Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
ALL STATE OTHER		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SUB TOTALS								
	Title IIIB	\$ 16,472	\$ -	\$ 121,866	\$ -	\$ 2,400	\$ 140,538	
	Title IIIC1	\$ 59,892	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624	
	Title IIIC2	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701	
	Title IIID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Title IIIE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Alzheimer Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	All State Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
GRAND TOTAL		\$ 103,808	\$ 300,452	\$ 418,803	\$ -	\$ 38,000	\$ 860,863	
COMPUTATION OF GRANT								
1. Estimated Total Cost.....	\$	860,863	8. Federal/State Shares will be comprised of:					
2. LESS Anticipated Proj. Inc.	\$	38,000	a. Federal/State					
3. Estimated Net Cost.....	\$	822,863	grant unearned FY 20 ____ Federal State					
			in previous project year(s)					
4. Non-federal and Non-state Share of Net Cost.....			b. Carry Over FY 20 ____ Federal State					
5. Proj. Inc. (Used as Match).....	\$	38,000						
6. Federal Share of Net Cost.....	\$	103,808						
7. State Share of Net Cost.....	\$	300,452						
			c. New Obligation Authority Herein Awarded FY- Federal State \$ 13,000					
			\$ -					

NOTIFICATION OF GRANT AWARD

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:

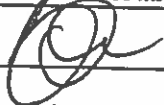
- 1. Keep adequate and complete financial records, and to report promptly and fully to the Area Agency.
- 2. If a federal and/or state audit has not been made within three (3) years after project termination, project records may then be destroyed, on approval of the Agency.
- 3. In all cases, an over-riding 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 be 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:


Tim Armer
Executive Director

3/9/15
Date

We, the undersigned officers of the Grantee organization, certify that we are in agreement with the terms and conditions of this award.


Date: 5-29-15
Deputy County Manager

**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				

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



Tony Flores


Printed/Typed Name of Signatory

5.29.15

Date

NCNMEDD Non-Metro Area Agency on Aging

Name of Area Agency on Aging



Tim Armer, Executive Director

Printed/Typed Name of Signatory

3/9/15

Date

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

GRANTEE: Santa Fe County ADDRESS: PHONE:				APPROVED BUDGET PERIOD FROM: 7/1/2014 TO: 6/30/2015		Grant/Action		NGA DATE 3.6.15 AMEND#1 1x incentive
						New/Cont: <input type="checkbox"/> Revision: <input checked="" type="checkbox"/> X BAR: <input type="checkbox"/> Other: <input type="checkbox"/>		
				DESCRIPTION		FEDERAL	STATE	
Title IIB	Access	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400	\$ 140,538	
	In-Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Community All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Subtotal	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400	\$ 140,538	
Title IIC1	Meal Costs	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624	
	Subtotal	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624	
Title IIC2	Meal Costs	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701	
	Subtotal	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701	
Title IID	Health Promotion	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Title IIE	Care Giver Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
DEMONSTRATION GRANT								
ALZHEIMER	Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
ALL STATE OTHER		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SUB TOTALS								
	Title IIB	\$ 16,472	\$ -	\$ 121,666	\$ -	\$ 2,400	\$ 140,538	
	Title IIC1	\$ 59,692	\$ 113,350	\$ 102,982	\$ -	\$ 27,600	\$ 303,624	
	Title IIC2	\$ 27,644	\$ 187,102	\$ 193,955	\$ -	\$ 8,000	\$ 416,701	
	Title IID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Title IIE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Alzheimer Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	All State Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
GRAND TOTAL		\$ 103,808	\$ 300,452	\$ 418,603	\$ -	\$ 38,000	\$ 860,863	
COMPUTATION OF GRANT		8. Federal/State Shares will be comprised of: a. Federal/State grant unearned in previous project year(s)						
1. Estimated Total Cost.....	\$ 860,863	b. Carry Over FY 20 ____ Federal State						
2. LESS Anticipated Proj. Inc.	\$ 38,000							
3. Estimated Net Cost.....	\$ 822,863							
4. Non-federal and Non-state Share of Net Cost.....								
5. Proj. Inc. (Used as Match).....	\$ 38,000							
6. Federal Share of Net Cost.....	\$ 103,808							
7. State Share of Net Cost....	\$ 300,452	c. New Obligational Authority Herein Awarded FY- Federal State \$ 13,000 \$ -						

NOTIFICATION OF GRANT AWARD

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 be 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:

T. Armer

Tim Armer
Executive Director

3/5/15
Date

We, the undersigned officers of the Grantee organization, certify that we are in agreement with the terms and conditions of this award.

[Signature]

Date:

5.29.15

Date:

Deputy County Manager

Non-Metro Area Agency on Aging
Summary of Budgeted Revenues (SBR)
FY 2014/2015

Contractor: SANTA FE COUNTY

Date: 3/31/14 TB AAA Contracts

Date: 3/31/14 TB AAA Contracts

AMENDMENT #1 Discretionary

Funding Sources	Congregate Meals	Home-Del. Meals	Transportation	Assisted Transportation	Care Support	Adult Day Care	Class	Non-Medical	Health Education Training	Physical Therapy Exercise	Health Screening	Home Safety	Medication Management	Respite Services (Hospice)	Respite Services (Other)	Assisted Living	Intermediate Services	Supplemental Services	TOTAL
Federal Title III	\$ 59,692		\$ 16,472																\$ 16,472
Federal Title III EC-1																			\$ 59,692
Federal Title III EC-2																			\$ 27,644
Federal Title III EC-3																			
Federal Title III EC-4																			
HCSP	\$ 15,879	\$ 17,879																	
State	\$ 110,350	\$ 187,102																	\$ 33,750
Local Cash (City/County/Town)	\$ 102,092	\$ 150,955	\$ 121,650																\$ 300,452
Funding																			\$ 418,000
Other Grants/Contributions																			
State Funded Senior Empl. Prog.																			
In-Kind	\$ 50,833	\$ 37,203	\$ 121,185																\$ 209,201
Program Income																			
Transportation			\$ 2,400																\$ 2,400
Housing/Utilities																			
Adult Day Care																			
Other																			
Congregate Meals Donations	\$ 27,600																		\$ 27,600
Home Delivered Donations		\$ 9,000																	\$ 9,000
Other																			
TOTAL:	\$ 370,358	\$ 471,063	\$ 281,703																\$ 1,123,124
Projected Initial	\$ 37,635	\$ 44,859	\$ 8,500																\$ 90,994
Total Cost of Service (Cos)	\$ 9,4020	\$ 10,51925	\$ 30,78850																\$ 70,70575
Total Cos w/o In-Kind	\$ 8,49952	\$ 9,68769	\$ 18,53360																\$ 60,71681
Total Cos w/o SEP/NSP	\$ 9,41828	\$ 9,93031	\$ 30,78859																\$ 70,13718
Total Cos w/o In-Kind/SEP/NSP	\$ 8,00760	\$ 9,29513	\$ 16,53368																\$ 63,83641
Funding %																			
Federal Title III	14.11842%	10.00000%	10.00000%																14.11842%
Federal Title III EC-1	10.00000%	9.54271%	3.02000%																22.56311%
Federal Title III EC-2	10.00000%	10.00000%	3.55000%																23.55000%
Federal Title III EC-3	10.00000%	10.00000%	3.55000%																23.55000%
Federal Title III EC-4	10.00000%	10.00000%	3.55000%																23.55000%
HCSP	3.00000%	3.82000%	1.25000%																12.07000%
State	38.00000%	40.00000%	10.00000%																88.00000%
Local Cash (City/County/Town)	27.80000%	31.80000%	10.00000%																69.60000%
Funding	10.00000%	10.00000%	3.55000%																23.55000%
Other Grants/Contributions	10.00000%	10.00000%	3.55000%																23.55000%
State Funded Senior Empl. Prog.	10.00000%	10.00000%	3.55000%																23.55000%
In-Kind	13.50000%	7.80000%	42.00000%																63.30000%
Program Income	10.00000%	10.00000%	3.55000%																23.55000%
Transportation	10.00000%	10.00000%	3.55000%																23.55000%
Housing/Utilities	10.00000%	10.00000%	3.55000%																23.55000%
Adult Day Care	10.00000%	10.00000%	3.55000%																23.55000%
Other	10.00000%	10.00000%	3.55000%																23.55000%
Congregate Meals Donations	10.00000%	10.00000%	3.55000%																23.55000%
Home Delivered Donations	10.00000%	10.00000%	3.55000%																23.55000%
Other	10.00000%	10.00000%	3.55000%																23.55000%
TOTAL:	100.00000%	100.00000%	100.00000%																100.00000%
Projected Initial	10.00000%	9.54271%	3.02000%																22.56311%
Total Cost of Service (Cos)	10.00000%	10.51925%	30.78850%																70.70575%
Total Cos w/o In-Kind	9.49952%	9.68769%	18.53360%																60.71681%
Total Cos w/o SEP/NSP	9.41828%	9.93031%	30.78859%																70.13718%
Total Cos w/o In-Kind/SEP/NSP	8.00760%	9.29513%	16.53368%																63.83641%
Funding %																			
Federal Title III	14.11842%	10.00000%	10.00000%																14.11842%
Federal Title III EC-1	10.00000%	9.54271%	3.02000%																22.56311%
Federal Title III EC-2	10.00000%	10.00000%	3.55000%																23.55000%
Federal Title III EC-3	10.00000%	10.00000%	3.55000%																23.55000%
Federal Title III EC-4	10.00000%	10.00000%	3.55000%																23.55000%
HCSP	3.00000%	3.82000%	1.25000%																12.07000%
State	38.00000%	40.00000%	10.00000%																88.00000%
Local Cash (City/County/Town)	27.80000%	31.80000%	10.00000%																69.60000%
Funding	10.00000%	10.00000%	3.55000%																23.55000%
Other Grants/Contributions	10.00000%	10.00000%	3.55000%																23.55000%
State Funded Senior Empl. Prog.	10.00000%	10.00000%	3.55000%																23.55000%
In-Kind	13.50000%	7.80000%	42.00000%																63.30000%
Program Income	10.00000%	10.00000%	3.55000%																23.55000%
Transportation	10.00000%	10.00000%	3.55000%																23.55000%
Housing/Utilities	10.00000%	10.00000%	3.55000%																23.55000%
Adult Day Care	10.00000%	10.00000%	3.55000%																23.55000%
Other	10.00000%	10.00000%	3.55000%																23.55000%
Congregate Meals Donations	10.00000%	10.00000%	3.55000%																23.55000%
Home Delivered Donations	10.00000%	10.00000%	3.55000%																23.55000%
Other	10.00000%	10.00000%	3.55000%																23.55000%
TOTAL:	100.00000%	100.00000%	100.00000%																100.00000%
Projected Initial	10.00000%	9.54271%	3.02000%																22.56311%
Total Cost of Service (Cos)	10.00000%	10.51925%	30.78850%																70.70575%
Total Cos w/o In-Kind	9.49952%	9.68769%	18.53360%																60.71681%
Total Cos w/o SEP/NSP	9.41828%	9.93031%	30.78859%																70.13718%
Total Cos w/o In-Kind/SEP/NSP	8.00760%	9.29513%	16.53368%																63.83641%
Funding %																			
Federal Title III	14.11842%	10.00000%	10.00000%																14.11842%
Federal Title III EC-1	10.00000%	9.54271%	3.02000%																22.56311%
Federal Title III EC-2	10.00000%	10.00000%	3.55000%																23.55000%
Federal Title III EC-3	10.00000%	10.00000%	3.55000%																23.55000%
Federal Title III EC-4	10.00000%	10.00000%	3.55000%																23.55000%
HCSP	3.00000%	3.82000%	1.25000%																12.07000%
State	38.00000%	40.00000%	10.00000%																88.00000%
Local Cash (City/County/Town)	27.80000%	31.80000%	10.00000%																69.60000%
Funding	10.00000%	10.00000%	3.55000%																23.55000%
Other Grants/Contributions	10.00000%	10.00000%	3.55000%																23.55000%
State Funded Senior Empl. Prog.	10.00000%	10.00000%	3.55000%																23.55000%
In-Kind	13.50000%	7.80000%	42.00000%																63.30000%
Program Income	10.00000%	10.00000%	3.55000%																23.55000%
Transportation	10.00000%	10.00000%	3.55000%																23.55000%
Housing/Utilities	10.00000%	10.00000%	3.55000%																23.55000%
Adult Day Care	10.00000%	10.00000%	3.55000%																23.55000%
Other	10.00000%	10.00000%	3.55000%																23.55000%
Congregate Meals Donations	10.00000%	10.00000%	3.55000%																23.55000%
Home Delivered Donations	10.00000%	10.00000%																	

