

**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 30th day of August, 2013, 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 service costs and/or units of service.
2. Changes to Contract. The following changes are amendments to the contract:

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

<b>Service</b>	<b>Total Unit Cost (III,State,PI,Local)</b>	<b>Federal &amp; State Negotiated Unit Costs</b>	<b>Units</b>	<b>Persons</b>
Congregate Meals	\$ 7.91358	\$ 4.48885	35,500	900
Home Delivered Meals	\$9.13400	\$ 5.78881	32,000	150
Assisted Transportation	\$	\$		
Transportation	\$18.20580	\$ 3.66640	10,000	175
Homemaker/Housekeeping	\$	\$		
Respite	\$	\$		
Adult Day Care	\$	\$		
Physical Fitness/Exercise	\$	\$		
Grandparents Raising GC	\$	\$		
<b>NFCSP – Family Caregivers</b>				
CG - Counseling	\$	\$		
CG - Respite Care	\$	\$		
CG - Supplemental	\$	\$		
CG - Assistance	\$	\$		
CG - Information	\$	\$		

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, 2013.

Santa Fe County  
 Legal Name of Vendor/Contractor

Katherine Miller  
 Signature

Katherine Miller  
 Printed/Typed Name of Signatory

4.11.14  
 Date

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

Tim Armer  
 Signature

Tim Armer, Executive Director  
 Printed/Typed Name of Signatory

Date

Approved as to form  
 Santa Fe County Attorney  
 By: Roberta D. Johnson  
 Date: 4/14/14  
emily 4/8/14

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

GRANTEE: Santa Fe County		APPROVED BUDGET PERIOD				Grant/Action		NGA DATE
ADDRESS:		FROM: 7/1/2013				New/Cont:	X	9.3.13
PHONE:		TO: 6/30/2014				Revislon:		
						BAR:		
DESCRIPTION		FEDERAL	STATE	LOCAL	Fundraising-Foundations	PROJ. INC.	TOTAL	
Title IIIB	Access	\$ -	\$ 36,664	\$ 140,394	\$ -	\$ 5,000	\$ 182,058	
	In-Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Community All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Subtotal	\$ -	\$ 36,664	\$ 140,394	\$ -	\$ 5,000	\$ 182,058	
Title IIIC1	Meal Costs	\$ 52,145	\$ 107,209	\$ 89,578	\$ -	\$ 32,000	\$ 280,932	
	Subtotal	\$ 52,145	\$ 107,209	\$ 89,578	\$ -	\$ 32,000	\$ 280,932	
Title IIIC2	Meal Costs	\$ 22,191	\$ 163,051	\$ 99,546	\$ -	\$ 7,500	\$ 292,288	
	SubTotal	\$ 22,191	\$ 163,051	\$ 99,546	\$ -	\$ 7,500	\$ 292,288	
Title IIID	Health Promotlon	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Title IIIE	Care Glver Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
DEMONSTRATON GRANT								
ALZHEIMER	Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
ALL STATE OTHER		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Sub Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SUB TOTALS	Title IIIB	\$ -	\$ 36,664	\$ 140,394	\$ -	\$ 5,000	\$ 182,058	
	Title IIIC1	\$ 52,145	\$ 107,209	\$ 89,578	\$ -	\$ 32,000	\$ 280,932	
	Title IIIC2	\$ 22,191	\$ 163,051	\$ 99,546	\$ -	\$ 7,500	\$ 292,288	
	Title IIID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Title IIIE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Alzheimer Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	All State Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	GRAND TOTAL	\$ 74,336	\$ 306,924	\$ 329,518	\$ -	\$ 44,500	\$ 755,278	
COMPUTATION OF GRANT		3.Federal/State Shares will be comprised of: a.Federal/State FY 20 ____ Federal grant unearned State In previous project year(s) b. Carry Over FY 20 ____ Federal State c. New Oblgational FY- Federal \$ - Authority HereIn Awarded State \$ -						
1.EstimatedTotal Cost.....	\$	755,278						
2.LESS Anticipated Proj. Inc.	\$	44,500						
3.Estimated Net Cost.....	\$	710,778						
4.Non-federal and Non-state Share of Net Cost.....								
5.Proj. Inc. (Used as Match).....	\$	44,500						
6.Federal Share of Net Cost.....	\$	74,336						
7.State Share of Net Cost....	\$	306,924						

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. Percentages indicated on this Notification of Grant Award are adjustable at year end based on the amount of program income earned and expended. All program income must be expended within the program period indicated on page 1.
- 7. Programs must meet the units of services projected in order to be reimbursed or submit a recalculation of service costs request detailing reasons approved units are not being met. Amendments must be approved by the 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 on Aging 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 on Aging on a monthly basis.
  - 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 Area Agency on Aging.
  - 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 on Aging this amount. This amount may constitute a cash advance on any funds awarded to the Grantee by the Area Agency on Aging 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 on Aging.
  - 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.

Project records will be preserved and kept available to federal and state auditors at the following address:

NONMEDD Non-Metro Area Agency on Aging  
Authorizing Official

*Tim Armer*  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Tim Armer, Executive Director

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

Signature: *Katherine M. [unclear]* Date: 4-11-14  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved as to form  
Santa Fe County Attorney  
By: *[Signature]*  
Date: 4/23/14