

7/23/15 3:10 PM

Provider Name: City of Corpus Christi

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. \$ 679,211.97

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

DADS A&I AAA	<u>40,942</u>	Other Funds Eligible Meals	<u>39,300</u>	Other Sources 5	<u>0</u>	
Program Income	<u>2,810</u>	Other Funds - Non-Eligible Meals	<u>0</u>	Other Sources 6	<u>0</u>	2. <u>83,052</u>

3. Whole Unit Rate (Line 1 divided by Line 2) 3. \$ 8.18

Reimbursement Calculation

4. Projected NSIP per Meal Value		DADS A&I AAA	<u>0.69</u>
5. Rate Less NSIP per Meal Value		\$	<u>7.49</u>
6. Mandatory Local Match of 10%	\$	<u>0.75</u>	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$	<u>-</u>	
Required Cash Match	\$	<u>0.75</u>	
7. Proposed Meal Rate (Line 3 minus Line 6)	\$	<u>7.43</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.

City of Corpus Christi  
 Legal Name of Contracted Provider

E. Jay Ellington  
 Signature

E. Jay Ellington, Director  
 Printed/Typed Name of Signer

7/27/15  
 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

John P. Buckner  
 Signature

8/14/15  
 Date

BR

7/23/15 3:07 PM  
 Provider Name: City of Corpus Christi  
 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. \$ <u>814,155.75</u>
2. Total Number of Anticipated Meals to be Provided by Funding Source	
DADS A&I AAA <u>63,890</u> Title XX <u>46,291</u> Title XIX <u>0</u>	
Program Income <u>1,101</u> Other Funds Eligible Meals <u>14,278</u> Other Funds - Non-Eligible Meals <u>0</u>	2. <u>125,560</u>
3. Whole Unit Rate (Line 1 divided by Line 2)	3. \$ <u>6.48</u>

**Reimbursement Calculation**

	DADS A&I AAA & Title XX	Title XIX
4. Projected NSIP per Meal Value	<u>0.69</u>	N/A
5. Rate Less NSIP per Meal Value	\$ <u>5.79</u>	N/A
6. Mandatory Local Match of 10%	\$ <u>0.58</u>	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ <u>-</u>	
Required Cash Match	\$ <u>0.58</u>	N/A
7. Proposed Meal Rate (Line 3 minus Line 6)	\$ <u>5.90</u>	\$ <u>6.48</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>(0.95)</u>	\$ <u>(0.36)</u>
Accepted Unit Rate for Current Year	\$ <u>4.95</u>	\$ <u>6.12</u>

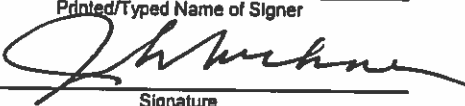
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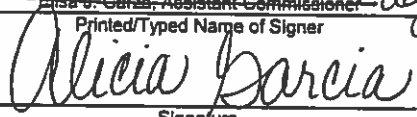
City of Corpus Christi  
 Legal Name of Contracted Provider  
  
 Signature

E. Jay Ellington, Director  
 Printed/Typed Name of Signer  
7/27/15  
 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  
  
 Signature  
8/14/15  
 Date

Alicia Garcia Contract Specialist II  
~~Elisa J. Gomez, Assistant Commissioner~~  
 Printed/Typed Name of Signer  
  
 Signature  
10/22/2015  
 Date

*oh*

Legal Assistance  
**BUDGET WORKSHEET CALCULATION OF THE UNIT RATE**

1. Total Budgeted Expenses for Contract Year					1. \$ 17,747.00
2. Total Number of Anticipated Units to be Provided					
DADS A&I AAA - 10 %		Program			
Match Required	325	Income	0	Other Sources 6	0
DADS A&I AAA - 25 %		Local Funds -		Other Sources 7	0
Match Required	0	Eligible Trips	30		
DADS A&I AAA - Full Unit		Other Funds -			
Rate	0	Non-Eligible		Other Sources 8	0
		Trips	0		
					2. 355
3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate					3. \$ 49.99

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

4. Mandatory Local Match of 10%	\$ 5.00	
** If Applicable, Match Reduction From the In-kind Match Certification form Required Match	\$ -	
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		4. \$ 5.00
		5. \$ 44.99 ✓

4. Mandatory Local Match of 25%	\$ 12.50	
** If Applicable, Match Reduction From the In-kind Match Certification form Required Match	\$ -	
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		4. \$ 12.50
		5. \$ 37.49 N/A

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

Contract Reimbursed at Full Cost Per Unit Rate. Match Requirements Will Be Met Through Provision of Additional Units		
\$ 49.99	Contractor Initial	AAA Initial

City of Corpus Christi  
 Legal Name of Contracted Provider

*E. Jay Ellington*  
 Signature

E. Jay Ellington, Director  
 Printed/Typed Name of Signer

7/27/15  
 Date

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

*John P. Buckner*  
 Signature

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

8/14/15  
 Date

*pl*