



October 1, 2013

Ms. Elsa Munoz, Superintendent  
City of Corpus Christi ~ Sr. Comm. Svcs  
Post Office Box 9277  
Corpus Christi, Texas 78469

**Re: Fiscal Year 2014 Contract Amendment  
Contract No. AA3-1148-4**

Dear Ms. Munoz:

Enclosed is your file copy of the CBCOG-AAA and the City of Corpus Christi - Senior Community Services Older Americans Act Contract Amendment for Fiscal Year 2014. The amended sections of the contract now extending from October 1, 2010 through September 30, 2014 are listed below.

**Contract Section I. (3) Contract Term.**

The original three year contract is hereby extended to four years. **October 1, 2010 - September 30, 2014.**

**Contract Section II. Amended Sections.**

**Attachment A.** Contract Attachment A is hereby replaced by the following Reimbursement Rates for Fiscal Year 2014 extending from October 1, 2013 to September 30, 2014:

SERVICE	FIXED RATES	UNIT OF SERVICE
Home Delivered Meals	\$4.95	One Meal
Congregate Meals	\$6.36	One Meal
Legal Assistance Over 60	\$54.76	One Hour

Contracting methodology remains as a Fixed Unit-Rate Contract as per original agreement. All meals will be provided in accordance with Standard Menu Pattern as described in 40 Texas Administrative Code, Rule 85.302

**Attachment C.**

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts and Grants is updated for Fiscal Year 2014. This attachment is hereby made a part of the Fiscal Year 2014 Contract Amendment.

**Attachment G.**

Budget Work Papers are updated to reflect all Rate Setting Documents for Fiscal Year 2014 including Provider Profile, Provider Total Budget by Service, Analysis Sections 1 and 2, Budget Worksheets, Budget Worksheet Calculation of Unit Rate Forms, Budget Worksheet Certification Forms, and In-Kind Match Certification Forms for all services provided under this agreement. These signed documents are hereby made a part of the Fiscal Year 2014 Contract Amendment.

Request for Proposal attachments are amended to reflect updated documents for Fiscal Year 2014 as follows:

- b. *Summary of Insurance Coverage*
- c. *Written Plan for Emergencies*
- j. *Copy of Most Recent Texas Department of Health Food Service Establishment Inspection Report for each kitchen your organization uses to prepare meals.*

All referenced documents above are attached and made part of the Fiscal Year 2014 Contract Amendment.

**Attachment H.**

Approved Fiscal Year 2014 Waiver Form 2027 for Home Delivered Meals is attached to this document and is hereby made a part of the Fiscal Year 2014 Contract Amendment.

**Attachment I.**

Audit Certification form for Fiscal Year 2014 is attached to this document and is hereby made a part of the Fiscal Year 2014 Contract Amendment.

**Effective Date**

The effective date of the Fiscal Year 2014 Contract Amendment is October 1, 2013. All other sections of the four-year Contract for Older Americans Act Services extending from October 1, 2010 through September 30, 2014 between the City of Corpus Christi and the Coastal Bend Council of Governments – Area Agency on Aging remain in effect.

Sincerely,



John P. Buckner, Executive Director  
Coastal Bend Council of Governments

2014 SEP 19 PM 2:53

November 18, 2013

Ms. Elsa Munoz, Superintendent  
City of Corpus Christi - Parks & Recreation Dept.  
Post Office Box 9277  
Corpus Christi, Texas 78469

**Re: NFA (Notification of Funds Available) for FY2014**

Dear Ms. Munoz:

Enclosed is your first allocation for FY2014. These funds are provided under the Title III of the Older Americans Act of 1965, as amended.

Please note the FY2011-FY2013 Three-year Contract has now been amended to include FY2014. The contract period is now October 1, 2010 to September 30, 2014.

If you have any questions about the enclosure, please call the office or send your inquiry by email.

Sincerely,



Betty Lamb, Director  
Area Agency on Aging

enclosure

**NOTIFICATION OF FUNDS AVAILABLE  
 AREA AGENCY ON AGING OF THE COASTAL BEND  
 POST OFFICE BOX 9909  
 CORPUS CHRISTI, TEXAS 78469**

**SUBCONTRACTOR:**

Date: November 18, 2013

Ms. Elsa Munoz, Superintendent  
 City of Corpus Christi  
 Parks & Recreation Department  
 Senior Community Services  
 Post Office Box 9277  
 Corpus Christi, Texas 78469

CONTRACT PERIOD: 10/01/2013 - 09/30/2014  
 CONTRACT NUMBER: AA3-1148-4  
 AWARD ISSUANCE NUMBER: **1**

This Notification of Funds Available is issued as an addendum to your contract with the Coastal Bend Council of Governments – Area Agency on Aging / Coastal Bend Aging and Disability Resource Center for the period October 1, 2013 through September 30, 2014. The funds awarded under this addendum are for the above period in the amount(s) shown below. It is understood and agreed by the Subcontractor that any payment thereunder, shall be for services provided in accordance with all requirements set forth in the referenced contract. The Subcontractor certifies upon request for any funds awarded under this addendum that the Subcontractor is not debarred, proposed for debarment, suspended, ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.

PROGRAM	FY14 Prior Contract Award	FY14 Title III Award this Action (1)	FY14 NSIP Award	FY14 Cumulative Award
CONGREGATE MEALS III-C1/SGR/NSIP	\$ - 0 -	\$ 38,482	\$ 5,118	\$ 43,600
HOME DELIVERED MEALS III C2/SGR/NSIP	\$ - 0 -	\$ 38,327	\$ 5,118	\$ 43,445
SUPPORTIVE SERVICES III-B	\$ - 0 -	\$ 2,386	\$ - 0 -	\$ 2,386
<b>TOTAL AWARD</b>	<b>\$ - 0 -</b>	<b>\$ 79,195</b>	<b>\$ 10,236</b>	<b>\$ 89,431</b>

**(1) This award represents initial funding for FY14 that has been allocated to your agency.**

John P. Buckner, Executive Director  
 Coastal Bend Council of Governments

cc: Aldilia Saldivar  
 Finance - Federal Grants



February 10, 2014

Ms. Elsa Munoz, Superintendent  
City of Corpus Christi - Parks & Recreation Dept.  
Post Office Box 9277  
Corpus Christi, Texas 78469

**Re: NFA (Notification of Funds Available) for FY2014**

Dear Ms. Munoz:

Enclosed is your second allocation of funds for FY2014, reflecting year-to-date funds awarded through February 10, 2014. These funds are provided under the Title III of the Older Americans Act of 1965, as amended. Your final allocation for FY2014 will be awarded when the Texas Department of Aging and Disabilities awards final FY2014 to the AAA.

Also enclosed is FY2014 NFA #1 dated November 18, 2013 for your records.

If you have any questions about the enclosure, please call the office or send your inquiry by email.

Sincerely,

A handwritten signature in cursive script that reads "Betty Lamb".

Betty Lamb, Director  
Area Agency on Aging

enclosure

S:\Admin\AssDoc\Adm\AAANFA\FY14\NFA-2\_Ltr-CofCG\_2-10-14

LOCATION: 2910 LEOPARD STREET; CORPUS CHIRSTI, TEXAS 78408  
MAILING: POST OFFICE BOX 9909; CORPUS CHIRSTI, TEXAS 78469  
www.aaacoastalbend.org

PHONE: (361) 883-3935  
TOLL FREE: 1-800-817-5743  
FAX: (361) 883-5749

*The Area Agency on Aging is funded in part by the Texas Department of Aging and Disability Services*

**NOTIFICATION OF FUNDS AVAILABLE  
 AREA AGENCY ON AGING OF THE COASTAL BEND  
 POST OFFICE BOX 9909  
 CORPUS CHRISTI, TEXAS 78469**

**SUBCONTRACTOR:**

Date: February 10, 2014

Ms. Elsa Munoz, Superintendent  
 City of Corpus Christi  
 Parks & Recreation Department  
 Senior Community Services  
 Post Office Box 9277  
 Corpus Christi, Texas 78469

CONTRACT PERIOD: 10/01/2013 - 09/30/2014  
 CONTRACT NUMBER: AA3-1148-4  
 AWARD ISSUANCE NUMBER: **2**

This Notification of Funds Available is issued as an addendum to your contract with the Coastal Bend Council of Governments – Area Agency on Aging / Coastal Bend Aging and Disability Resource Center for the period October 1, 2013 through September 30, 2014. The funds awarded under this addendum are for the above period in the amount(s) shown below. It is understood and agreed by the Subcontractor that any payment thereunder, shall be for services provided in accordance with all requirements set forth in the referenced contract. The Subcontractor certifies upon request for any funds awarded under this addendum that the Subcontractor is not debarred, proposed for debarment, suspended, ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.

PROGRAM	FY14 Prior Contract Award	FY14 Title III Award this Action (1)	FY14 NSIP Award	FY14 Cumulative Award
CONGREGATE MEALS III-C1/SGR/NSIP	\$ 43,600	\$ 49,307	\$ 14,454	\$107,361
HOME DELIVERED MEALS III C2/SGR/NSIP	\$ 43,445	\$ 49,105	\$ 14,454	\$107,004
SUPPORTIVE SERVICES III-B	\$ 2,386	\$ 3,057	\$ - 0 -	\$ 5,443
<b>TOTAL AWARD</b>	<b>\$ 89,431</b>	<b>\$101,469</b>	<b>\$ 28,908</b>	<b>\$219,808</b>

**(1) This award represents partial funding for FY14 based on funds awarded to CBCOG-AAA through February 10, 2014.**

John P. Buckner, Executive Director  
 Coastal Bend Council of Governments

cc: Aldilia Saldivar  
 Finance - Federal Grants

**CERTIFICATION  
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY  
AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS**

Federal Executive Order 12549 requires the Texas Department of Aging and Disability Services (DADS) to screen each covered potential contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification "contractor/grantee" refers to both contractor/grantee and subcontractor/subgrantee; "contract/grant" refers to both contract/grant and subcontract/subgrant.

**By signing and submitting this certification the potential contractor/grantee accepts the following terms:**

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the Texas Department of Aging and Disability Services may pursue available remedies, including suspension and/or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract," "debarred," "suspended," "ineligible," "participant," "person," "principal," "proposal," and "voluntarily excluded," as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the Texas Department of Aging and Disability Services, as applicable.

Do you have or do you anticipate having subcontractors/subgrantees under this proposed contract?     YES     NO MUST check off Yes or No

5. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor/grantee may rely upon a certification of a potential subcontractor/subgrantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/subgrantees upon each subcontract's/subgrant's initiation and upon each renewal.
7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/subgrant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United State Department of Agriculture, or other federal department or agency, as applicable, and/or the Texas Department of Aging and Disability Services may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR  
COVERED CONTRACTS AND GRANTS**

Indicate which statement applies to the covered potential contractor/grantee:

MUST check off a box that best applies

- The potential contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal department or agency or by the State of Texas.
- The potential contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor/grantee must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

City of Corpus Christi-Parks and Recreation Department-Senior Community Services  
NAME OF POTENTIAL CONTRACTOR/GRANTEE

74-6000574  
VENDOR ID NO./FEDERAL EMPLOYER'S ID NO.

Michael Morris  
Signature of Authorized Representative

Michael Morris  
Printed/Typed Name of Authorized Representative

9/12/13  
Date

Director of Parks and Recreation Department  
Title of Authorized Representative

**THIS CERTIFICATION IS FOR FFY 2014, PERIOD BEGINNING OCTOBER 1, 2013 AND ENDING SEPTEMBER 30, 2014.**

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective contractor/grantee is providing the certification set out below.
2. The inability of a contractor/grantee to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor/grantee shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor/grantee to furnish a certification or an explanation shall disqualify such contractor/grantee from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective contractor/grantee shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective contractor/grantee learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective contractor/grantee agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective contractor/grantee further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.



9/11/2013 1:29 PM

Submission # 6 28.13**Department of Aging and Disability Services**

Uniform Rate Negotiation Workbook/Budget

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

**Common Provider**Nutrition Providers Legal Business Name: City of Corpus ChristiStreet Address: 1201 LeopardMailing Address: 1201 LeopardCity: Corpus Christi, TXZip Code: 78401Phone Number: 361-826-3150E-mail Address: elsam@cctexas.comContact Name: Elsa MunozNutrition Providers website address: cctexas.com10 Did this Nutrition provider complete a rate setting workbook last year? Yes11 If Yes what was the provider name listed on the workbook? City of Corpus Christi12 Is the Provider a AAA Provider? Yes13 If Yes, select the AAA Name: Area Agency on Aging of the Coastal Bend14 If Yes, contact name at AAA: Betty Lamb15 If Yes, is it a contract or vendor relationship? Contract16 Is the Provider a DADS Community Services Provider? Yes17 If Yes, Contract Manager name at DADS Community Services: Teresa Saenz18 If Yes, select the DADS Region Number: Region 1119 If Yes, enter the DADS contract number: 167400**Service Delivery Information****Home Delivered Meals**20 Does this Nutrition provider serve home delivered meals paid for by DADS or the AAA? Yes21 Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for 2013? Yes22 Is this Nutrition provider requesting a Home Delivered Nutrition Waiver for 2014? Yes23 Total number of home delivered meal routes for this provider: 1124 Total number of meal preparation sites used by this provider: 1**Congregate Meals**25 Does this Nutrition provider serve congregate meals paid for by the AAA? Yes26 Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2013? No27 Is this Nutrition provider requesting a Congregate Waiver for 2014? No28 Total number of meal preparation sites used by this provider: 129 Total number of meal sites used by this provider: 8
 FEDERAL DEPARTMENT OF SERVICES  
 RECEIVED

SEP 23 2013

**Provider Total Budget by Service**

City of Corpus Christi  
 8/11/2013 1:30 PM

AAA Name: Aug Agency on Aging of the Coastal Bend  
 Region Number: Region 11

Cost Area	Total Agency Budget	Home Delivered (Meal Program)	Nutrition Education - AAA Clients	Nutrition Education - RLS Clients	Congregate Meal Program	STAR Plus Meals	Administrators/Center Operations	Participant Assessment	Loyal/Assistance	If applicable replace with title of other agency program	If applicable replace with title of other agency program	Balance not budgeted
<b>Salaries (Identified by Job Title)</b>												
Staff Assistants (11.5 FTE Positions)	25,107.00	13,087.00			10,318.00	1,702.00						
Nutrition Coordinator (1 FTE Position)	33,286.00	17,309.00			13,647.00	2,340.00						
Kitchen Supervisor (1 FTE Position)	29,011.00	15,086.00			11,854.00	2,031.00						
Cook (2.48 FTE Positions)	48,127.00	25,026.00			19,732.00	3,369.00						
Tradeshelper (1 FTE Position)	18,432.00	9,585.00			7,557.00	1,290.00						
Laborer (2.48 FTE Positions)	50,530.00	26,307.00			20,742.00	3,541.00						
Outreach Worker (1 FTE Position)	29,590.00	2,959.00				2,678.00	26,631.00					
Accounting Technician (1 FTE Position)	24,344.00	21,666.00				2,200.00						
Senior Account Clerk (1 FTE Position)	19,798.00	10,399.00										
Staff Assistants (4.92 FTE Positions)	91,639.00				7,109.00		56,587.00		999.00			
Senior Service Supervisor (1 FTE Position)	39,050.00	10,544.00			3,943.00		20,695.00		1,772.00			
Building and Grounds Custodian II (1 FTE Position)	111,074.00						111,074.00					
Superintendent II (1 FTE Position)	51,343.00						25,671.00					
Management Aide (1 FTE Position)	25,207.00	13,803.00			8,748.00	1,081.00	13,413.00					
Administrative Assistant (1 FTE Position)	19,998.00	0,433.00			4,302.00	759.00	19,998.00					
Senior Center Supervisors (5.92 FTE Positions)	174,955.00		6,039.00		73,040.00		79,709.00		7,192.00			
<b>Meal Count: 55% HDM, 41% Congregate and Star Plus 7% All Kitchen Staff cost allocation is based on meal count</b>												
<b>All other staff cost allocation is based on time study percentage split</b>												
<b>Payroll Taxes &amp; Benefits (Employer Paid)</b>												
Total Salaries	708,051.00	372,464.00	6,039.00		217,447.00	2,041.00	347,567.00	35,040.00	9,363.00			
Federal Insurance Compensation Act (FICA)												
Texas Unemployment Compensation Act (TUCA)												
Federal Unemployment Tax Act (FUTA)												
Workers Compensation	28,710.00	6,269.00	241.00		7,850.00	835.00	11,875.00		340.00			
Health Insurance	78,500.00	17,155.00	658.00		21,574.00	2,284.00	32,408.00		928.00			
Retirement	118,000.00	20,727.00	989.00		32,429.00	3,433.00	48,808.00		1,395.00			
	177,793.00	38,763.00	1,490.00		48,802.00	5,173.00	73,537.00		2,101.00			(19.00)
<b>Retirement Calculated at .2245 x Salary = Retirement TARS and FICA</b>												
Total Payroll Taxes & Benefits (Employee Paid)	403,093.50	87,664.00	3,378.00		118,755.00	11,773.00	166,686.00	17,859.00	4,704.00			(19.00)
<b>Contract staff (Identify by Position)</b>												
Total Contract staff	1,194,954.00	300,628.00	10,017.00		345,492.00	34,766.00	494,243.00	52,629.00	14,127.00			(19.00)
<b>Conference (list Conference &amp; Attendees)</b>												
Benefits Counseling Training (7 staff) and local training for senior center and kitchen staff required for licensure such as First Aid/ CPR, Food Manager's Certification, Food Handler Cards, etc.	8,251.00	1,973.00			1,489.00	181.00	3,903.00		765.00			
<b>Dues (list Organization Name)</b>												
Total Conferences	8,251.00	1,973.00			1,489.00	181.00	3,903.00		765.00			
<b>Meals on Wheels Association of America and Meals on Wheels of Texas</b>												
Total Dues	300.00	120.00			165.00	15.00						
<b>Materials (list Items)</b>												
Total Materials	300.00	120.00			165.00	15.00						
<b>Total Professional Development</b>												
Total Professional Development	8,551.00	2,093.00			1,654.00	186.00	3,903.00		765.00			

**Provider Total Budget by Service**

City of Corpus Christi		AAA Name: Area Agency on Aging of the Coastal Bend											
Provider Name: 9/11/2013 3:30 PM		Report Number: Region 11											
Cost Area	Total Agency Budget	Home Delivered Meal Program	Nutrition Education - AAA Clients	Nutrition Education - RLS Clients	Congregate Meal Program	STAR Plus Meals	Administration/ Center Operations	Participant Assessment	Legal/Assistance	If applicable replace with title of other agency program	If applicable replace with title of other agency program	If applicable replace with title of other agency program	Balance not budgeted
Raw Food	393,275.00	202,074.00			165,326.00	25,875.00							
Estimated raw food cost \$1.725/unit		202,074.00			165,326.00	25,875.00							
Purchased Meals	8,165.00	4,477.00			3,984.00	NM							
Hot Prepared Meals Purchased from a Supplier or Central Kitchen													
Frozen Meals	8,165.00	4,477.00			3,984.00	NM							
Chilled Meals													
Shelf Stable Meals													
Total Purchased Meals	8,165.00	4,477.00			3,984.00	NM							
Freight													
Total Freight													
Storage Cost (Food or Supply)													
Total Storage Cost													
Consumables (Identify by type)	17,653.00	3,439.00			13,713.00	507.00							
Non-Capital Equipment (less than \$5,000 per item)													
Paper/plastic goods (napkins, plates, utensils, etc)													
Meal Delivery Consumable Supplies	55,500.00	49,200.00				5,530.00							770.00
Pots/Pans/Cooking Utensils													
Other Cooking Supplies Aluminum foil, dishwashing liquid, gloves, aprons, hammers, plastic wrap, paper towels, pot scrubbers, etc. (\$8,667)	10,107.00	5,287.00			4,588.00	292.00							
Total Consumables	83,320.00	57,926.00			18,301.00	6,329.00							770.00
Other (Identify individually all items over \$100.)	135.00	70.00			55.00	10.00							
Sam's Club Membership													
Total Other	135.00	70.00			55.00	10.00							
Total Meals/Food	485,560.00	264,547.00			187,144.00	32,693.00							770.00

REGIONAL CONTRACT OFFICES  
RECEIVED

SEP 23 2013

**Provider Total Budget by Service**

Provider Name: 01/17/2013 1:30 PM

City of Corpus Christi

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

Cost Area	Total Agency Budget	Home Delivered Meal Program	Nutrition Education - AAA Clients	Nutrition Education - RLS Clients	Congregate Meal Program	STAR Plus Meals	Administration/Center Operations	Participant Assessment	Legal/Assistance	If applicable replace with title of other agency program	If applicable replace with title of other agency program	If applicable replace with title of other agency program	Balance not budgeted
Depreciation (Identify item, year purchased, cost)													
Interest (Identify item, year purchased, cost)													
Leasing (Identify item, year leased)													
Copier Rentals, Computer Rentals, Grease Trap Removal, Dumpster Fees. There are 4 copiers that are leased in addition to 6 computers. This allows the replacement of equipment as per the contract schedule.	28,187.00	4,475.00			3,250.00	156.00	19,649.00		257.00				
Maintenance (Identify item, year purchased, cost)													
Kitchen Equipment (purchased in 2001) and center equipment, and PC repairs	11,816.00	6,061.00			1,973.00	3.00	3,775.00		4.00				
Total Maintenance	11,816.00	6,061.00			1,973.00	3.00	3,775.00		4.00				
Total Equipment	40,003.00	10,536.00			5,223.00	159.00	23,424.00		561.00				
<b>Occupancy/Building</b>													
Rent													
Utilities													
A portion of the City's over match will go towards center operations/administration. Based on ongoing expenses for FY 13.	140,135.00	13,070.00			67,865.00	1,759.00	57,501.00						
Total Utilities	140,135.00	13,070.00			67,865.00	1,759.00	57,501.00						
Depreciation (Identify item, year purchased, cost)													
Mortgage Interest													
Insurance (Identify type of insurance)													
Total Insurance													
Security Alarm System at (6) senior centers and Nutrition Education Service Center. A portion of the City's over match will go towards center operations/administration.	7,763.00	1,050.00			612.00	139.00	5,782.00						
Total Security	7,763.00	1,050.00			612.00	139.00	5,782.00						
Janitorial													
Supplies for (8) senior centers and Nutrition Education Service Center. A portion of the City's over match will go towards center operations/administration.	14,804.00	2,226.00			1,755.00	300.00	10,587.00						
Total Security	14,804.00	2,226.00			1,755.00	300.00	10,587.00						
Repair (Identify all items over \$100.) Overall facility maintenance to include A/C, Heating, Plumbing, general repairs, etc. This includes Building Maintenance Allocation as per the City Budget Office.	223,596.00	7,164.00			40,263.00	3,626.00	171,946.00		377.00				
Total Repair	223,596.00	7,164.00			40,263.00	3,626.00	171,946.00		377.00				
Taxes (Identify Type of Tax)													
Total Taxes	300,362.00	23,490.00			119,655.00	6,162.00	247,810.00		377.00				

**Provider Total Budget by Service**

Provider Name: City of Corpus Christi

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AAA Name: Area Agency on Aging of the Coastal Bend

Region Number: Region 11

Cost Area	Total Agency Budget	Home Delivered Meal Program	Nutrition Education - AAA Clients	Nutrition Education - RLS Clients	Congregate Meal Program	STAR Plus Meals	Administration/Center Operations	Participant Assessment	Legal Assistance	If applicable replace with title of other agency program	If applicable replace with title of other agency program	If applicable replace with title of other agency program	Balance not budgeted
Mileage Reimbursement A portion of the City's over match will go towards center operations/administration.	5,114.00	725.00			551.00	27.00	3,771.00		40.00				
Delivery Total Mileage Reimbursement	5,114.00	725.00			551.00	27.00	3,771.00		40.00				
R/R Delivery Service for RDM - Contract negotiated at \$1.45 per meal *Increase in meal delivery rate of .01 from last year	192,106.00	171,032.00				21,500.00							(820.00)
Gas & Oil Total Delivery	192,106.00	171,032.00				21,500.00							(820.00)
Repairs (Identify item & year purchased) Box Truck with lift (2003), Box Truck with lift (1999) and Delivery Van with lift (1994)	11,021.60	1,102.60			9,368.00	551.00							
Insurance (Identify type of insurance) Total Repairs	11,021.60	1,102.60			9,368.00	551.00							
Depreciation/Lease (Identify item, year purchased, cost) Total Insurance	9,039.00	904.00			7,683.00	452.00							
Interest Total Depreciation	9,039.00	904.00			7,683.00	452.00							
Tags & Licenses Total Interest													
Total Transportation/Travel	217,280.00	174,763.00			17,402.00	4,299.00	3,771.00		10.00				(229.00)



**Provider Total Budget by Service**

Provider Name:  
9/11/2013 1:30 PM

City of Corpus Christi

AAA Name: Area Agency on Agency of the Coastal Bend  
Region Number: Region 11

Cost Area	Total Agency Budget	Home Delivered Meal Program	Nutrition Education - AAA Clients	Nutrition Education - RLS Clients	Congregate Meal Program	STAR Plus Meals	Administrative/Center Operations	Participant Assessment	Legal/Assistance	If applicable replace with title of other agency program	If applicable replace with title of other agency program	If applicable replace with title of other agency program	Balance not budgeted
<b>Total of all Cost Areas</b>	2,475,167.00	756,240.00	10,017.00	0.000%	674,987.00	57,100.00	167,317.00	52,769.00	16,241.00	-	-	-	35,140
<b>Percentage of Total Cost</b>	59.88%	30.56%	0.40%	0.00%	27.27%	2.3%	6.74%	2.14%	0.65%	0.00%	0.00%	0.00%	
<b>Budgeted Meals</b>													
<b>Provider Prepared Meals</b>	227,906	117,145			95,841	16,000							
Hot Meals													
Frozen Meals													
Chilled Meals													
Shelf Stable Meals													
<b>Total Provider Prepared Meals</b>	227,906	117,145			95,841	16,000							
<b>Purchased Meals</b>													
Hot Prepared Meals Purchased from a Supplier or Central Kitchen													
Frozen Meals													
Chilled Meals													
Shelf Stable Meals	3,000	1,518			1,350	132							
<b>Total Purchased Meals</b>	3,000	1,518			1,350	132							
<b>Total Budgeted Meals</b>	230,906	118,663			97,191	15,132							
<b>% of Total Meals</b>		51%			42%	7%							
<b>Whole Unit Rate</b>		6.27			6.97	5							

AAA Contractors/Vendors may choose to provide required Nutrition Education as a separate service and exclude costs related to Nutrition Education from the meal rate.  
If the cost of Nutrition Education is to be provided as a separate service, enter an N to exclude Nutrition Education costs from the meal rate.

Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11

**Section 1**

This section is used to compare the amounts budgeted/allocated to each program by cost area.  
*Example:* What percent of the agencies personnel cost is budgeted/allocated to home delivered meals versus congregate meals and other agency programs? The information should be used as a review tool to gain an understanding of the agencies overall budget and operations.

Cost Area	Percentage of the Total Cost Area Budgeted to:		
	Home Delivered Meals	Congregate Meals	Other Programs
<b>Total Personnel</b>	21.80%	27.48%	50.72%
<b>Total Professional Development</b>	24.48%	19.34%	56.18%
Total Raw Food	51.38%	42.04%	6.58%
Total Purchased Meats	50.59%	45.02%	4.40%
Total Freight	0.00%	0.00%	0.00%
Total Storage Cost	0.00%	0.00%	0.00%
Total Consumables	69.52%	21.96%	8.52%
Total Other Meal/Food	51.85%	40.74%	7.41%
<b>Total Meals/Food</b>	<b>54.48%</b>	<b>38.65%</b>	<b>6.87%</b>
<b>Total Equipment</b>	<b>27.34%</b>	<b>13.06%</b>	<b>59.61%</b>
<b>Total Occupancy/Building</b>	<b>6.08%</b>	<b>28.64%</b>	<b>65.28%</b>
<b>Total Transportation/Travel</b>	<b>79.97%</b>	<b>8.10%</b>	<b>11.93%</b>
<b>Total Administrative &amp; General</b>	<b>14.65%</b>	<b>16.70%</b>	<b>68.65%</b>
<b>Total of all Cost Areas</b>	<b>30.55%</b>	<b>27.27%</b>	<b>42.18%</b>

**Example of how to use this information:**

Compare the percentage of total personnel budgeted to the meal programs and other programs. Based on the percentages of total cost does the percentages appear reasonable and equitably distributed between programs? If the percentages are not easily identified as equitable a further review of the salaries may be necessary. There are many reasons for variances in percentage for example the agency may use volunteers for some of the programs this may cause the overall percentages appear out of line.

**REMEMBER:** There are no right or wrong percentages. The reviewer through analysis of the budget and discussions with the provider must determine if the allocation is acceptable.

The reviewers notes detailing budget review, discussions with the provider, and decisions made should be included in the work file.



Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11

**Section 2**

This section is a summary of information to use to analyze the cost and how they are allocated between Congregate and Home Delivered Meals. The information is presented in three different ways:

- Total Cost: Amount budgeted by cost area
- Percentage of total cost: Percentage of the total of cost area for the two meal programs applied to each program
- Cost per unit: How much of the unit cost is used to pay for each cost area. \$X.XX of the cost of each meal is for XX cost area.

Below the cost area summary information is additional information showing:

- Percentage of the total budgeted meal cost applied to the home delivered and congregate meal programs
- Percentage of the total budgeted meals (home Delivered & congregate) applied to the home delivered and congregate programs.
- Whole Unit rate for each meal program
- Calculated meal rate based on information entered on the home delivered and congregate meal budget worksheets.

Cost Area	Total Cost		Percentage of Total Cost		Cost per unit	
	Home Delivered Meals	Congregate Meals	Home Delivered Meals	Congregate Meals	Home Delivered Meals	Congregate Meals
<b>Total Personnel</b>	260,528.00	328,402.00	44.24%	55.76%	2.20	3.38
<b>Total Professional Development</b>	2,093.00	1,654.00	55.86%	44.14%	0.02	0.02
<b>Total Raw Food</b>	202,074.00	165,326.00	55.00%	45.00%	1.72	1.73
<b>Purchased Meals</b>						
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	-	-	0.00%	0.00%	-	-
Frozen Meals	-	-	0.00%	0.00%	-	-
Chilled Meals	-	-	0.00%	0.00%	-	-
Shelf Stable Meals	4,477.00	3,984.00	52.91%	47.09%	2.95	2.95
<b>Total Consumables</b>	57,926.00	18,301.00	75.99%	24.01%	0.49	0.19
Total Other Meal/Food	70.00	55.00	56.00%	44.00%	0.00	0.00
<b>Total Meals/Food</b>	264,547.00	187,666.00	58.50%	41.50%	2.23	1.93
<b>Total Equipment</b>	10,936.00	5,223.00	67.68%	32.32%	0.09	0.05
<b>Total Occupancy/Building</b>	23,490.00	110,655.00	17.51%	82.49%	0.20	1.14
<b>Total Transportation/Travel</b>	173,763.00	17,602.00	90.80%	9.20%	1.46	0.18
<b>Total Administrative &amp; General</b>	20,863.00	23,785.00	46.73%	53.27%	0.18	0.24
<b>Subtotal</b>	756,220.00	674,987.00	52.84%	47.16%	6.37	6.94
Nutrition Education	5,506.72	4,510.28			0.05	0.05
<b>Total</b>	761,726.72	679,497.28			6.42	6.99

  

<b>Total Budgeted Cost</b>	756,220.00	674,987.00	1,431,207.00
<b>Percentage of Total Budgeted Meal Cost</b>	52.84%	47.16%	100.00%

  

<b>Total Budgeted Meals</b>	118,663	97,191	215,854
<b>Percentage of Total Budgeted Meals</b>	54.97%	45.03%	100.00%

  

<b>Whole Unit Rate (Full Cost per Meal)</b>	6.42	6.99
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<b>Calculated Rate</b>	4.95	6.36
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Provider Name: City of Corpus Christi  
AAA Name: Area Agency on Aging of the Coastal Bend  
Region Number: Region 11

**Example of how to use this information:**

Review each of the cost areas based on the three different ways the information is presented. Determine if the dollar amount is reasonable for each of the cost areas. Is the percentage of the cost allocation between congregate and home delivered comparable to the percentage of total budgeted meals for each program?

**Review examples:**

- Occupancy/Building cost is expected to be higher for congregate than home delivered because the home delivered program should only be charged a share of the cost for the kitchen and delivery preparation area for the time those areas are used to prepare and disburse meals. The congregate program would be charged a share of the cost for the kitchen area for the time those areas are used to prepare meals and include the cost associated with the area used to consume meals.
- How are Personnel costs allocated between the two meal programs? Is the allocation based on the percentage of meals, percentage of total cost, or actual time spent between the two programs?
- Review the cost per unit of raw food. Is the amount the same for both programs? If not, why are they different?
- Review the total cost per unit rates, are the rates for the programs similar? Because the program requirements are different, small variances are expected. If the variances cannot be explained by program differences, you need to explain in your review papers why they are different.

Home Delivered Meal Budget Worksheet

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

Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11

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Most Recent Completed Budget 2012

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<b>Personnel</b>					
Salaries, PR Taxes & Benefits	192,271.00	286,383.00	94,112.00	-32.86%	0.00%
Contract staff, Compensation	0.00	0.00	0.00	0.00%	29.52%
<b>Total</b>	192,271.00	286,383.00	94,112.00	-32.86%	29.52%
<b>Nutrition Education</b>					
Salaries, PR Taxes & Benefits	21,218.00	21,128.00	-90.00	0.43%	0.00%
Contract staff, Compensation	0.00	0.00	0.00	0.00%	0.00%
Materials	0.00	0.00	0.00	0.00%	0.00%
Confidence	0.00	0.00	0.00	0.00%	0.43%
<b>Total</b>	21,218.00	21,128.00	-90.00	0.43%	3.26%
<b>Professional Development</b>					
Confidence	1,505.00	2,089.00	583.00	-27.91%	0.00%
Dues	492.00	276.00	-216.00	78.26%	0.00%
Materials	0.00	0.00	0.00	0.00%	0.31%
<b>Total</b>	1,997.00	2,365.00	367.00	-15.52%	0.31%
<b>Meals/Food</b>					
Raw Food	149,407.00	198,302.00	48,895.00	-24.66%	100.00%
Purchased Meals	5,023.00	5,023.00	0.00	0.00%	0.00%
Freight	0.00	0.00	0.00	0.00%	0.00%
Storage	51,896.00	56,822.00	4,926.00	-8.67%	198.00%
Consumables	149.00	50.00	-99.00	198.00%	30.93%
<b>Total</b>	201,452.00	260,197.00	58,745.00	-22.58%	30.93%
<b>Equipment</b>					
Depreciation	0.00	0.00	0.00	0.00%	0.00%
Interest	0.00	0.00	0.00	0.00%	0.00%
Leasing	3,245.00	6,637.00	3,392.00	-51.11%	33.24%
Maintenance	4,205.00	3,158.00	-1,047.00	33.24%	1.14%
<b>Total</b>	7,450.00	9,793.00	2,343.00	-23.93%	1.14%
<b>Occupancy/Building</b>					
Rent	9,966.00	0.00	0.00	0.00%	-12.43%
Utilities	0.00	11,380.00	1,414.00	0.00%	0.00%
Depreciation	0.00	0.00	0.00	0.00%	0.00%
Mortgage Interest	0.00	0.00	0.00	0.00%	0.00%
Insurance	4,184.00	1,002.00	-3,182.00	317.56%	0.00%
Security	3,242.00	3,242.00	0.00	0.00%	-63.51%
Janitorial	5,385.00	0.00	9,371.00	0.00%	0.00%
Repair	0.00	0.00	0.00	0.00%	-25.03%
Taxes	0.00	0.00	0.00	0.00%	3.50%
<b>Total</b>	22,777.00	30,380.00	7,603.00	-25.03%	3.50%

Proposed Budget

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
260,528.00	35.50%	35.50%
0.00	0.00%	0.00%
260,528.00	35.50%	34.20%
5,506.72	-74.05%	0.00%
0.00	0.00%	0.00%
0.00	0.00%	0.00%
0.00	0.00%	0.00%
5,506.72	-74.05%	0.72%
19,733.00	31.01%	0.00%
120.00	-75.61%	0.00%
0.00	0.00%	0.00%
20,933.00	4.75%	0.27%
20,207.40	35.25%	0.00%
4,377.00	100.00%	0.00%
0.00	0.00%	0.00%
0.00	0.00%	0.00%
5,792.00	11.62%	0.00%
70.00	-53.02%	0.00%
26,457.00	31.32%	34.73%
0.00	0.00%	0.00%
0.00	0.00%	0.00%
4,875.00	50.23%	0.00%
6,051.00	44.14%	0.00%
10,936.00	46.79%	1.44%
0.00	0.00%	0.00%
13,070.00	31.15%	0.00%
0.00	0.00%	0.00%
0.00	0.00%	0.00%
0.00	0.00%	0.00%
10,300.00	-75.38%	0.00%
2,226.00	-31.34%	0.00%
7,164.00	33.04%	0.00%
0.00	0.00%	0.00%
23,490.00	3.13%	3.08%

Explanation of Variances

1. An explanation of variance must be provided for each cost area where the expenses per General Ledger varies from the approved budget for the most recent completed year by 10% or more.  
 2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.

FY 12 - Variance due to vacant positions. FY 14 - personnel variance due vacant positions starting at entry level salary

FY 14 decrease due to more going into salaries from Nutrition Education

FY 12 - did not have to purchase shelf stable meals - as stable meals are not purchased until emergency situation. FY14 Shelf Stable meals budgeted again in case emergency situation - variances. FY14 consumables increase due to a very significant increase in silver plates (now 42/each).

FY12 - Leasing - variance due to allocation between Center Ops and grant. FY 12 Maintenance - unanticipated increase in equipment maintenance

FY 12 - Utility Cost - slight decrease due to allocation FY 14 to reflect actual cost increase thru June 2013. FY 12 Security - increase due to allocation will correct with FY 14. FY 12 decrease due to allocation formula FY 14 allocation was adjusted. FY 12 Repairs - decrease in amount charged to this line item due to allocation issue plus fewer anticipated repairs FY 14 Repairs amount budgeted was adjusted to reflect historical expenses

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Home Delivered Meal Budget Worksheet

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

Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11  
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Most Recent Completed Budget Year		2012		Proposed Budget		Explanation of Variances	
Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance of Budget	Proposed Budget	Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
Mileage Reimbursement	51.00	1,943.00	1,892	-97.36%	725.00	1321.57%	
Delivery	199,488.00	205,432.00	5,944	-2.89%	17,103.00	-14.26%	
Gas & Oil	814.00	1,060.00	246	-23.21%	1,102.00	35.38%	
Repairs	978.00	1,239.00	261	-21.07%	904.00	-7.57%	
Insurance	0.00	0.00	0	0.00%	0.00	0.00%	
Depreciation/Lease	0.00	0.00	0	0.00%	0.00	0.00%	
Interest	0.00	0.00	0	0.00%	0.00	0.00%	
Taxes & Licenses	0.00	0.00	0	0.00%	0.00	0.00%	
<b>Total</b>	<b>201,331.00</b>	<b>209,674.00</b>	<b>8,343</b>	<b>-3.98%</b>	<b>173,783.00</b>	<b>-13.69%</b>	<b>22.81%</b>
Administrative & General	148.00	165.00	17	-10.30%	285.00	92.57%	
Advertising	148.00	165.00	17	-10.30%	171.00	15.54%	
Printing	497.00	3,362.00	2,865	-85.17%	733.00	47.48%	
Copying	719.00	1,288.00	569	-39.52%	1,995.00	156.10%	
Office Supplies	0.00	0.00	0	0.00%	0.00	0.00%	
Contractual Agreements	75.00	208.00	133	-63.94%	143.00	90.67%	
Postage	754.00	771.00	17	-2.20%	1,350.00	79.05%	
Telecommunications	0.00	0.00	0	0.00%	0.00	0.00%	
Liability Insurance	0.00	0.00	0	0.00%	0.00	0.00%	
Legal Fees	0.00	0.00	0	0.00%	0.00	0.00%	
Accounting Fees	0.00	0.00	0	0.00%	0.00	0.00%	
Consulting Fees	0.00	0.00	0	0.00%	0.00	0.00%	
Other Fees (Explain)	0.00	0.00	0	0.00%	0.00	0.00%	
Audit	377.00	5,393.00	5,016	-92.84%	93,177.00	100.00%	
Other Misc. (Explain)	2,778.00	33,298.00	30,520	-91.66%	68,669.00	172.02%	
<b>Total</b>	<b>651,275.00</b>	<b>853,218.00</b>	<b>201,943.00</b>	<b>-23.67%</b>	<b>761,726.72</b>	<b>16.96%</b>	<b>100.00%</b>
Total of all Cost Areas	1,735.00	153,308	5.57				
Whole Cost per Meal	4.85	4.95	1.10				
Approved Meal Rate (Title III & Title XX)	5.57	5.57					
Approved Meal Rate (Title XIX)							

Inflation Factor 2012 to 2013: 1.114%  
 Inflation Factor 2013 to 2014: 1.012%  
 Combined Inflation Factor: 2.126%

1. An explanation of variance must be provided for each cost area where the expenses per General Ledger varies from the approved budget for the most recent completed year by 10% or more.  
 2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.

FY 12 Mileage decrease due to lack of mileage claimed by staff, plus allocation issue between HDM and Congregate programs, also outreach now uses city vehicle FY14 Mileage - amount budgeted was adjusted to reflect the past two years history. FY12 Delivery Expense - slightly under due to number of meals not delivered. FY 14 - Delivery Cost - increase in meal delivery rate to \$1.46 based on actual cost per meal charged by R&R, in addition, delivery costs were a net decrease due to fewer meals planned. FY12 Gas & Oil slightly under budgeted amount. FY14 Oil & Gas increased based on fuel increase. FY12 Repair - decrease due to allocation.

FY 12 - Advertising - slightly under budget. FY14 slight increase due to inflation for product FY12 Printing - slightly under budget. FY14 slight inflationary increase FY12 copying - City charges for copying not fully charged to HDM program. FY14 - Budgeted for copying expenses as have been charged historically. FY 12 error in charges for office supplies caused decrease. FY14 Office Supplies increased budgeted due to annualized estimate for FY 13. FY12 Postage - underspent budget. FY14 Postage increase based postage increase and decrease to FY 13 budget. FY14 Telephone - budgeted based on FY 13; increase in allocation. FY14 Audit - Budgeted for expense that was not charged to department in FY12 but should have been. FY12 Other Misc. - MIS charges allocated were not charged to Meal Program - only charged to Center Ops (General Fund). Uniforms were charged another grant year. FY 14 Other Misc. allocation formula was adjusted with additional expenses charged to Center operations. FY 14 includes uniforms that will be purchased, minor computer eqpt., minor office equipment and minor tools and eqpt. and deposit supplies for meal donations. MIS allocation will not be

**Home Delivered Meal Budget Worksheet**

Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend  
 Region Number: Region 11

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

Most Recent Completed Budget Year	2012	2013	2014	2015
Cost Area				
Expense per General Ledger				
Approved Budget				
Variance Budget minus Expenses				
Percentage of Variance				
Percentage of Unit Cost				
Proposed Budget				
Percentage of Unit Cost				
Variance - Prior Year Actual to Proposed Budget				
Percentage of Unit Cost				

**Explanation of Variances**

Inflation Factor 2012 to 2013 1.014%  
 Inflation Factor 2013 to 2014 1.012%  
 Combined Inflation Factor 2.026%

1. An explanation of variance must be provided for each cost area where the recent completed year by 10% or more.
2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.

Funding Source	Proposed Meals
DADS A&I AAA	58,170
DADS - Title XX	47,723
DADS - Title XIX (CBA)	
Program Income	1,518
Other Funds - Eligible Meals	11,252
Other Funds - Non-Eligible Meals	
Local Funds - Required Match	NA
Local Funds - Cap Limit Exceeded DADS A&I-AAA & Title XX	NA
Local Funds - Cap Limit Exceeded Title XX	NA
Total Meals by Funding Source	118,663
Provider Total Budgeted Home Delivered Meals	118,663
Variance (Provider Total Budgeted Home Delivered Meals - Total Meals by Funding Source)	

Calculated Rate	Revenue	Proposed Meals * Calculated Units
4.95	287,942	Proposed Meals * Calculated Units
4.95	236,229	Proposed Meals * Calculated Units
0.00		Proposed Meals * Calculated Units
6.42	9,746	Proposed Meals * Calculated Units
6.42	72,238	Proposed Meals * Calculated Units
6.42		Proposed Meals * Calculated Units
0.57	60,359	DADS A&I AAA Proposed Meals * Title XX Proposed Meals * Calculated Rate
0.90	95,304	DADS A&I AAA Proposed Meals * Title XX Proposed Meals * Calculated Rate
0.30	761,816	DADS Title XIX Proposed Meals * Calculated Rate

Estimated Number of Nutrition Education Units AAA Clients	491
Nutrition Education Budget - AAA Clients	5,506.72
Calculated Cost per Unit	11.22

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 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. \$ 761,726.72

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

DADS A&I AAA	<u>58,170</u>	Title XX	<u>47,723</u>	Title XIX	<u>0</u>	
Program Income	<u>1,518</u>	Other Funds Eligible Meals	<u>11,252</u>	Other Funds - Non-Eligible Meals	<u>0</u>	2. <u>118,663</u>

3. Whole Unit Rate (Line 1 divided by Line 2) 3. \$ 6.42

**Reimbursement Calculation**

		DADS A&I AAA & Title XX	Title XIX
4. Projected NSIP per Meal Value		<u>0.69</u>	<u>N/A</u>
5. Rate Less NSIP per Meal Value		<u>\$ 5.73</u>	<u>N/A</u>
6. Mandatory Local Match of 10% ** If Applicable, Match Reduction From the In-kind Match Certification form	<u>\$ 0.57</u>  <u>\$ -</u>		
Required Cash Match		<u>\$ 0.57</u>	<u>N/A</u>
7. Proposed Meal Rate (Line 3 minus Line 6)		<u>\$ 5.85</u>	<u>\$ 6.42</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>\$ (0.90)</u>	<u>\$ (0.30)</u>
Accepted Unit Rate for Current Year		<u>\$ 4.95</u> ✓	<u>\$ 6.12</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  
  
 Signature

Michael Morris, Director  
 Printed/Typed Name of Signer  
9/12/13  
 Date

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

Region 11  
 Department of Aging and Disability Services

Jordan P. Buckner  
 Printed/Typed Name of Signer

Printed/Typed Name of Signer

  
 Signature

  
 Signature

9/20/13  
 Date

9-24-2013  
 Date

9/11/13 1:45 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 CERTIFICATION

**AS SIGNER OF THIS BUDGET WORKSHEET, I HEREBY CERTIFY THAT:**

- I have read the note below and the instructions applicable to this budget worksheet.
- I have reviewed this budget worksheet after its preparation.
- To the best of my knowledge and belief, this budget worksheet is true, correct and complete, and was prepared in accordance with the instructions applicable to this budget worksheet.
- This budget worksheet was prepared from the books and records of the contracted provider.
- I acknowledge that all books and records related to this rate setting process are subject to audit in accordance with contract requirements and all applicable federal and state laws.

**Note:** The person legally responsible for the conduct of the contracted provider must sign this Budget Worksheet Certification. If a sole proprietor, the owner must sign the Budget Worksheet Certification. If a partnership, a partner must sign the Budget Worksheet Certification. If a corporation, the person authorized by the Board of Directors Resolution must sign the Budget Worksheet Certification. Misrepresentation of information contained in the budget worksheet may result in adverse action, up to and including contract termination. Furthermore, falsification of information in the budget worksheet may result in a referral for prosecution.

City of Corpus Christi

Name of Contracted Provider

Michael Morris, Director

Printed/Typed Name of Signer

9/12/13

Date

*Michael Morris*

Signature

Signer Authority:  
(check one)

Sole Proprietor

Partner

Corporate Officer

Association Officer

Board Member

Governmental Official

2013 2-3 2013

9/11/13 1:46 PM

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

**Home Delivered Meals  
IN-KIND MATCH CERTIFICATION**

Provider: City of Corpus Christi

In-kind Contribution(s): \$0

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

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

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

**Examples of Documentation Include:**

- Rent:**
1. Letter of Agreement with Owner
  2. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation)

- Labor:**
1. Minimum wage
  2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <http://www.tracer2.com>

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

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

City of Corpus Christi  
Name of Contracted Provider

9/12/13  
Date

Michael Morris, Director  
Printed/Typed Name of Signer

Michael Morris  
Signature



Congregate Meal Budget Worksheet

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

Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend

9/11/13 1:47 PM

Most Recent Completed Budget Year

2012

Explanation of Variances

Inflation Factor 2012 to 2013: 1.014%  
 Inflation Factor 2013 to 2014: 1.012%  
 Combined Inflation Factor: 2.026%

1. An explanation of variance must be provided for each cost area where the expense per General Ledger value from the approved budget for the most recent completed year by 10% or more
2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expense	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Percentage Prior Year Actual to Proposed Budget	Percentage of Unit Cost	Explanation of Variances
Salaries, PR Taxes & Benefits	219,847.00	317,378.00	97,331	-30.69%		328,402.00	49.38%	48.33%	FY 12 - Variance due to vacant positions and an error in not enough salaries being charged to congregare meals from Center operations, FY 14 - variance due to budgeting loss in Nutrition Education and error in not enough salaries being charged to congregare meals from center operations
Contract Staff, Compensation	219,847.00	317,378.00	97,331	-30.69%	46.13%	328,402.00	49.38%	48.33%	
<b>Total</b>	<b>219,847.00</b>	<b>317,378.00</b>	<b>97,331</b>	<b>-30.69%</b>	<b>46.13%</b>	<b>328,402.00</b>	<b>49.38%</b>	<b>48.33%</b>	
Salaries, PR Taxes & Benefits	13,974.00	13,974.00	0	0.00%		4,510.28	-67.72%		
Contract Staff, Compensation	0.00	0.00	0	0.00%			0.00%		
Materials	0.00	0.00	0	0.00%			0.00%		
Conference	0.00	0.00	0	0.00%			0.00%		
<b>Total</b>	<b>13,974.00</b>	<b>13,974.00</b>	<b>0</b>	<b>0.00%</b>	<b>2.93%</b>	<b>4,510.28</b>	<b>-67.72%</b>	<b>0.66%</b>	
Professional Development	1,004.00	1,867.00	863	-46.22%		1,469.00	48.31%		
Dues	344.00	0.00	-344	-100.00%		165.00	-52.03%		
Materials	0.00	0.00	0	0.00%			0.00%		
<b>Total</b>	<b>1,348.00</b>	<b>1,867.00</b>	<b>519</b>	<b>-27.80%</b>	<b>0.28%</b>	<b>1,654.00</b>	<b>22.70%</b>	<b>0.24%</b>	
Raw Food	110,672.00	135,606.00	24,934	-18.39%		165,326.00	49.38%		
Purchased Meals	3,900.00	3,900.00	0	0.00%		3,984.00	100.00%		FY 12 Raw Food - fewer meals served than budgeted, FY 14 increase in food cost to \$1.72 per meal, plus 8,000 more planned meals compared to those actually served, FY 12 Shelf Stable - did not have to purchase shelf stable meals - as stable meals are not purchased until emergency situation, FY 14 Shelf Stable meals budgeted again in case emergency situation warrants, FY 14 consumables increase due to a very significant increase in case plates (now 42/each), FY 12 additional Santa's Club membership card FY 14 decreased number of members from 175 to 125, FY 14 Red Alert - costs per meal is accurate
Freight	0.00	0.00	0	0.00%			0.00%		
Storage	0.00	0.00	0	0.00%			0.00%		
Consumables	15,756.00	15,955.00	199	-1.25%		18,301.00	16.15%		
Other	89.00	50.00	-39	98.00%		55.00	-44.44%		
<b>Total</b>	<b>126,527.00</b>	<b>155,511.00</b>	<b>28,984</b>	<b>-18.64%</b>	<b>26.55%</b>	<b>167,668.00</b>	<b>48.32%</b>	<b>27.62%</b>	
Depreciation	0.00	0.00	0	0.00%			0.00%		
Interest	0.00	0.00	0	0.00%			0.00%		
Leasing	2,046.00	3,165.00	1,119	-35.36%		3,750.00	58.85%		
Maintenance	2,591.00	1,837.00	-756	41.15%		1,973.00	-23.91%		
<b>Total</b>	<b>4,637.00</b>	<b>5,002.00</b>	<b>365</b>	<b>-7.26%</b>	<b>0.97%</b>	<b>5,223.00</b>	<b>12.59%</b>	<b>0.77%</b>	
Rent	0.00	0.00	0	0.00%			0.00%		
Utilities	50,451.00	78,530.00	28,079	-33.90%		67,805.00	34.40%		
Depreciation	0.00	0.00	0	0.00%			0.00%		
Mortgage Interest	0.00	0.00	0	0.00%			0.00%		
Insurance	891.00	891.00	0	0.00%			0.00%		
Security	8,399.00	1,712.00	-6,687	390.60%		812.00	-8.87%		
Janitorial	30,802.00	34,986.00	4,184	-11.96%		1,755.00	-79.10%		
Repair	0.00	0.00	0	0.00%		40,283.00	30.78%		
Taxes	90,543.00	113,919.00	23,376	-20.52%		110,655.00	22.21%	16.26%	
<b>Total</b>	<b>142,701.00</b>	<b>1,235.00</b>	<b>-141,466.00</b>	<b>15.55%</b>		<b>551.00</b>	<b>-61.39%</b>		
Mileage Reimbursement	4,613.00	4,608.00	-5	0.11%		9,368.00	103.08%		
Delivery	5,542.00	5,382.00	-160	2.97%		7,683.00	38.63%		
Gas & Oil	0.00	0.00	0	0.00%			0.00%		
Repairs	0.00	0.00	0	0.00%			0.00%		
Insurance	0.00	0.00	0	0.00%			0.00%		
Depreciation/Lease	0.00	0.00	0	0.00%			0.00%		
Interest	0.00	0.00	0	0.00%			0.00%		
Taxes & Licenses	11,582.00	11,225.00	357	-3.16%		17,602.00	51.95%	2.59%	
<b>Total</b>	<b>11,582.00</b>	<b>11,225.00</b>	<b>357</b>	<b>-3.16%</b>	<b>2.43%</b>	<b>17,602.00</b>	<b>51.95%</b>	<b>2.59%</b>	
Advertising	31.00	111.00	20	-18.02%		190.00	108.79%		
Printing	91.00	111.00	20	-16.02%		114.00	25.27%		
Copying	331.00	2,067.00	1,736	-83.95%		489.00	47.73%		
Office Supplies	480.00	730.00	250	-34.25%		1,330.00	177.08%		
Contractual Agreements	0.00	0.00	0	0.00%			0.00%		
Postage	46.00	118.00	72	-61.02%		95.00	106.52%		
Telecommunications	6,840.00	6,490.00	-350	5.39%		10,981.00	60.54%		

FY 12 - Mileage - allocation error between HDM and congregare meals caused a slight increase  
 FY 14 Mileage - amount budgeted was decreased due to allocation between Center Ops and Home Delivered Meals, FY 14 Oil & Gas increased based on fuel increase, FY 14 Repair - increase in line item due to aging of vans and based on year to date expenses

FY 12 - Advertising - slightly under budget, FY 14 slight increase due to inflation for product  
 FY 12 Printing - slightly under budget, FY 14 slight inflationary increase FY 12 copying - City charges for copying not fully charged to HDM program, FY 14 - Budgeted for copying expenses as have been charged historically, FY 12 error in charges for office supplies caused decrease, FY 14 Office Supplies increased budgeted due to unallocated estimate for FY 13, FY 12 Postage - independent budget, FY 14 Postage increase based on unallocated estimate and decreases to FY 13 budget, FY 14 Telephone - budgeted based on FY 13, increase in

SEP 23 2013

Department of Aging and Disability Services

Congregate Meals - Request for Waiver

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

Provider Must be a AAA Congregate Nutrition Provider

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

AAA Provider:
AAA Contact Name:

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

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

2 Number of meal sites included in this waiver:

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

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

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

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

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

- Local newspaper
Flyers
Posting at the meal site
Other

7 If other is selected method used must be provided:

Assurances

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

8 Provider Signature Michael Morris Date 9/12/13

Congregate Meal Budget Worksheet

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

Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend

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Most Recent Completed Budget Year 2012

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
Liability Insurance		0.00	0	0.00%	
Legal Fees		0.00	0	0.00%	
Accounting Fees		0.00	0	0.00%	
Consulting Fees		0.00	0	0.00%	
Other Fees (Explain)		0.00	0	0.00%	
Audit	251.00	4,967.00	4,967.00	100.00%	
Other Misc. (Explain)	24,623.00	24,372	-251.00	-98.95%	
<b>Total</b>	<b>8,130.00</b>	<b>39,217.00</b>	<b>-31,087</b>	<b>-79.27%</b>	<b>1.71%</b>
<b>Total of all Cost Areas</b>	<b>476,590.00</b>	<b>657,693.00</b>	<b>181,303.00</b>	<b>-27.56%</b>	<b>100.00%</b>
Total Number of Meals	91,887	102,016			
Whole Cost per Meal	5.19	6.26			
Approved Meal Rate (Title II)	5.70	5.70			

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
23,765.00	0.00%	
5,531.00	0.00%	
5,055.00	100.00%	
	1913.94%	
	192.56%	
679,497.28	42.57%	100.00%

Explanation of Variances

Inflation Factor 2012 to 2013 1.0145%  
 Inflation Factor 2013 to 2014 1.0172%  
 Combined Inflation Factor 2.0365%

1. An explanation of variance must be provided for each cost area where the expense per General Ledger varies from the approved budget for the most recent completed year by 10% or more.

2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor

allocation: FY14 Audit - Budgeted for expense that was not charge to department in FY12 but should have been. FY12 Other Misc. - MIS charges allocated were not charged to Meal Program- only charged to Center Ops (General Fund). Uniforms were charged another grant year. FY 14 Other Misc. allocation formula was adjusted with additional expenses charged to Center operations. FY 14 kitchen uniforms list will be purchased, minor computer eqpt., minor office equipment and minor tools and eqpt. and deposit supplies for meal donations. MIS allocation will not be charged here.

Funding Source	Proposed Meals
DADS A&I AAA - Match Required	4743
Program Income	4,000
Other Funds - Eligible Meals	4,594
Other Funds - Non-Eligible Meals	
Local Funds - Required Match	NA
Other Sources 5	
Other Sources 6	
<b>Total Meals by Funding Source</b>	<b>97191</b>
<b>Provider Total Budgeted Congregate Meals</b>	<b>97191</b>
<b>Variance (Provider Total Budgeted Congregate Meals - Total Meals by Funding Source)</b>	<b>0</b>
Estimated Number of Nutrition Education Units AAA Clients	1374
Nutrition Education Budget - AAA Clients	4510
Calculated Cost per Unit	3.28

Calculated Rate	Revenue
6.36	300,503.64
6.99	27,060.00
6.99	32,134.58
0.00	0.00
0.63	29,766.87
6.99	0.00
6.99	0.00
<b>679,365.09</b>	<b>Total Revenue</b>

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9/11/13 1:48 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. <u>\$ 679,497.28</u>
2. Total Number of Anticipated Meals to be Provided by Funding Source				
	DADS A&I AAA	Other Funds Eligible Meals	Other Sources 5	
	<u>47,249</u>	<u>45,942</u>	<u>0</u>	
	Program Income	Other Funds - Non-Eligible Meals	Other Sources 6	
	<u>4,000</u>	<u>0</u>	<u>0</u>	2. <u>97,191</u>
3. Whole Unit Rate (Line 1 divided by Line 2)				3. <u>\$ 6.99</u>

Reimbursement Calculation

4. Projected NSIP per Meal Value		DADS A&I AAA	
		<u>0.69</u>	
5. Rate Less NSIP per Meal Value		\$ <u>6.30</u>	
6. Mandatory Local Match of 10%	\$ <u>0.63</u>		
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ <u>-</u>		
Required Cash Match	\$ <u>0.63</u>		
7. Proposed Meal Rate (Line 3 minus Line 6)	\$ <u>6.36</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

Michael Morris, Director  
Printed/Typed Name of Signer

Michael Morris  
Signature

9/12/13  
Date

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

JOHN P. BUCKNER  
Printed/Typed Name of Signer

[Signature]  
Signature

9/20/13  
Date

9/11/13 1:49 PM

Provider Name: City of Corpus Christi

AAA Name: Area Agency on Aging of the Coastal Bend  
Congregate Meals

### BUDGET WORKSHEET CERTIFICATION

**AS SIGNER OF THIS BUDGET WORKSHEET, I HEREBY CERTIFY THAT:**

- I have read the note below and the instructions applicable to this budget worksheet.
- I have reviewed this budget worksheet after its preparation.
- To the best of my knowledge and belief, this budget worksheet is true, correct and complete, and was prepared in accordance with the instructions applicable to this budget worksheet.
- This budget worksheet was prepared from the books and records of the contracted provider.
- I acknowledge that all books and records related to this rate setting process are subject to audit in accordance with contract requirements and all applicable federal and state laws.

**Note:** The person legally responsible for the conduct of the contracted provider must sign this Budget Worksheet Certification. If a sole proprietor, the owner must sign the Budget Worksheet Certification. If a partnership, a partner must sign the Budget Worksheet Certification. If a corporation, the person authorized by the Board of Directors Resolution must sign the Budget Worksheet Certification. Misrepresentation of information contained in the budget worksheet may result in adverse action, up to and including contract termination. Furthermore, falsification of information in the budget worksheet may result in a referral for prosecution.

City of Corpus Christi

Name of Contracted Provider

Michael Morris, Director

Printed/Typed Name of Signer

9/12/13

Date

Michael Morris

Signature

Signer Authority:

(check one)

Sole Proprietor

Association Officer

Partner

Board Member

Corporate Officer

Governmental Official

COMMUNITY SERVICES  
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SEP 28 2013

9/11/13 1:49 PM

AAA Name: Area Agency on Aging of the Coastal Bend

**Congregate Meals**  
**IN-KIND MATCH CERTIFICATION**

Provider: City of Corpus Christi

In-kind Contribution(s): \_\_\_\_\_ \$0

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

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

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

**Examples of Documentation Include:**

- Rent:
1. Letter of Agreement with Owner
  2. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation)

- Labor:
1. Minimum wage
  2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <http://www.tracer2.com>.

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

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

City of Corpus Christi  
Name of Contracted Provider

Michael Morris, Director  
Printed/Typed Name of Signer

9/12/13  
Date

*Michael Morris*  
Signature

Legal Assistance

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

Provider Name	City of Corpus Christi	AAA Name	AAA Agency on Agency of the Coastal Bays
Most Recent Completed Budget Year	2012	9/11/13 1:52 PM	

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
Salaries PR Taxes & Benefits	20,370.00	14,276.00	(6,053.00)	42.49%	0%	14,127.00	-30.51%	87%
	Contract Staff Compensation	0.00	(6,053.00)	42.49%	0%	0.00	-30.51%	0%
	<b>Total</b>	20,370.00	14,276.00	(6,053.00)	42.49%	14,127.00	-30.51%	87%
Salaries PR Taxes & Benefits	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Contract Staff Compensation	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Professional Development	75.00	1,366.00	1,291.00	94.51%	0%	705.00	840.00%	4%
	Dues	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	75.00	1,366.00	1,291.00	94.51%	705.00	840.00%	4%
Purchased Meals	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Freight	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Depreciation	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Interest	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Leasing	162.00	256.00	94.00	36.72%	0%	257.00	58.64%	0%
	Maintenance	210.00	25.00	(185.00)	748.00%	-4.00	-48.10%	2%
	<b>Total</b>	372.00	281.00	(91.00)	32.38%	253.00	-29.84%	2%
Rent	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Utilities	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Mortgage Interest	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Insurance	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Repairs	0.00	831.00	831.00	100.00%	0%	377.00	100.00%	0%
	Taxes	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	831.00	831.00	100.00%	377.00	100.00%	0%
Mileage Reimbursement	285.00	265.00	(20.00)	100.00%	0%	40.00	100.00%	0%
	Delivery	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	285.00	265.00	(20.00)	100.00%	40.00	100.00%	0%
Gas & Oil	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Repairs	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Depreciation/Lease	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Interest	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Travel	7.00	9.00	2.00	22.22%	0%	15.00	114.29%	0%
	Administrative & General	8.00	9.00	1.00	11.11%	9.00	12.50%	0%
	<b>Total</b>	15.00	18.00	3.00	33.33%	24.00	56.00%	0%
Contractual Agreements	38.00	128.00	90.00	89.53%	0%	105.00	189.21%	0%
	Postage	4.00	21.00	17.00	80.95%	7.00	55.26%	0%
	<b>Total</b>	42.00	149.00	107.00	89.53%	112.00	189.21%	0%
Telecommunications	38.00	78.00	40.00	51.28%	0%	50.00	55.26%	0%
	Legal Fees	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	38.00	78.00	40.00	51.28%	50.00	55.26%	0%
Accounting Fees	0.00	0.00	-	0.00%	0%	0.00	0.00%	0%
	Consulting Fees	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	0.00	-	0.00%	0%	0.00	0.00%	0%
Other Misc. (Explain)	19.00	255.00	236.00	42.55%	0%	212.00	100.00%	0%
	Other Misc. (Explain)	0.00	-	0.00%	0%	0.00	0.00%	0%
	<b>Total</b>	19.00	255.00	236.00	42.55%	212.00	100.00%	0%

Explanation of Variances

1. An explanation of variance must be provided for each cost area where the expense per General Ledger varies from the approved budget for the most recent completed year by 10% or more.

2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.

FY 12 - Variance due to increase in allocation percentage to this line item.

FY 12 did not fully expend the budgeted amount in this category; FY 14 budgeted based on planned savings.

FY12 Leasing - variance due to allocation between Center Ops and grant; FY 14 Leasing - increase based on allocation between Center Ops and Grant; FY 12 Maintenance - unanticipated increase in equipment maintenance.

FY 13 Repair - no charges made to this budget line item, changed to Center Ops instead; FY 14 decrease made accordingly to annualized estimate for FY 13.

FY 13 Mileage decrease due to lack of mileage claimed by staff; also outreach now uses city vehicle; FY 14 Mileage - amount budgeted was adjusted to reflect the past two years history.

FY 12 - Advertising - slightly under budget; FY 14 slight increase due to inflation for product; FY 12 Printing - slightly under budget; FY 14 slight inflation; FY 12 increase FY 12 copying - City changes for copying that fully changed to HQS program; FY 14 - Budgeted for copying expenses as they are higher than history; FY 12 - increase in changes for office supplies used decrease; FY 14 Office Supplies - budgeted due to annualized estimate for FY 13; FY 12 Postage - under budget; FY 14 Postage increase based on postage increase and decrease to FY 13 budget; FY 14 Telephone - budgeted based on FY 13 increase in allocation; FY 14 Audit - Budgeted for - increase that was not charged to department in FY 12 but should have been; FY 12 Other Misc. - MIS change attached were not charged to Meal Program; only charged to Center Ops (General Fund); Uniforms were charged another grant year; FY 14 Other Misc. - allocation formula was adjusted with additional expenses charged to Center operations; FY 14 includes uniforms that will be purchased, minor computer equip., minor office equipment and minor book and eqpt. and disposal supplies for meal donations; MIS allocation will not be charged here.

SEP 29 2013

### Legal Assistance

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

Most Recent Completed Budget Year	Proposed Budget			Explanation of Variances
Provider Name: City of Corpus Christi AAA Name: Area Agency on Agency of the Coastal Bend 0/11/13 1:52 PM				Inflation Factor 2012 to 2013: 1.011% Inflation Factor 2013 to 2014: 1.017% Combined Inflation Factor: 2.028%
1. An explanation of variance must be provided for each cost area where the proposed budget General Ledger varies from the approved budget for the most recent completed year by 10% or more. 2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.				
<b>2012</b>	<b>Expense per General Ledger</b> 140.00 827.00 687.00	<b>Approved Budget</b> 17,840.00 17,840.00 17,840.00	<b>Variance Budget minus Expenses</b> -17,700.00 -17,013.00 -16,353.00	<b>Percentage of Variance of Budget</b> -12.76% -95.36% -91.72%
<b>Total</b>		733.00 18,743.00	473.57% -22.34%	5% 100%
Total of all Cost Areas Total Number One Way Trips Whole Cost per Trip Approved One Way Trip Unit Rate	20,816.00 171 122.37 60.64	17,840.00 17,840.00 17,840.00 17,840.00	(3,270.00) 59.08 (55.35)	-18.53% 34.57% -37.31%

Funding Source	Calculated Rate	Revenue
DADS A01AAA - 10% Match Required	54.76	14,620.92
DADS A01AAA - 25% Match Required	-	-
DADS A01AAA - Full Unit Rate	-	-
Program Income	-	-
Local Funds - Eligible Trips	-	-
Other Funds - Non-Eligible Trips	-	-
Local Funds - Required Match 10%	6.96	1,623.38
Local Funds - Required Match 25%	15.21	-
Other Sources 0	-	-
Other Sources 7	-	-
Other Sources 8	-	-
<b>Total One Way Trips by Funding Source</b>	<b>267.00</b>	<b>16,244.30</b>

Funding Source	Proposed One Way Trips	Revenue
DADS A01AAA - 10% Match Required	207	14,620.92
DADS A01AAA - 25% Match Required	-	-
DADS A01AAA - Full Unit Rate	-	-
Program Income	-	-
Local Funds - Eligible Trips	-	-
Other Funds - Non-Eligible Trips	-	-
Local Funds - Required Match 10%	-	-
Local Funds - Required Match 25%	-	-
Other Sources 0	-	-
Other Sources 7	-	-
Other Sources 8	-	-
<b>Total One Way Trips by Funding Source</b>	<b>267</b>	<b>16,244.30</b>

Funding Source	Calculated Rate	Revenue
DADS A01AAA - 10% Match Required	54.76	14,620.92
DADS A01AAA - 25% Match Required	-	-
DADS A01AAA - Full Unit Rate	-	-
Program Income	-	-
Local Funds - Eligible Trips	-	-
Other Funds - Non-Eligible Trips	-	-
Local Funds - Required Match 10%	6.96	1,623.38
Local Funds - Required Match 25%	15.21	-
Other Sources 0	-	-
Other Sources 7	-	-
Other Sources 8	-	-
<b>Total One Way Trips by Funding Source</b>	<b>267.00</b>	<b>16,244.30</b>



9/11/13 1:52 PM  
 Provider Name: City of Corpus Christi  
 AAA Name: Area Agency on Aging of the Coastal Bend

Legal Assistance

BUDGET WORKSHEET CALCULATION OF THE UNIT RATE

1. Total Budgeted Expenses for Contract Year					1. \$ 16,243.00
2. Total Number of Anticipated Units to be Provided					
DADS A&I AAA - 10 % Match Required	<u>267</u>	Program Income	<u>0</u>	Other Sources 6	<u>0</u>
DADS A&I AAA - 25 % Match Required	<u>0</u>	Local Funds - Eligible Trips	<u>0</u>	Other Sources 7	<u>0</u>
DADS A&I AAA - Full Unit Rate	<u>0</u>	Other Funds - Non-Eligible Trips	<u>0</u>	Other Sources 8	<u>0</u>
					2. <u>267</u>
3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate					3. \$ <u>60.84</u>

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

4. Mandatory Local Match of 10%	\$ 6.08	
** 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. \$ 6.08
		5. \$ 54.76 ✓

4. Mandatory Local Match of 25%	\$ 15.21	
** 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. \$ 15.21
		5. \$ 45.63 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		
\$ <u>60.84</u>	Contractor Initial _____	AAA Initial _____

City of Corpus Christi  
 Legal Name of Contracted Provider

Michael Morris  
 Signature

Michael Morris, Director  
 Printed/Typed Name of Signer

9/12/13  
 Date

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

John P. Buckner  
 Signature

JOHN P. BUCKNER  
 Printed/Typed Name of Signer

9/20/13  
 Date

RECEIVED  
 SEP 23 2013

9/11/13 1:53 PM

Provider Name: City of Corpus Christi

AAA Name: Area Agency on Aging of the Coastal Bend

LegalAssistance

BUDGET WORKSHEET CERTIFICATION

AS SIGNER OF THIS BUDGET WORKSHEET, I HEREBY CERTIFY THAT:

- I have read the note below and the instructions applicable to this budget worksheet.
- I have reviewed this budget worksheet after its preparation.
- To the best of my knowledge and belief, this budget worksheet is true, correct and complete, and was prepared in accordance with the instructions applicable to this budget worksheet.
- This budget worksheet was prepared from the books and records of the contracted provider.
- I acknowledge that all books and records related to this rate setting process are subject to audit in accordance with contract requirements and all applicable federal and state laws.

**Note:** The person legally responsible for the conduct of the contracted provider must sign this Budget Worksheet Certification. If a sole proprietor, the owner must sign the Budget Worksheet Certification. If a partnership, a partner must sign the Budget Worksheet Certification. If a corporation, the person authorized by the Board of Directors Resolution must sign the Budget Worksheet Certification. Misrepresentation of information contained in the budget worksheet may result in adverse action, up to and including contract termination. Furthermore, falsification of information in the budget worksheet may result in a referral for prosecution.

City of Corpus Christi

Name of Contracted Provider

Michael Morris, Director

Printed/Typed Name of Signer

9/12/13

Date

Michael Morris

Signature

Signer Authority:  
(check one)

Sole Proprietor

Association Officer

Partner

Board Member

Corporate Officer

Governmental Official

9/11/13 1:53 PM

AAA Name: Area Agency on Aging of the Coastal Bend

**Legal Assistance  
IN-KIND MATCH CERTIFICATION**

Provider: City of Corpus Christi

In-kind Contribution(s): \$0

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

ITEM	DATE OF RECEIPT	VALUE
	TOTAL	\$0

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

Examples of Documentation Include:

- Rent:
- 1. Letter of Agreement with Owner
  - 2. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation)

- Labor:
- 1. Minimum wage
  - 2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <http://www.tracer2.com>.

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

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

City of Corpus Christi  
Name of Contracted Provider

9/12/13  
Date

Michael Morris, Director  
Printed/Typed Name of Signer

Michael Morris  
Signature





# City of Corpus Christi

## LEGAL DEPARTMENT

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PO Box 9277  
Corpus Christi  
Texas 78469-9277  
Phone 361-826-3360  
Fax 361-826-3239

*Municipal Court  
Prosecutor's Office*  
120 N. Chaparral  
Corpus Christi  
Texas 78401  
Phone 361-886-2530  
Fax 361-886-2567

*Juvenile Court  
Prosecutor's Office*  
615 Leopard Street  
Suite 113  
Corpus Christi  
Texas 78405  
Phone 361-826-4014  
Fax 361-826-4309

*Police Legal Advisor*  
321 John Sartain  
Corpus Christi  
Texas 78401  
Phone 361-886-2608  
Fax 361-886-2634

*Human Relations*  
PO Box 9277  
Corpus Christi  
Texas 78469-9277  
Phone 361-826-3190  
Fax 361-826-3192

*Risk Management*  
PO Box 9277  
Corpus Christi  
Texas 78469-9277  
Phone 361-826-3680  
Fax 361-826-3697

www.cctexas.com

September 12, 2013

Area Agency on Aging of the Coastal Bend  
Attention: Betty Lamb  
P. O. Box 9909  
Corpus Christi, Texas 78469-9909

Dear Ms Lamb:

The City of Corpus Christi is a self insured public entity as allowed by the State of Texas for General Liability, Auto Liability, and Workers' Compensation. Liability limits are established by the Texas Tort Claims Act. The City of Corpus Christi's liability under the Act is limited. Under the Act, liability in cases of personal injuries or death is limited to a maximum amount of \$250,000 per person and \$500,000 for each single occurrence.

The Risk Liability Fund is funded by the City of Corpus Christi in accordance with generally accepted accounting practices through actuarially calculated annual contributions. Information regarding filing a claim with the City of Corpus Christi can be obtained from the Risk Management office at City Hall, 1201 Leopard Street, Corpus Christi, Texas 78401, or by phone at (361) 826-3680.

Sincerely,

Donna James-Spruce  
Risk Manager

DJS/vlt

**SUMMARY OF INSURANCE COVERAGE**

Service Providers must maintain insurance that protects health and safety of clients and employees that comply with all state and federal laws. TAC Title 40, Part I, Chapter 84, Rule 84.1(k).

Detail your insurance coverage as indicated:

<u>TYPE</u>	<u>CARRIER</u>	<u>CURRENT PERIOD OF COVERAGE</u>
-------------	----------------	-----------------------------------

**FIRE & CASUALTY**

DESCRIPTION OF COVERAGE: \_\_\_\_\_  
\_\_\_\_\_

**WORKMEN'S COMP**

DESCRIPTION OF COVERAGE: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL LIABILITY**

DESCRIPTION OF COVERAGE: \_\_\_\_\_  
\_\_\_\_\_

**BONDING**

DESCRIPTION OF COVERAGE: \_\_\_\_\_

Vehicles classified as social services agency automobiles must provide auto insurance as required in the Transportation Service Standards. TAC Rule 84.3 (i)

Detail your auto insurance coverage as indicated:

<u>CARRIER</u>	<u>CURRENT PERIOD OF COVERAGE</u>	<u>DESCRIPTION OF COVERAGE</u>
----------------	-----------------------------------	--------------------------------

\_\_\_\_\_

LIABILITY: \_\_\_\_\_  
\_\_\_\_\_

COLLISION & COMPREHENSIVE: \_\_\_\_\_  
\_\_\_\_\_

PROPERTY DAMAGE: \_\_\_\_\_

**DO NOT ATTACH POLICIES**

**Written Plan for Emergencies  
FY14 Update**

- a) Please review your written plan for emergencies submitted with your original FY2011 Contract, or FY2011 Vendor Agreement, as applicable. If there are any changes or updates to that plan, please attach the updated version.
- b) If there are no changes, please check off this box
- c) At a minimum, please update the 'Emergency Contact' form below. Please give your cell phone numbers as well; these numbers will not be used except in a case of emergency.

CONTACT NAME	TITLE	OFFICE PH# + EXT	ALTERNATE PH# (1)	ALTERNATE PH# (2)	OFFICE EMAIL	ALTERNATE EMAIL ADDRESS
<b>Contact #1</b>						
Elsa Munoz	Superintendent, Senior Community Services	(361)826-3145	(361)815-7814		elsam@cctexas.com	
<b>Contact #2</b>						
Lisa Oliver	Supervisor, Senior Services	(361)826-3132	(361)947-3594		lisao@cctexas.com	
<b>Contact #3</b>						
Connie Reschman	Nutrition Coordinator	(361)826-4123	(361)290-0015		conniere@cctexas.com	

# **EMERGENCY PREPARDNESS PLAN**

City of Corpus Christi  
Parks and Recreation  
Senior Community Services

## **NUTRITION EDUCATION AND SERVICE CENTER (NESC)**

4101 A Old Brownsville Road  
Corpus Christi, Texas 78405-3556  
361-826-4120

(Located at Del Mar College West Campus)

CITY OF CORPUS CHRISTI  
PARK & RECREATION DEPARTMENT  
SENIOR COMMUNITY SERVICES DIVISION

# **HURRICANE SUPPLIES**

for the  
Nutrition Education and Service Center

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Located In  
Hall in front of Men's Room

FOR QUESTIONS OR CONCERNS CONTACT  
CITY OF CORPUS CHRISTI  
SENIOR COMMUNITY SERVICES ADMINISTRATION OFFICE  
AT 826-3150

## **NESC STAFF RESPONSIBILITIES**

### **Nutrition Services Program Coordinator – Connie Reschman**

Supervises staff assigned to the Nutrition Education Service Center. Assists with coordinating the division's Emergency Preparedness Plan. Responsible for the coordination and implementation of the Emergency Preparedness Plan for the ENP Home Delivered Meal Program and internal food operations for the EOC and provide food/beverage for designated evacuation staging areas.

Assigned will report to the City's Emergency Operations Center (EOC) to provide support and assistance as assigned. Shelf Stable meals will be ordered at the beginning of each Hurricane Season and stored with vendor as per standing agreement.

### **NESC Kitchen Supervisor - Bobby Salinas, Interim**

Assists the Nutrition Coordinator in the implementation of the site specific (NESC) Emergency Preparedness Plan. Provides support to the Nutrition Services Program Coordinator for the coordination and implementation of the Emergency Preparedness Plan for the ENP Home Delivered Meal Program and internal food operations for the EOC.

### **Cook – Monica Jones (Temp.)**

Employee will be assigned to the internal food operations for the EOC and assist in providing food/beverage/snacks for the designated evacuation staging areas. Employee is to assist in turning off all gas and electric cooking appliances, turn off all air conditioning units and securing Mechanical Room #120.

### **Cook - Andy Salinas**

Employee will be assigned to the internal food operations for the EOC and assist in providing food/beverage/snacks for the designated evacuation staging areas. Employee will insure that dry food products in storage are off of the floor, lights out and dry storage room door is closed.

### **Cook – Althea Flowers**

Employee will be assigned to the internal food operations for the EOC and assist in providing food/beverage/snacks for the designated evacuation staging areas. Employee will insure that items in the Paper and Chemical storage room are off of the floor, lights are out and storage room door is closed.

### **Trades Helper – (Vacant)**

Employee will assist in the Kitchen area and will insure dry food products in the storage are off of the floor, lights are out and dry storage room door is closed. Employee will insure that all items in the Paper and Chemical storage room are off of the floor, lights are out and storage room door is closed.

### **Sr. Account Clerk – Alma Roberts**

Employee will secure items as identified on the Office Checklist for the NESC Administrative Office Area and in Office Room #114.

### **Staff Assistant – Stephanie Salinas**

Employee will secure items as identified on the Office Checklist for the NESC Administrative Office Area and in Office Room #112.



**Title XX Accounting Technician – Lena Herrera**

Employee will secure items as identified on the Office Checklist for the NESC Administrative Office Area in Room #112-Meeting Room.

**Laborer – Ruben Rojas**

Employee will relocate Vehicle #2912 to MOW Driveway; Close and Lock all Doors. Employee will assist in kitchen area as needed and /or the staff office rooms. Employee will be assigned to the internal food operations for the EOC.

**Laborer - Andrea Mayo**

Employee will relocate Vehicle #838 to MOW Driveway; Close and Lock all Doors. Employee will assist in kitchen area as needed and /or the staff office rooms. Employee will be assigned to the internal food operations for the EOC.

**Laborer- Ronald Johnson (Temp.)**

Employee will relocate Vehicle #825 to MOW Driveway; Close and Lock all Doors. Employee will assist in kitchen area as needed and /or the staff office rooms. Employee will be assigned to the internal food operations for the EOC.

**POST - EMERGENCY NESC STAFF RESPONSIBILITIES**

Upon reporting to work following an emergency all staff will assess damage; assist with clean up; test kitchen equipment; identify damages and report findings. Normal meal production operations will commence as soon as practical.

Post emergency Shelf stable meals will be delivered (for up to an additional three days) to Home Delivered meal clients and/or a designated congregate meal site.

**NUTRITION EDUCATION AND SERVICE CENTER (NESC)  
EMERGENCY PREPAREDNESS PLAN**

There will be a designated team to prepare and secure the NESC according to the Checklist.

Team Captain:	Connie Reschman
Staff:	Bobby Salinas
	Monica Jones (Temp.)
	Andy Salinas
	Althea Flowers
	Ruben Rojas
	Andrea Mayo
	Ronald Johnson (Temp.)
	Stephanie Salinas
	Lena Herrera
	Alma Roberts

After securing the NESC staff will be given instructions in providing support to Senior Centers, Evacuation Support or other EOC support assignments.

**CHECKLIST:**

**Office Room #114, #112 and Staff Office Area**

- \_\_\_\_\_ 1. Make sure all computers are downloaded if necessary.
- \_\_\_\_\_ 2. Turn off and unplug all electrical appliances (calculators, computer, copy machine, etc.).
- \_\_\_\_\_ 3. Move all loose items from the floor onto desks.
- \_\_\_\_\_ 4. Cover all desks with plastic.
- \_\_\_\_\_ 5. Move contents of lower shelves of bookcases in all offices to the top shelf and cover with plastic.
- \_\_\_\_\_ 6. Move contents of bottom file drawers to top of file cabinet. Cover with plastic.
- \_\_\_\_\_ 7. Store all adding machines and any other small equipment in desk drawers.
- \_\_\_\_\_ 8. Turn off, unplug and cover Copy machine with plastic.

**NUTRITION EDUCATION AND SERVICE CENTER (NESC)  
EMERGENCY PREPAREDNESS PLAN, cont'd.**

**CHECKLIST:**

**Kitchen Area**

- \_\_\_\_\_ 9. Turn off all gas and electrical cooking appliances.
- \_\_\_\_\_ 10. Secure dry food storage area, items off of floor, lights out, and door closed.
- \_\_\_\_\_ 11. Secure dry paper and chemical storage area, items off floor, lights out, and door closed.
- \_\_\_\_\_ 12. Turn off and unplug Oliver machine.
- \_\_\_\_\_ 13. Turn off all lights, set alarm, and shut door.

**General Area**

- \_\_\_\_\_ 14. Close all exterior doors.
- \_\_\_\_\_ 15. Turn off all air-conditioning units.

**Mechanical Room #120**

- \_\_\_\_\_ 16. Turn off hot water heater.
- \_\_\_\_\_ 17. Check that roof hatch is closed and latched shut and locked.
- \_\_\_\_\_ 18. Make sure everything is picked up off the floor.
- \_\_\_\_\_ 19. Close and secure door.

**Wash Basin Area Outside**

- \_\_\_\_\_ 20. Take all mops, brooms, chairs, ash can, garbage cans, milk crates and/or bread trays and move inside building. Wash basin area and dock area should be free of any objects.

**NESC: Two Emergency Preparedness Scenarios**

**Scenario #1: Team assignments during NORMAL WORKING HOURS.**

Staff on duty at the NESC will secure the premises according to the Checklist.

**Scenario #2: Team assignments during evening, weekend, or holidays.**

Staff will report to the SCS Administrative Office at City Hall for Assignment  
Each team of up to five staff is responsible for the implementation of Emergency Preparedness awareness that all facilities have been properly secured in accordance with standards outlined in the supplement to the Emergency Preparedness Plan.

## **DIVISION STAFF RESPONSIBILITIES**

### **SUPERINTENDENT OF SENIOR COMMUNITY SERVICES-** Elsa Munoz

Responsible for the coordination and staffing of evacuation of General Population and Functional and Access Needs Citizens and serves as Incident Command of the City's Evacuation Operations at the Corpus Christi Natatorium. Oversee all storm readiness preparations for Senior Community Services facilities. Coordinates assignment reviews for SCS staff as appropriate to weather conditions. Employee will report to the City's Emergency Operations Center (EOC) to provide support and assistance in coordinating internal food operations for EOC staff.

### **SENIOR SERVICES SUPERVISOR-** Lisa Oliver

Responsible for the General Population and Functional and Access Needs Citizens Evacuation Operations and serves as Facility Manager of the City's Evacuation Operations at the Corpus Christi Natatorium. Oversee and coordinates the hurricane preparedness plan implementation for all senior centers. Conducts staff notification and assignment reviews for SCS staff as appropriate to weather conditions. Responsible for insuring that all centers are properly secured and that the senior center staff assignments have been completed. Employee also provides EOC support to address concerns and issues affecting elderly residents in the community.

### **NUTRITION COORDINATOR-** Connie Reschman

Employee is responsible for overseeing the Nutrition Education and Service Center (NESC) and assisting with the implementation of the Home Delivered Meal Emergency Preparedness Awareness Plan. Oversees notification protocols for all HDM clients and communicates evacuation needs as warranted. Coordinates all internal food operations for EOC staff and provide food/beverage for designated evacuation staging areas.

**NESC PHONE BANK** - Administrative support staff (Lena Herrera, Alma Roberts, Stephanie Salinas) are responsible for calling all HDM clients to verify evacuation needs and ascertain status. Employees may be assigned to assist with the City's Hurricane Evacuation Operations after all homebound clients have been contacted.

### **SENIOR CENTER SUPERVISORS**

Oveal Williams	Carla Garcia (Temp.)
Northwest	Tammy Rodriguez (Temp.)
Ethel Eyerly	Deborah Henry
Zavala	Kathy Almaguer
Broadmoor	Lisa Vargas
Lindale	Evila Salinas
Greenwood	Sonia Garza
Garden	Ninfa Chavera

Supervisors are responsible for the implementation of the Emergency Preparedness Plan for their respective facilities. Staff will insure that all facilities have been properly secured in accordance with standards outlined in the Supplement to Emergency Preparedness Plan.



# Retail Food Establishment Inspection Report

DIST. 3

3/20/13	8	131258			6	5
Date	C. T.	Permit #	Time In	Time Out	# of Food Manager Permits	# of Food Handler Permits

Purpose of Inspection: 1- Compliance 2- Routine 3- Field Investigation 4- Visit 5- Other

Establishment: NUTRITION EDUCATION Owner: \_\_\_\_\_

Physical Address: 4101A OLD BROWNSVILLE RD Zip: 78405 Ph. #: ( )

Out 5 Pts	COS	Food Temperature/Time Requirements Violations Require Immediate Corrective Action	Remarks
		1. Proper Cooling for Cooked/Prepared Food	
		2. Cold Hold (41 degrees Fahrenheit/45 degrees Fahrenheit)	
		3. Hot Hold (135 degrees Fahrenheit)	
		4. Proper Cooking Temperatures	
		5. Rapid Reheating (165 degrees Fahrenheit in 2 hours)	

Item/Location/Temperature GT 3/27/13

Out 4 Pts	COS	Personnel/Handling/Source Requirements Violations Require Immediate Corrective Action	Remarks
		6. Personnel with Infections Restricted/Excluded	
		7. Proper/Adequate Handwashing	
		8. Good Hygienic Practices (Eating/Drinking/Smoking/Other)	
		9. Approved Source/Labeling	
		10. Sound Condition	
		11. Proper Handling of Ready-To-Eat Foods	
		12. Cross-contamination of Raw/Cooked Foods/Other	
		13. Approved Systems (HACCP Plans/Time as Public Health Control)	
		14. Water Supply - Approved Sources/Sufficient Capacity/ Hot and Cold Under Pressure	

Out 3 Pts	COS	Facility and Equipment Requirements Violations Require Immediate Correction, Not To Exceed 10 days	Remarks
		15. Equipment Adequate to Maintain Product Temperature	
		16. Handwash Facilities Adequate and Accessible	
		17. Handwash Facilities with Soap and Towels	
		18. No Evidence on Insect Contamination	
		19. No Evidence of Rodents/Other Animals	
		20. Toxic Items Properly Labeled/Stored/Used	
		21. Manual/Mechanical Warewashing and Sanitizing at ( ) ppm/temp.	
		22. Manager Demonstration of Knowledge/Certified Food Manager	
		23. Approved Sewage/Wastewater Disposal System, Proper Disposal	
		24. Thermometers Provided/Accurate/Properly Calibrated ( $\pm 2$ degrees Fahrenheit)	
		25. Food Contact Surfaces of Equipment and Utensils Cleaned/ Sanitized/Good Repair	
		26. Posting of Consumer Advisories (Heimlich/Disclosure/Reminder/Buffer Plate)	
		27. Food Establishment Permit	

Subtotal	Other Violations - Require Corrective Action, Not to Exceed 90 Days or the Next Inspection, Whichever Comes First
5 pt	
4 pt	
3 pt	

Total Inspected By: M. Garcia Print: Maria Garcia Ph. #: 361-7027

FOLLOW UP Yes/No Received by: C. Reschman Print: Connie Reschman Title: Coordinator