#### **Kelly Jobe**

From: Joseph Blacksher

Sent: Thursday, December 8, 2022 11:18 AM

**To:** Kelly Jobe **Subject:** Fwd: New rates

Attachments: 11a - 2022, Dec 8 - Tyler Co Congregate Meals.pdf; 11a - 2022, Dec 8 - FY23 - TYLER -

FFY23 Uniform Rate Negotioan Workbook,xlsm

Joe Blacksher Tyler County Commissioner Precinct 1 205 North Charlton Woodville Tx 75979 (409) 283-7013

From: handerson@detcog.org < handerson@detcog.org >

Sent: Thursday, December 8, 2022 11:00:32 AM
To: Joseph Blacksher < jblacksher@co.tyler.tx.us>
Cc: Holly Anderson < handerson@detcog.gov>

Subject: New rates

I figured these rates with hospital cost of \$8.51/meal for 8064 meals (Jan – September, 192 serving days x 42 = 8,064). I used 75% of the Salary Costs and put the bulk into Sr. Center Ops., and reversed from meals to sr center ops. This makes the reimbursement rate for Congregate Meals \$10.17/meal, and probably a monthly reimbursement for other services – Sr. Center Ops, Physical Fitness, etc) – around \$2200/month. We can work on this when it's decided what support services the Center will be providing.

Please review and make changes, and let me know where we go from here. Thanks, Holly

Holly Anderson Director

Deep East Texas Council of Governments

Area Agency on Aging, Aging and Disability Resource Center, Area Information Center

1405 Kurth Drive

Lufkin, Texas 75904

409-381-5258

"When you love what you do, you never work a day in your Life"

Funded in part by the Texas Health and Human Services Commission

12/8/22 10:47 AM

Provider Name: Tyler County Aging
AAA Name: Area Agency on Aging of Deep East Texas

## Congregate Meals BUDGET WORKSHEET CALCULATION OF THE PER MEAL UNIT RATE

4.	Total budgeted Expenses	o loi Contiaci	rear					1,	- 0	02,	147.05
2.	Total Number of Anticipat	ted Meals to I	be Provided by Fo	unding S	Source						
	HHS OAAA _	8,064	Other Funds Eligible Meals		0	Other Sources 5	0	_			
	Program Income _	0	Other Funds - Non-Eligible Meals		0	Other Sources 6	0	_ 2	. <u> </u>		8,064
3.	Whole Unit Rate (Line 1	divided by Li	ne 2)					3.	\$		10.17
R	eimbursement Calculation	n									
4.	Projected NSIP per Meal	Value		ннѕ	0.73						
5.	Rate Less NSIP per Meal	Value		\$	9.44						
6.	Mandatory Local Match of	10%	\$ 0.94								
*	* If Applicable, Match Red From the In-kind Match Certification form		\$ (0.94)								
	Required Cash Match			\$							
7.	Proposed Meal Rate (Line	3 minus Lin	e 6)	\$	10.17						
**	If any portion of the require By signing below, the prov contract requirements and	vider acknowl	edges that all rela	ated rec							
	Tyler Co Legal Name of C	ounty Aging Contracted Pr	rovider		-	Printed/1	Typed Name of Sign	er			
19	Sig	nature			-		Date				
	Area Agency on Agi Name of Area	Agency on A									
	Printed/Typed	Anderson I Name of Sig	gner								
	Sign	nature									
•	D	Date	-								

12/8/22 11:22 AM

Provider Name: Tyler County Aging

AAA Name: Area Agency on Aging of Deep East Texas

#### **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.

	er County Aging of Contracted Provider		Printed/Typed Name of Signer
	Date	_	Signature
Signer Authority:	Sole Proprietor		Association Officer
(check one)	Partner  Corporate Officer		Board Member  Covernmental Official

32,389,38	Total Payroll Taxes & Benefits (Employer Paid) 6,193.58 1,548.41  dentify by Position)  Total Contract staff 22,000.50 0,247.44	Provider Total Budget by Service  Provider Name: Tyler County Aging  12/8/2022 11:18 AM  Total Agency Budget Meal Program Operations  Personnel  Salaries (Identified by Job Title)  Part Time Staff 26,796.00 6,699.00 8,932.0	
Taxes & Benefits (Employer Paid) 6,193.58 1,548.41			vider Total Budget by Service  Provider Name: Tyler County Aging  12/8/2022 11:18 AM  Total Agency Budget Meal Program  Personnel  Part Time Staff 26,796.00 6,699.00

	Се		
Provider Name:   1 12/8/2022 11:18 AM	Tyler County Aging	ng	
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr
Meals/Food		wicai i ogiaiii	Operations
Raw Food	22,289.00		
Total Raw Food	22,289.00	τ	
Purchased Meals  Hot Prepared Meals Purchased from a Supplier or Central Kitchen		68.624.64	
Frozen Meals			
Shelf Stable Meals			
Total Purchased Meals		68,624.64	
Freight			
Total Freight			
Storage Cost (Food or Supply)			
Total Storage Cost		1	1
Consumables (identify by type)  Non-Capital Equipment (less that \$5,000 per item)	5000		
Meal Delivery Consumable Supplies	0,000.00	0,000.00	
Pots/Pans/Cooking Utensils Equipment Maintenance	1,000.00		
Other (Identify Individually all items over \$100.)	8,000.00	5,000.00	
Total Other			
Total Meals/Food	30,289.00	73,624.64	E

		1	Insurance (identify type of insurance)
-	=	-	Total Mortgage Interest
		1	
			Mortgage Interest
-	1.0	-	Total Depreciation
			7,
			Depreciation (identify item, year purchased, cost)
-	-	-	Total Utilities
		<del>                                     </del>	20:4:1:41
-	-	-	Utilities
4	<u> </u>		Total Rent
			Rent
	Ta		Occupancy/Building
-	-	-	Total Equipment
	-	-	Total Maintenance
			Maintenance (Identify Item, year purchased, cost)
-	-	-	Poisse Leasing
			Leasing (identify Item, year leased)
-	-	-	Total Interest
			Interest (Identify Item, year purchased, cost)
-	v <b>=</b>	-	Total Depreciation
			Depreciation (identify item, year purchased, cost)
			Equipment
Operations	Meal Program	Budget	Cost Area
Sr Ctr	Congregate	Total Agency	
			MA 81:11 S20S/8\S1
	бu	I yier County Agii	Provider Name:
7		בוקבו	Provider Total Budget by Serv
		03	Van 2 ved tenhug letoT aphivorQ

Total Occupancy/Building		Taxes (Identify Type of Tax)		Repair (Identify all items over \$100.)		Janitorial		Security		Cost Area	12/8/	P	Provider Total Budget by Service
	Total Taxes		Total Repair		Total Security		Total Security		Total Insurance	e	12/8/2022 11:18 AM	Provider Name:	udget by Ser
,	1		1		/		y -		(D	Total Agency Budget	<i>A</i>	Provider Name: Tyler County Aging	vice
T			-							Congregate Meal Program		ng	
1			r		,					Sr Ctr Operations			

Provider Total Budget by Service	Ce		
Provider Name: 12/8/2022 11:18 AM	Tyler County Aging	ng	
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr
Transportation/Travel		mical Logiani	Opciations
Mileage Reimbursement			
Total Mileage Reimbursement		1	
Delivery			
Total Delivery	i	1	
Gas & Oil			
Total Gas & Oil	1	1	
Repairs (Identify Item & year purchased)			
Total Repair	1		
Insurance (identify type of insurance)			
Total Insurance		,	
Depreciation/Lease (identify item, year purchased, cost)			
Total Depreciation	,	,	
Interest			
Total Interest	,		-
Tags & Licenses			
Total Transportation/Travel	-	ī.	1
Total Hallsportation/Travel		1	,

	Provider Total Budget by Service	/ice		
	Provider Name:	Provider Name: Tyler County Aging	ng	
	12/8/2022 11:18 AM			
	Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
	Administrative & General	9	3	
Advertising				
	Total Advertising			
Printing				
	Total Printing	1		
Copying				
	Total Copying	1	•	
Office Supplies		00.007	175.00	525.00
	Total Office supplies	700.00	175.00	525.00
Contractual Agreements				
	Total Contractual Agreements		1	
Postage	C			
	Total Postage	1	,	
Telecommunications				
Liability Insurance	Total Telecommunication		2	
	Total Liability Insurance			
Legal Fees				

Total Administrative & General	Total other Misc.	Other Misc. (Explain)	Total Audit	Audit	Total Other Fees	Other Fees (Explain)	Total Consulting Fees	Consulting Fees	Total Accounting Fees	Accounting Fees	Total Legal Fees	Cost Area	12/8/2022 11:18 AM	Provider Name: Tyler County Aging	Provider Total Budget by Service
700.00					1				_			Total Agency Budget		Tyler County Agi	ice
175.00	1		1		1		-	0	-			Congregate Meal Program		ing	
525.00			1									Sr Ctr Operations			

Whole Unit Rate	% of Total Meals	Total Budgeted Meals	Total Purchased Meals	Shelf Stable Meals	Chilled Meals	Frozen Meals	Hot Prepared Meals Purchased from a Supplier or Central Kitchen	Purchased Meals	Total Provider Prepared Meals	Shelf Stable Meals	Chilled Meals	Frozen Meals	Hot Meals	Provider Prepared Meals	Budgeted Meals	Percentage of Total Cost	Total of all Cost Areas	Total	Cost Area	12/8/2022 11:18 AM	Provider Name: Tyler County Aging	Provider Total Budget by Service
		8,064	8,064	1			8,064									150.283%	63,978.58		Total Agency Budget		Tyler County Ag	ice
10.17	100%	8,064	8,064				8,064		1							128.241%	82,047.05		Congregate Meal Program		ing	
																22.042%	14,102.17		Sr Ctr Operations			

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

Conference (list Conference & Attendees)  Total Conferences  Dues (list Organization Name)	1 1 1	Total Payroll Taxes & Benefits (Employer Paid) 6,193.58 1,548.41	Federal Insurance compensation Act (FICA)  Federal Insurance compensation Act (TUCA)  Texas Unemployment Compensation Act (TUCA)  Federal Unemployment Tax Act (FUTA)  Workers Compensation  Health Insurance  Retirement  2,572.42  683.30  26.80  780.79  195.20	Total Salaries 26,796.00 6,699.00	Salaries (Identified by Job Title)  Part Time Staff 26,796.00 6,699.00	Cost Area  Cost Area	Provider Total Budget by Service  Provider Name: Tyler County Aging  12/8/2022 11:19 AM
	47.41	348.41	583.30 26.80 - 195.20	399.00	399.00	egate Sr Ctr ogram Operations	

Total Professional Development	Total Materials	Materials (list Items)	Total Dues	Cost Area	12/8/2022 11:19 AM	Provider Name	Provider Total Budget by Service
1	1		-	Total Agency Congregate  Budget Meal Progran		Provider Name: Tyler County Aging	vice
-	-		1	Congregate Meal Program		ing	
-	1		1	Sr Ctr Operations			

Provider Total Budget by Service	ce		
Provider Name: Tyler County Aging	yler County Agi	ng	
IZ/O/ZOZZ II. IB AIN			
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr
ModelFood	Dunger	wicai i ogiaiii	Obelations
Raw Food	22,289.00		
Total Raw Food	22 289 00		
Purchased Meals	11,100.00		
Hot Prepared Meals Purchased from a Supplier or Central Kitchen		68,624.64	
Frozen Meals Chilled Meals			
Shelf Stable Meals			
Total Purchased Meals	1	68,624.64	
rreignt			
Total Freight	1	,	
Storage Cost (Food or Supply)			
Total Storage Cost	1		
Consumables (identify by type)  Non-Capital Equipment (less that \$5,000 per item)  Paper/plastic goods (nankins plates utensils etc.)	A 000	500000000000000000000000000000000000000	
Meal Delivery Consumable Supplies		0.00	
Pots/Pans/Cooking Utensils	1,000.00		
Equipment Maintenance	2,000.00		
Total Consumables	8,000.00	5,000.00	
Other (Identify Individually all items over \$100.)			
Total Other	ï	t	1
Total Meals/Food	30,289.00	73,624.64	

Provider Total Budget by Service	ice		
Provider Name:   12/8/2022 11:10 AM	Tyler County Aging	g	
Cost Area	Total Agency	Congregate Meal Program	Sr Ctr
Equipment	C	C	
Depreciation (identify item, year purchased, cost)			
Total Depreciation	1	,	
Interest (Identify Item, year purchased, cost)			
Total Interest	1		
Leasing (identify Item, year leased)			
Total Leasing	,	3	
Maintenance (Identify Item, year purchased, cost)			
Total Maintenance	1	1	
Total Equipment	•	1	
Occupancy/Building			
Rent			
Total Rent	ı	ı	
Utilities			
Total Utilities		,	
Depreciation (identify item, year purchased, cost)			
Total Depreciation	1	1	
Mortgage Interest			
Total Mortgage Interest	î	1	

Total Occupancy/Building		Taxes (Identify Type of Tax)		Repair (Identify all items over \$100.)		Janitorial		Security	Total li	Cost Area	12/8/2022 11:19 AM	Provide	Provider Total Budget by Service
	Total Taxes -		Total Repair -		Total Security -		Total Security -		Total Insurance -	Total Agency Budget	:19 AM	Provider Name: Tyler County Aging	Service
	-		-				1		-	Congregate Meal Program		ing	
-	ı		1				1			Sr Ctr Operations			

Provider Total Budget by Service	е		
Provider Name: Tyl 12/8/2022 11:19 AM	Tyler County Aging	l Br	
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Transportation/Travel	200		Operations
Mileage Reimbursement			
Total Mileage Reimbursement	1	1	
Delivery			
Total Delivery	1	1	1
Gas & Oil			
Total Gas & Oil	,	1	
Repairs (Identify Item & year purchased)			
Total Repair	1	T	
Insurance (identify type of insurance)			
Total Insurance		1	
Depreciation/Lease (identify item, year purchased, cost)			
Total Depreciation		r	
Interest			
Total Interest			
Tags & Licenses			
Total Tags & Licenses	1	1	1
Total Transportation/Travel	1	1	

	Provider Total Budget by Service	/ice		
	Provider Name:	Provider Name: Tyler County Aging	ng	
	12/8/2022 11:19 AM			
	Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
	Administrative & General			
Advertising				
	Total Advertising			
Printing				
	Total Printing	Y	í	ř
Copying				
	Total Copying	ī		
Office Supplies		700.00	175.00	525.00
	Total Office supplies	700.00	175.00	525.00
Contractual Agreements				
	Total Contractual Agreements	t	,	1
Postage	c			
	Total Postage	ı		
Telecommunications				
Liability Insurance	Total Telecommunication	1		
	Total Liability Insurance	1	,	
Legal Fees				

Tot	Γ	O£		Audit		Ott		S <sub>O</sub>		Ac						1
Total Administrative & General	Total other Misc.	Other Misc. (Explain)	Total Audit	lit	Total Other Fees	Other Fees (Explain)	Total Consulting Fees	Consulting Fees	Total Accounting Fees	Accounting Fees	Total Legal Fees	Cost Area	12/8/2022 11:19 AM	Provider Name:	Provider Total Budget by Service	
700.00									1			Total Agency Budget		Tyler County Ag	ice	
175.00									1			Congregate Meal Program		ing		
525.00					ī				•			Sr Ctr Operations				

Dunnidae Tatal Dudunt burgame			
riovider rotal budget by service	Ce		
Provider Name: Tyler County Aging	Tyler County Agi	ng	
12/8/2022 11:19 AM			
	Total Agency	Congregate	Sr Ctr
Cost Area	Budget	Meal Program	Operations
Total			
Total of all Cost Areas	63,978.58	82,047.05	14,102.17
Percentage of Total Cost	150.283%	128.241%	22.042%
Budgeted Meals			
Provider Prepared Meals			
Hot Meals	1		
Frozen Meals			
Chilled Meals	1		
Shelf Stable Meals			
Total Provider Prepared Meals	1	1	
Purchased Meals			
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	8,064	8,064	
Frozen Meals			
Chilled Meals	-		
Shelf Stable Meals	-		
Total Purchased Meals	8,064	8,064	
Total Budgeted Meals	8,064	8,064	
% of Total Meals		100%	
Whole Unit Rate		10.17	

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

Provider Name: Tyler County Aging

AAA Name: Area Agency on Aging of Deep East Texas

Type of Provider: AAA Provider Only

#### **Provider Service Area**

This section is used to identify the nutrition provider's service area for FFY 2023. This will assist HHS in defining unserved areas of the state.

Please specify the provider's service area by geographical location (county, city, zip code, etc.) If the provider serves an entire county, record the name of the county. City, zip code, and other designations can be used when the provider agency is not serving an entire county.

**Examples**: 1) City of El Paso; 2) Harris County; 3) Two mile radius of the city limits of Rockdale and Cameron; 4) City of Cedar Park, Leander Zip Codes 78745 and 78746.

Congregate Meals Service Area:	
Home Delivered Meals - AAA Service Area:	

Submission #	

Texas Health and Human Services
Uniform Rate Negotiation Workbook/Budget
Federal Contract Period: 10-01-22 / 09-30-23

_	AAA Provider On	nlv
		,
1	Nutrition Providers Legal Business Name: Tyler C	County Aging
12	Street Address:	
1	Mailing Address:	
4	City: Woody	rille
15	Zip Code: 75979	
1 6	Phone Number:	
1	E-mail Address:	
18	Contact Name. Commi	ssioner Joe Blacksher
19	9 Nutrition Providers website address:	
-		
40	40 5:141 11 11	
10	10 Did this Nutrition provider complete a rate setting workbook last year?	No
11	11 If Yes, what was the provider name listed on the workbook?	
10	10 la the David	
12	12 Is the Provider a AAA Provider? Yes	
	13 If Yes, select the AAA Name: Area Agency on Aging of Dee	p East Texas
	14 If Yes, contact name at AAA: Holly Anderson	
16	15 If Yes, is it a contract or subrecipient? Subrecipient	
10	16 Is the Provider a HHS Contracted Community Services Provider?	
17	17 If Yes, Contract Manager name at HHS Contracted Community Services: NA	
10	18 If Yes, select the HHS Region Number:	
19	19 If Yes, enter the HHS contract number:	
-	Samilar Balling L.C.	
-	Service Delivery Information Home Delivered Meals	
20		
21	20 Does this Nutrition provider serve home delivered meals paid for by HHS or the AA	A? No
22	21 Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for	2022?
22	22 Is this Nutrition provider requesting a Home Delivered Nutrition Program Approval f	for 2023?
24	23 Total number of home delivered meal routes for this provider:	
24	Total number of meal preparation sites used by this provider:	
	Congregate Meals	
26	25 Does this Nutrition provider serve congregate meals paid for by the AAA?	Yes
27	26 Does this Nutrition provider have an approved Congregate Nutrition Waiver for 202	22? <u>No</u>
28	27 Is this Nutrition provider requesting a Congregate Nutrition Program Approval for 20	023? <u>No</u>
20	28 Total number of meal preparation sites used by this provider: 29 Total number of meal sites used by this provider:	
25	20] rotal number of fried sites used by this provider:	1

Provider Name: Tyler County Aging AAA Name: Area Agency on Ag	Tyler County Aging Area Agency on Aging of Deep East Texas	ep East Texa	s,		Review of Mo	Most Recent Complet	pleted Year App	f Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget
	_	12/8/22 1:54 PM	X					
Most Recent Completed Budget 2021						Proposed Budget		Explanation of Variances
Ical								
								Inflation Factor 2021 to 2022 Inflation Factor 2022 to 2023
								Combined Inflation Factor
								<ol> <li>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%.</li> </ol>
								or more; and
		Variance				Percentage		2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year portial amount by more than the two year combin
ber General		minus	Percentage	Percentage		Actual to Proposed	Percentage of Unit	budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.
Cost Area Ledger	Budget	Expenses	of Variance	of Unit Cost	Proposed Budget	Budget	Cost	
	Personnel							
S	31,441.17	31,441	100.00%		31,441.17	100.00%		
Contract staff, Compensation	24 444 47	31 44	100.00%	0 00%	31 441 17	100.00%	50 50%	
lotal Nutritio	Nutrition Education	0,14	100.00%	0.00%	01,441.17	100.00.00		
Salaries DR Taxes & Benefits	Lancation	0	0.00%			0.00%		
Contract staff. Compensation		0 (	0.00%		á	0.00%		
Materials		0 0	0.00%			0.00%		
Total	0.00	0	0.00%	0.00%		0.00%	0.00%	
	Professional Development							
rence		0	0.00%			0.00%		
Materials		0 0	0.00%		•	0.00%		
Total	0.00	0	0.00%	0.00%		0.00%	0.00%	
-	Meals/Food							
Raw Food	22,289.00	22,289	100.00%		22,289.00	100.00%		
Purchased Meals		0	0.00%		,	0.00%		
Freight		0	0.00%			0.00%		
Storage		0	0.00%		3	0.00%		
Consumables	8,000.00	8,000	100.00%		8,000.00	100.00%		
Total	30.289.00	30.289	100.00%	0.00%	30,289.00	100.00%	48.65%	
	Equipment							
	dipolitoris	0	0.00%			0.00%		
Depreciation		0 0	0.00%		•	0.00%		
_easing		0	0.00%		3	0.00%		
Maintenance	0 00	0 0	0.00%	0 00%		0.00%	0.00%	
	ncv/Building		0.00					
Occupa	Occupancy/Building	0	0000			7900 0		
		0 0	0.00%			0.00%		
		0 0	0.00%			0.00%		
98		0 0	0.00%			0.00%		
es eciation		0 0	0.00%			0.00%		
es eciation age interest		0 0	0.00%			0.00%		
es eciation page Interest		0 0	0.00%			0.00%		
es eciation page Interest ance mity		0 0	0.00%		1	0.00%		
Rent Utilities Depreciation Mortgage Interest Insurance Security Janitorial Repair			1		,	0.00%		
es eciation age interest ance irity orial ir		0	0.00%					

Most Recent Completed Budget   2021	Provider Name: AAA Name:	Tyler County Aging Area Agency on Aging of Deep East Texas	ing Aging of Dee	p East Texas			Congregate Meal Budget Worksheet Review of Most Recent Complete	ed Year App	eal Budget Worksheet  Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed  Budget
Proposed Budget   2021			12	/8/22 1:54 PN					
Cost Area   Expense   Ex	Most Recent Completed Budget Year	2021					Proposed Budget		Explanation of Variances
Expense									
Cost Area   Expense   Cost Area   Expense   Cost Area   Expense   Expenses   Cost Area   Expenses   Cost Area   Expenses   Expenses   Expenses   Cost Area   Expenses   Expenses   Cost Area   Cost Are									Inflation Factor 2021 to 2022 1.062% Inflation Factor 2022 to 2023 1.026% Combined Inflation Factor 2.088%
Cost Area   Expense   Expense   Cost Area   Cost Area   Cost Area   Cost Area   Expense   Percentage   Perc									<ol> <li>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%</li> </ol>
Expense   Decided   Deci				Variance			Percentage		or more; and
Cost Area   Per General   Approved minus   Percentage		Expense		Budget			Variance - Prior Year		<ol><li>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</li></ol>
Cost. Nate   Cos			Approved	minus		Percentage	Actual to Proposed	centage of Unit	inflation factor.
Part	Contract	Transportation	on/Travel	Lypoinoco	-	0000	f		
Substantion   Company	Mileage Reimbursement			0	0.00%		- 0.00%		
iris nance   0 0 0.00%   0.00%	Gas & Oil			0 0	0.00%		0.00%		
Administrative & General 0.00%	Repairs			0	0.00%		- 0.00%		
Scalation/Leases         0         0.00%         -         0.00%           St Licenses         -         0.00         0.00%         -         0.00%           Administrative & General         0         0.00%         -         0.00%           tising ing ing ing ing stupplies         -         0.00         0.00%         -         0.00%           Supplies         525.00         525.00         100.00%         -         0.00%           Supplies         525.00         525.00         0.00%         -         0.00%           Supplies         525.00         525.00         0.00%         -         0.00%           Supplies         525.00         0.00%         -         0.00%         -         0.00%           Fees         Explain         0         0.00%         -         0.00%         -         0.00%           Inting Fees         0         0.00%         0.00%	Insurance			0	0.00%		0.00%		
Cost Pere Neal   Cost	Depreciation/Lease Interest			00	0.00%		0.00%		
Itising         Administrative & General         0.00         0.00%         0.00%         0.00%         0.00%           ng         Administrative & General         0         0.00%         0.00%         -         0.00%           ng         0         0.00%         0.00%         -         0.00%           supplies         525.00         525         100.00%         -         0.00%           supplies         525.00         525         100.00%         -         0.00%           supplies         525.00         525         100.00%         -         0.00%           supplies         525.00         525.00         0.00%         -         0.00%           ge         0         0.00%         -         0.00%           ommunications         0         0.00%         -         0.00%           Fees         1         0         0.00%         -         0.00%           Fees         1         0         0.00%         -         0.00%           Fees (Explain)         -         525.00         525         100.00%         -         0.00%           Fees (Explain)         -         525.00         525         100.00%         0.00%	Tags & Licenses			0	0.00%		- 0.00%		
Samplies   Semeral   Sem	Total		0.00	0	0.00%	0.00%	- 0.00%	0.00%	
Tising 0 0 0.00% - 0.0		Administrative	& General		0.000				
Supplies 525.00 525 100.00% 525.00 525 100.00% 525.00 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525 100.00% 525.00 525.17 100.00% 525.17 100.00% 525.17 100.00% 52.255.10 100.00% 52.255.10 100.00% 52.255.10 100.00% 52.255.10 100.00% 52.255.10 100.0	Advertising			o c	0.00%		0.00%	- 115	
Supplies         525.00         525         100.00%         525.00         100.00%           actual Agreements         0         0.00%         -         0.00%           ge         0         0.00%         -         0.00%           ommunications         0         0.00%         -         0.00%           fees         0         0.00%         -         0.00%           Fees         0         0.00%         -         0.00%           Iting Fees         0         0.00%         -         0.00%           Fees (Explain)         0         0.00%         -         0.00%           Misc. (Explain)         -         525.00         525         100.00%         -         0.00%           Misc. (Explain)         -         525.00         525.00         0.00%         -         0.00%           Misc. (Explain)         -         525.00         525.00         100.00%         -         0.00%           Misc. (Explain)         -         525.00         525.00         100.00%         -         0.00%           Misc. (Explain)         -         525.00         100.00%         -         0.00%         -         0.00%           Misc.	Copying			0 0	0.00%		0.00%		
actual Agreements     0     0.00%     -     0.00%       ge     0     0.00%     -     0.00%       ormmunications     0     0.00%     -     0.00%       ty Insurance     0     0.00%     -     0.00%       Fees     0     0.00%     -     0.00%       Fees (Explain)     0     0.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Number of Meals     0.00     62,255.17     62,255.17     100.00%     0.00%     62,255.17     100.00%       a Cost per Meal     0.00     8.87	Office Supplies		525.00	525	100.00%		00		
ge     0     0.00%     -     0.00%       ommunications     0     0.00%     -     0.00%       fy Insurance     0     0.00%     -     0.00%       Fees     0     0.00%     -     0.00%       Inting Fees     0     0.00%     -     0.00%       Fees (Explain)     0     0.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Of all Cost Areas     0.00     62,255.17     100.00%     0.00%     62,255.17     100.00%       S Cost per Meal     0.00     8.87	Contractual Agreements			0	0.00%				
communications         0         0.00%         -         0.00%           fy Insurance         0         0.00%         -         0.00%           Fees         0         0.00%         -         0.00%           Inting Fees         0         0.00%         -         0.00%           Fees (Explain)         0         0.00%         -         0.00%           Misc. (Explain)         -         525.00         525         100.00%         -         0.00%           Misc. (Explain)         -         525.00         525.00         100.00%         -         0.00%           Misc. (Explain)         -         525.00         525.00         100.00%         -         0.00%           Misc. (Explain)         -         525.00         525.00         100.00%         -         0.00%         -         0.00%         -         0.00%         -	Postage			0	0.00%		0.00%		
Fees (Explain)  Nisc. (Explain)  Total  of all Cost Areas  Cost per Meal  One  One  One  One  One  One  One  On	l elecommunications			o c	0.00%		0.00%		
Inting Fees     0     0.00%     -     0.00%       Inting Fees     0     0.00%     -     0.00%       Items (Explain)     0     0.00%     -     0.00%       Misc. (Explain)     0     0.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Total     -     525.00     525.17     100.00%     0.00%       Inting Fees     0     0.00%     0.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Inting Fees     -     0     0.00%     -     0.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%     -       O.00     -     0.00%     0.00%     -     0.00%     -     0.00%       Order     -     0.00%     0.00%     -     0.00%     -     0.00%       Order     -     0.00%     0.00%     0.00%     -     0.00%     -       Order     -     0.00     0.00%     0.00%     0.0	Legal Fees			0 (	0.00%		0.00%		
Inting Fees     0     0.00%     -     0.00%       Fees (Explain)     0     0.00%     -     0.00%       Misc. (Explain)     0     0.00%     -     0.00%       Misc. (Explain)     -     525.00     525     100.00%     -     0.00%       Total     -     525.17     62,255.17     100.00%     -     525.00     525.00     100.00%       Of all Cost Areas     0.00     62,255.17     62,255.17     100.00%     0.00%     62,255.17     100.00%       Number of Meals     0.00     8.87	Accounting Fees			0	0.00%		0.00%		
Fees (Explain)       0       0.00%       -       0.00%         Misc. (Explain)       0       0.00%       -       0.00%         Misc. (Explain)       -       525.00       525       100.00%       -       0.00%         Total       -       100.00%       -       0.00%       525.00       100.00%         Number of Meals       0.00       62,255.17       62,255.17       100.00%       0.00%       62,255.17       100.00%         9 Cost per Meal       0.00       8.87	Consulting Fees			0	0.00%		0.00%		
Misc. (Explain)    Misc. (Explain)   0   0.00%	Other Fees (Explain)			0	0.00%		0.00%		
Total  of all Cost Areas  Number of Meals  2525.00  525  100.00%  100.00%  525.00  525.00  525.00  525.00  525.17  100.00%  62,255.17  100.00%  62,255.17  100.00%  62,255.17  100.00%  62,255.17  100.00%	Other Miss (Explain)			0 0	0.00%		0.00%		
Total           of all Cost Areas         0.00         62,255.17         62,255.17         100.00%         62,255.17         100.00%           Number of Meals         7,020         62,255.17         100.00%         62,255.17         100.00%           © Cost per Meal         0.00         8.87         62,255.17         100.00%         62,255.17         100.00%	Total	1	525.00	525	100.00%	0.00%	8	0.84%	
s 0.00 62,255.17 62,255.17 100.00% 0.00% 62,255.17 100.00% 100.00% 62,255.17 100.00% 1		Total							
0.00 7,	Total of all Cost Areas	0.00		62,255.17	100.00%	0.00%	.17	100.00%	
0.00	Total Number of Meals		7,020						
	1	0.00	8.87						

				_	Congregate Meal Budget Worksheet	Budget Works	heet	
Provider Name: AAA Name	ider Name: Tyler County Aging AAA Name: Area Agency on Aging of Deep East Texas	of Deep East Tex	as		Review of Mos	t Recent Com	pleted Year App	Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed
		12/8/22 1:54 PM	PM					
Most Recent Completed Budget Year	t 2021				ס	Proposed Budget	•	Explanation of Variances
								Inflation Factor 2021 to 2022 1.062% Inflation Factor 2022 to 2023 1.026% Combined Inflation Factor 2 088%
								eal
		Variance				Percentage		or more; and  2. An explanation of variance must be provided for each cost area where the proposed
Cost Area	per General Approved Ledger Budget	ed minus	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Variance - Prior Year Actual to Proposed Budget	Percentage of Unit	budget amount exceeds the prior year actual amount by more than the two year combined inflation factor.
	urce			Proposed Meals	Calculated Rate	Rate	Revenue	
SHH	HHS OAAA - Match Required			7020	8.87		62267.40 F	62267.40 Proposed Meals * Calculated Units
	Program Income				0.00		0.00 F	0.00 Proposed Meals * Calculated Units
Othe	Other Funds - Eligible Meals				0.00		0.00 F	0.00 Proposed Meals * Calculated Units
Other F	Other Funds - Non-Eligible Meals				0.00		0.00 F	0.00 Proposed Meals * Calculated Units
Local	Local Funds - Required Match			NA	0.00		0.00 F	0.00 Proposed Meals * Calculated Units
	Other Sources 5				8.87		0.00 F	0.00 Proposed Meals * Calculated Units
	Other Sources 6				8.87		0.00 F	0.00 Proposed Meals * Calculated Units
Total N	Total Meals by Funding Source			7020			62267.40 <b>T</b>	62267.40 Total Revenue
Provider Tota	Provider Total Budgeted Congregate Meals	Meals		7020				
Variance (Provider	Variance (Provider Total Budgeted Congregate Meals -	gate Meals -						
Total M	Total Meals by Funding Source)			0				
Estimated Number o	Estimated Number of Nutrition Education Units AAA Clients	AAA Clients		40				
Nutrition Ec	Nutrition Education Budget - AAA Clients	ents		0				
Ca	Calculated Cost per Unit							

Date

12/8/22 1:54 PM
Provider Name: Tyler County Aging
AAA Name: Area Agency on Aging of Deep East Texas

# Congregate Meals BUDGET WORKSHEET CALCULATION OF THE PER MEAL UNIT RATE

Total Budgeted Expenses for Contract Year	1. \$ 62,255.1	7
2. Total Number of Anticipated Meals to be Provided by Funding Source		
Other Funds HHS OAAA 7,020 Eligible Meals 0 Other Sources 5 0		
Other Funds - Non-Eligible Program Income 0 Meals 0 Other Sources 6 0	27,02	:0
3. Whole Unit Rate (Line 1 divided by Line 2)	3\$ 8.8	7
Reimbursement Calculation		
4. Projected NSIP per Meal Value  HHS OAAA  0.73		
5. Rate Less NSIP per Meal Value \$ 8.14		
6. Mandatory Local Match of 10% \$ 0.81		
** If Applicable, Match Reduction From the In-kind Match Certification form \$ (0.81)		
Required Cash Match		
7. Proposed Meal Rate (Line 3 minus Line 6) \$ 8.87		
** 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.		
Tyler County Aging  Legal Name of Contracted Provider  Printed/Typed Name of Signer		
Legal Name of Contracted Provider		
Signature Date		
organica de la companya de la compan		
Area Agency on Aging of Deep East Texas Name of Area Agency on Aging		
Holly Anderson Printed/Typed Name of Signer		
Signature		

AAA Name: Area Agency on Aging of Deep East Texas

# Congregate Meals IN-KIND MATCH CERTIFICATION

Provider:	Tyler County A	Aging		
In-kind C	ontribution(s):	\$24,000		
	For any item	identified below, the provider must	t maintain monthly supporting do	ocumentation.
Senior Cen	ter	ITEM	DATE OF RECEIPT	VALUE
	12 months x \$10	00		\$12,000
- Nutrition	Site - 12 months	x \$1000		\$12,000
			TOTAL	\$24,000
Examples of Rent:	of Documentation  1. I  2. A  a	Letter of Agreement with Owner Adequate Valuation of Property on a Cond if senior center, based on property Minimum wage	value and center participation)	
	C	Commission's website at		

Provider Name: AAA Name:	6.27	Aging on Aging of I	Tyler County Aging Area Agency on Aging of Deep East Texas	ø		Review of Most Recent Co	ent Completed	Year Approved Budget	Participant Assessment Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget
	12/8/22 1:54 PM	54 PM						Fun	
Most Recent Completed Budget Year	2						Proposed Budget		Explanation of Variances
									Inflation Factor 2021 to 2022 1.062% Inflation Factor 2022 to 2023 1.026% Combined Inflation Factor 2.088%
	Expense	200	Variance Budget			Į.	Percentage Variance -		t area get fo st area
Cost Area	Ledger	Budget	Expenses	of Variance	Unit Cost	Proposed Budget	Proposed Budget	Percentage of Unit Cost	the two year combined inflation factor.
Salaries, PR Taxes & Benefits			0	0.00%		0.00	0.00%		
Total		8	0 0	0.00%		0.00	0.00%	200	
	Nutrition	Nutrition Education	,	0.00%			0.00	6	
Salaries, PR Taxes & Benefits			0 0	0.00%					
Materials			0 0	0.00%					
Conference			0 (	0.00%					
Total	t.	0.00	0	0.00%	0%	0.00		0%	
	Professional Development	Developme							
Conference			0 0	0.00%		0.00	0.00%		
Materials			0	0.00%		0.00	0.00%		
Total		0.00	0	0.00%	0%	0.00	0.00%	0%	
	Meals	Meals/Food							
Raw Food			0	0.00%		0.00	0.00%		
Freight			0 0	0.00%		0.00	0.00%		
Storage			0	0.00%		0.00	0.00%		
Consumables			0	0.00%		0.00	0.00%		
Total		0.00	0	0.00%	0%	0.00	0.00%	0%	
	Equip	Equipment							
Depreciation			0 0	0.00%		0.00	0.00%		
Leasing			0 0	0.00%		0.00	0.00%		
Maintenance			0	0.00%		0.00	0.00%		
Total		000	0	0.00%	0%	0.00	0 00%	0%	

ation ge Interest  Ce  Transportation/Travel  Neimbursement  Transportation/Travel  OO  Administrative & General  Insurance  Bes  Insurance  Insurance  Bes  Insurance  Insurance  Bes  Insurance  Insurance  Insurance  Insurance  Insurance  Insurance  Insurance  Insurance	Provider Name: AAA Name:  Most Recent Completed Budget Year  Cost Area  Rent Utilities	Tyler County A Area Agency o 12/8/22 1:3 2021 Expense Expense per General Ledger Occupanc	ging of Deep Ea		Percentage of Unit Cost	Participant A Review of Mos	let As lost	Percentage Varia Proposed Bud Proposed Bud Proposed Bud Proposed Bud Proposed Bud
TransportationTravel	n	Occupancy/B			%	0.00 0.00 0.00 0.00 0.00 0.00		0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%
Reimbursement  Reimbursement  0 0,00% 0,00	al	Transportation		0.00%	0%	0.0	00	0.00%
Licenses	Mileage Reimbursement belivery sas & Oil tepairs rsurance Depreciation/Lease			0.00% 0.00% 0.00% 0.00% 0.00%		000	888888	0.00% 0.00% 0.00% 0.00% 0.00%
Administrative & General  0 0.00% 0.00% 0 0.00%	Total			0.00%	0%	0.0	0	0.00%
Ing Upplies		Administrative &					4 1	
Misc. (Explain)  0 0,00%  0 0,00%  0 0,00%  0 0,00%  0 0,00%  0 0,00%  0 0,00%  0 0,00%  0 0,00%  0 0,00%	Advertising Printing Copying Office Supplies Contractual Agreements			0.00%		000000	3 6 8 8 8	0.00% 0.00% 0.00% 0.00% 0.00%
	Postage Telecommunications Liability Insurance Legal Fees Accounting Fees Consulting Fees Other Fees (Explain) Audit Other Misc. (Explain)			0.0000000000000000000000000000000000000		0.0000000000000000000000000000000000000	8 8 8 8 8 8 8	0,00% 0,000% 0,000% 0,000%

Provider Name: AAA Name:	: Tyler County Aging s: Area Agency on Aging of Deep East Texas	f Deep East Texas	0		Participant Assessment Review of Most Recent Co	sessment Recent Completed	Year Approved Buc	Participant Assessment  Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed  Rudget
	12/8/22 1:54 PM							i di
Most Recent Completed Budget Year	2					Proposed Budget	r	Explanation of Variances
								or 2022 to 2023 or 2022 to 2023 Inflation Factor ed for each cost area approved budget for
Cost Area	Expense Approved Ledger 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	recent completed year by 10% or more, and  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.
	7							
Total Number Haife	0.00	-	0.00%	,		0.00%	0 0%	
Whole Cost per Unit	0.00 0.00	0	0.00%		Budgeted Units		Budgeted Cost per Unit	
Approved Unit Rate		_		_				
Funding Source	Proposed Units	L	Calculated Rate	ed Rate	Revenue			
HHS OAAA - 10 % Match Required  HHS OAAA - 25 % Match Required								
HHS OAAA - Full Unit Rate				t	9	1		
Program Income				1				
Local Funds					1	_		
Other Funds				ı				
Local Funds - Required Match 10%	NA			1				
Local Funds - Required Match 25%	NA				ı			
Other Sources 6				f				
Other Sources /								
Total Units by Funding Source								
		L				L		

Date

12/8/22 1:54 PM							
Provider Name:	Tyler County Agi						
AAA Name:	Area Agency on						
	DUDGET			sessment	NUT DATE		
	BUDGET	WORKSHEE	CALCUI	LATION OF THE U	INII RAIE		
1.Total Budgeted Expenses fo	r Contract Year					1\$	-
2. Total Number of Anticipated	Units to be Prov	rided					
HHS OAAA - 10 % Match		Program					
Required	<u> </u>	ncome	0	Other Sources 6	0		
HHS OAAA - 25 % Match Required	0Loc	cal Funds	0	Other Sources 7	0		
HHS OAAA - Full Unit Rate _	0 Oth	ner Funds	0	Other Sources 8	0	2	
3. Cost per unit (Line 1 divided	by Line 2) - Ful	I Unit Rate				3\$	-
29	2007					-	
Reimbursement Calculation fo	r Contracts Requ	uiring Unit Rate	Match Redu	ction			
	100/						
<ol> <li>4. Mandatory Local Match of 1</li> <li>** If Applicable, Match Reduct</li> </ol>		-kind Match Ce	artification for	-m \$			
Required Match		-Kiria Wateri Ot	Sittilication for	<u> </u>		4. \$	-
5.Full Unit Rate Less Required	Match (Line 3 r	minus Line 4				5. \$	-
1.11							
Mandatory Local Match of 2			secul con a	m <u>\$</u>	-		
** If Applicable, Match Reduc	tion From the In-	-kind Match Ce	ertification for	m\$	-		
Required Match 5.Full Unit Rate Less Required	Match (Line 3 r	minus Line 4				5. \$	
						o. <u> </u>	
**If any portion of the required	match is in-kind	, you must com	plete an In-K	ind Match Certification	form.		
Contract Reimbursed at Full	Cost Per Unit F	Rate. Match Re	equirements	Will Be Met Through	Provision of Addition	onal Units	
\$ -							
	Contr	ractor Initial		AAA Initial			
							***************************************
	unty Aging				Aging of Deep East To	exas	
Legal Name of C	ontracted Provid	er		Name of Are	ea Agency on Aging		
Cian	oture				Signature		
Sign	nature				oignature		
	r Joe Blacksher			Hol	y Anderson		
Printed/Typed	Name of Signer			Printed/Typ	ed Name of Signer		

Date

Provider Name: Tyler County Aging

AAA Name: Area Agency on Aging of Deep East Texas

### **Participant Assessment**

## **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.

	r County Aging of Contracted Provider	_	Commissioner Joe Blacksher Printed/Typed Name of Signer
	Date	_	Signature
Signer Authority: (check one)	Sole Proprietor Partner Corporate Officer		Association Officer Board Member Governmental Official

Date

AAA Name: Area Agency on Aging of Deep East Texas

## Participant Assessment IN-KIND MATCH CERTIFICATION

Provider:	<b>Tyler Count</b>	y Aging		
In-kind Co	ontribution(s):	\$0		
	For any iten	n identified below, the provider must m	naintain monthly supporting do	ocumentation.
		ITEM	DATE OF RECEIPT	VALUE
			TOTAL	\$0
Note:	http://www.ir	ons must meet the requirements of IRS Pus.gov/pub/irs-pdf/p561.pdf	ublication 561	
Examples of	f Documentation	Include:		
Rent:	2.	Letter of Agreement with Owner Adequate Valuation of Property on a Cur and if senior center, based on property va	rent Basis (this should be review lue and center participation)	ed at least every two years
Labor:	2.	Minimum wage  Documented prevailing wage in the Area  Commission's website at <a href="https://www.tw">https://www.tw</a>		
	abor must be re kind then you ca	quired for the service to be provided. If y annot count it.	rou would not hire someone to pe	erform the labor if it
Utilities:		Copy of Bill Agreement of Amount Paid if Partial		
	Tyler County A	ging	Commissione	r Joe Blacksher
	me of Contract		Printed/Typed	Name of Signer

Signature

Drovidos						Trans	nsportation		
AAA Name:	e: Area Agency on Aging of Deep East Texas	ging of Deep I	East Texas			Review of Most	Recent Complete	d Year Approved Bu	t Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget
Most Recent Completed Rudge		12/8/22 1:54 PM	4 PM						
Most Recent Completed Budget Year	t 2021						Proposed Budget		Explanation of Variances
									Combined Inflation Factor 2.088%  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
	Expense	n <	Variance				Percentage Variance		more; and  2. An explanation of variance must be provided for each cost area where the propose.
77 <u>12</u> 11.000 1 <u>2</u> 11.00000	<u>a</u> e	Approved		Percentage	Percentage of	100 m	Percentage Variance - Prior Year Actual to	04 A	<ol><li>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</li></ol>
Cost Area	Leager Bu	get	Expenses		Unit Cost	Proposed Budget	Proposed Budget	Percentage of Unit Cost	Factor.
alaries PR Tayes & Renefits	Personnel	-		2000		0.00	2000		
Contract staff, Compensation				0.00%		0.00	0.00%		
Total		0.00		0.00%	0%	0.00	0.00%	0%	
	Nutrition Education	cation							
Salaries, PR Taxes & Benefits Contract staff Compensation				0.00%					
Materials			,	0.00%					
Total		000		0.00%	760			700	
o con	Professional Development	elopment		0.0070	0	0.00		0.70	
Conference		-		0.00%		0.00	0.00%		
Dues Materials				0.00%		0.00	0.00%		
Total	-	0.00	1	0.00%	0%	0.00	0.00%	0%	
	Meals/Food	ď							
Raw Food			1.0	0.00%		0.00	0.00%		
Fulcilased Meals Freight			x : c	0.00%		0.00	0.00%		
Storage		_	*	0.00%		0.00	0.00%		
Consumables			7	0.00%		0.00	0.00%		
Total		0.00	.	0.00%	0%	0.00	0.00%	0%	
	Equipment	7							
Depreciation				0.00%		0.00	0.00%		
Interest			c	0.00%		0.00	0.00%		
Leasing Maintenance			. ,	0.00%		0.00	0.00%		
Total	- 0	0.00		0.00%	0%	0.00	0.00%	0%	
	Occupancy/Building	ilding							
Rent		-	,	0.00%		0.00	0.00%		
Utilities				0.00%		0.00	0.00%		
Depreciation  Mortgage Interest				0.00%		0.00	0.00%		
Insurance				0.00%		0.00	0.00%		
Security				0.00%		0.00	0.00%		
Janitorial			,	0.00%		0.00	0.00%		
Repair			í	0.00%		0.00	0.00%		
Total	- 0	0.00		0.00%	0%	0.00	0.00%	0%	
	Transportation/Travel	Travel							
Mileage Reimbursement				0.00%		0.00	0.00%		
Gas & Oil				0.00%		0.00	0.00%		
Panaire		_		0000		000	0000		

Funding Source  HHS OAAA - 10 % Match Required HHS OAAA - 25 % Match Required HHS OAAA - 25 % Match Required HHS OAAA - Eull Unit Rate Program Income Local Funds - Required Match 10% Local Funds - Required Match 10% Local Funds - Required Match 25% Other Sources 6 Other Sources 7 Other Sources 8 Total One Way Trips by Funding Source	Total of all Cost Areas 0.00 Total Number One Way Trips Whole Cost per Trip 0.00 Approved One Way Trip Unit Rate		AAA Name: Area Agency on Ag  Most Recent Completed Budget 2021
e I Required I Required I Required I Trips I Trips Ible Trips Iatch 10% Iatch 25% Iatch 25% In Trips Iatch 25% In Trips Iatch 25% In Trips Iatch 25% In Trips In Trip	0 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00	Expense	Area Agency on Aging of Deep East Texas 12/8/22 1:54 PM 2021
Proposed One Way Trips	0.00% 0.00% 0.00%	nitiage Percentage of nance Unit Cost 0.00% 0.00	
Calculated Rate	Budgeted Units	Proposed Budget 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Review of Most
Revenue	0.00%	Percentage Variance - Prior Year Actual to Proposed Budget 0.00%	Recent Complete
	0%  Budgeted Cost per Unit	Percentage of Unit Cost 0%	d Year Approved Bu
		Inflation Factor 2021 to 2022  Inflation Factor 2022 to 2023  Inflation Factor 2022 to 2023  Inflation Factor 2022 to 2023  Incered Ledger varies from the approved budget for the most recent completed year by 10% or more; and  2. An explanation of variance must be provided for each cost area where the expenses per amount exceeds the prior year actual amount by more than the two year combined inflation factor.	Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget  Proposed Budget  Explanation of Variances

12/8/22 1:54 PM
Provider Name: Tyler County Aging
AAA Name: Area Agency on Aging of Deep East Texas

# Transportation BUDGET WORKSHEET CALCULATION OF THE UNIT RATE

1.Total Budgeted Expenses for Contract Year						
2.Total Number of Anticipated HHS OAAA - 10 % Match	Program					
Required HHS OAAA - 25 % Match	0 Income Local Funds	0	Other Sources 6	0		
Required	0 Eligible Trips Other Funds	s0	Other Sources 7	0		
HHS OAAA - Full Unit Rate	Non-Eligible O Trips	0	Other Sources 8	0	2	<u> </u>
3. Cost per unit (Line 1 divide	d by Line 2) - Full Unit Ra	te			3\$	
Reimbursement Calculation for	or Contracts Requiring Un	it Rate Match Red	duction			
4. Mandatory Local Match of  ** If Applicable, Match Reduce Required Match  5.Full Unit Rate Less Require	ction From the In-kind Ma		orm \$	===	4. \$ 5. \$	
4. Mandatory Local Match of a ** If Applicable, Match Reduce Required Match 5.Full Unit Rate Less Require  ****  ***Transport	ction From the In-kind Ma		form \$		4. \$ 5. \$	
**If any portion of the required	I match is in-kind, you mu	st complete an In	-Kind Match Certificatio	n form.		
Contract Reimbursed at Ful	l Cost Per Unit Rate. Mat	tch Requirement	s Will Be Met Through	Provision of Add	litional Units	
_\$	** <u>***********************************</u>					
	Contractor Initi	ial	AAA Initial			
Tyler County Aging Area Agency on Aging of Deep East						
Legal Name of C	ontracted Provider		Name of Are	ea Agency on Aging	9	
Sigr	S	ignature				
Commissione	Holly Anderson					
Printed/Typed	Name of Signer			ed Name of Signer		
D		Date				

Provider Name: Tyler County Aging

AAA Name: Area Agency on Aging of Deep East Texas

#### **Transportation**

#### **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.

Tyler County Aging				Commissioner Joe Blacksher		
Name of Contracted Provider				Printed/Typed Name of Signer		
Date				Signature		
Signer Authority:		Sole Proprietor		Association Officer		
(check one)		Partner		Board Member		
		Corporate Officer		Governmental Official		

Date

AAA Name: Area Agency on Aging of Deep East Texas

# Transportation IN-KIND MATCH CERTIFICATION

Provider:	Tyler County Aging					
In-kind Contribution(s):\$0						
For any item identified below, the provider must maintain monthly supporting documentation.						
	ITEM	DATE OF RECEIPT	VALUE			
		TOTAL V				
		TOTAL	\$0			
Note:	All contributions must meet the requirements of I http://www.irs.gov/pub/irs-pdf/p561.pdf	IRS Publication 561				
Examples of	f Documentation Include:					
Rent:	1. Letter of Agreement with Owner					
	<ol> <li>Adequate Valuation of Property on and if senior center, based on property</li> </ol>	a Current Basis (this should be reviewed erty value and center participation)	ed at least every two years			
Labor:	1. Minimum wage					
		2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <a href="https://www.twc.texas.gov/news/efte/prevailing_wage_issues.html">https://www.twc.texas.gov/news/efte/prevailing_wage_issues.html</a>				
	labor must be required for the service to be provided kind then you cannot count it.	d. If you would not hire someone to per	rform the labor if it			
Utilities:	1. Copy of Bill	221				
	Agreement of Amount Paid if Parti	ai				
Tyler County Aging		*	Commissioner Joe Blacksher			
Na	ame of Contracted Provider	Printed/Typed	Name of Signer			

Signature