

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

1. Total Budgeted Expenses for Contract Year 1. \$ 82,047.05

2. Total Number of Anticipated Meals to be Provided by Funding 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. 8,064

3. Whole Unit Rate (Line 1 divided by Line 2) 3. \$ 10.17

Reimbursement Calculation

4. Projected NSIP per Meal Value HHS OAAA
0.73

5. Rate Less NSIP per Meal Value \$ 9.44

6. Mandatory Local Match of 10% \$ 0.94

** If Applicable, Match Reduction From the In-kind Match Certification form \$ (0.94)

Required Cash Match \$ -

7. Proposed Meal Rate (Line 3 minus Line 6) \$ 10.17

** 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

Signature

Date

Area Agency on Aging of Deep East Texas
Name of Area Agency on Aging

Holly Anderson
Printed/Typed Name of Signer

Signature

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.

Tyler County Aging

Name of Contracted Provider

Printed/Typed Name of Signer

Date

Signature

Signer Authority:

(check one)

Sole Proprietor

Partner

Corporate Officer

Association Officer

Board Member

Governmental Official

Provider Total Budget by Service

Provider Name: Tyler County Aging

12/8/2022 11:18 AM

			Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Personnel					
Salaries (Identified by Job Title)					
Part Time Staff	26,796.00	6,699.00			8,932.00
Total Salaries	26,796.00	6,699.00			8,932.00
Payroll Taxes & Benefits (Employer Paid)					
Federal Insurance compensation Act (FICA)	2,733.19	683.30			2,049.89
Texas Unemployment Compensation Act (TUCA)	107.18	26.80			80.38
Federal Unemployment Tax Act (FUTA)	780.79	-			585.59
Workers Compensation	2,572.42	643.11			1,929.31
Health Insurance					
Retirement					
Total Payroll Taxes & Benefits (Employer Paid)	6,193.58	1,548.41			4,645.17
Contract staff (Identify by Position)					
Total Contract staff	-	-			-
Total Personnel	32,989.58	8,247.41			13,577.17
Professional Development					
Conference (list Conference & Attendees)					
Total Conferences	-	-			-
Dues (list Organization Name)					

Provider Total Budget by Service

Provider Name: [Tyler County Aging](#)
 12/8/2022 11:18 AM

Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Total Dues	-	-	-
Materials (list items)			
Total Materials	-	-	-
Total Professional Development	-	-	-

Provider Total Budget by Service

Provider Name: Tyler County Aging

12/8/2022 11:18 AM

	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Cost Area			
Meals/Food			
Raw Food	22,289.00		
	Total Raw Food	-	-
Purchased Meals			
Hot Prepared Meals Purchased from a Supplier or Central Kitchen		68,624.64	
Frozen Meals			
Chilled Meals			
Shelf Stable Meals			
	Total Purchased Meals	68,624.64	-
Freight			
	Total Freight	-	-
Storage Cost (Food or Supply)			
	Total Storage Cost	-	-
Consumables (Identify by type)			
Non-Capital Equipment (less that \$5,000 per item)	5,000.00	5,000.00	
Paper/plastic goods (napkins, plates, utensils, etc)	1,000.00		
Meal Delivery Consumable Supplies	2,000.00		
Pots/Pans/Cooking Utensils			
Equipment Maintenance			
	Total Consumables	5,000.00	-
Other (Identify Individually all items over \$100.)			
	Total Other	-	-
Total Meals/Food	30,289.00	73,624.64	-

Provider Total Budget by Service

Provider Name: [Tyler County Aging](#)

12/8/2022 11:18 AM

Cost Area		
Total Agency Budget	Congregate Meal Program	Sr Ctr Operations

Equipment		
Depreciation (Identify item, year purchased, cost)		
Total Depreciation	-	-
Interest (Identify item, year purchased, cost)		
Total Interest	-	-
Leasing (Identify item, year leased)		
Total Leasing	-	-
Maintenance (Identify item, year purchased, cost)		
Total Maintenance	-	-
Total Equipment		
Occupancy/Building		
Rent		
Total Rent	-	-
Utilities		
Total Utilities	-	-
Depreciation (Identify item, year purchased, cost)		
Total Depreciation	-	-
Mortgage Interest		
Total Mortgage Interest	-	-
Insurance (Identify type of insurance)		

Provider Total Budget by Service

Provider Name: Tyler County Aging

12/8/2022 11:18 AM

	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Cost Area			
Total Insurance	-	-	-
Security			
Total Security	-	-	-
Janitorial			
Total Security	-	-	-
Repair (Identify all items over \$100.)			
Total Repair	-	-	-
Taxes (Identify Type of Tax)			
Total Taxes	-	-	-
Total Occupancy/Building	-	-	-

Provider Total Budget by Service

Provider Name: Tyler County Aging

12/8/2022 11:18 AM

	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Cost Area			
Transportation/Travel			
Mileage Reimbursement			
Total Mileage Reimbursement	-	-	-
Delivery			
Total Delivery	-	-	-
Gas & Oil			
Total Gas & Oil	-	-	-
Repairs (Identify Item & year purchased)			
Total Repair	-	-	-
Insurance (Identify type of insurance)			
Total Insurance	-	-	-
Depreciation/Lease (Identify item, year purchased, cost)			
Total Depreciation	-	-	-
Interest			
Total Interest	-	-	-
Tags & Licenses			
Total Tags & Licenses	-	-	-
Total Transportation/Travel	-	-	-

Provider Total Budget by Service

Provider Name: Tyler County Aging

12/8/2022 11:18 AM

	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Cost Area			
Administrative & General			
Advertising			
Total Advertising	-	-	-
Printing			
Total Printing	-	-	-
Copying			
Total Copying	-	-	-
Office Supplies			
Total Office supplies	700.00	175.00	525.00
Contractual Agreements			
Total Contractual Agreements	-	-	-
Postage			
Total Postage	-	-	-
Telecommunications			
Total Telecommunication	-	-	-
Liability Insurance			
Total Liability Insurance	-	-	-
Legal Fees			

Provider Total Budget by Service

Provider Name: [Tyler County Aging](#)
 12/8/2022 11:18 AM

Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Accounting Fees	-	-	-
Total Accounting Fees	-	-	-
Consulting Fees	-	-	-
Total Consulting Fees	-	-	-
Other Fees (Explain)	-	-	-
Total Other Fees	-	-	-
Audit	-	-	-
Total Audit	-	-	-
Other Misc. (Explain)	-	-	-
Total other Misc.	-	-	-
Total Administrative & General	700.00	175.00	525.00

Provider Total Budget by Service

Provider Name: Tyler County Aging
12/8/2022 11:18 AM

Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Total	63,978.58	82,047.05	14,102.17
Total of all Cost Areas	150.283%	128.241%	22.042%
Percentage of Total Cost			

Budgeted Meals	Total Provider Prepared Meals	Purchased Meals
Provider Prepared Meals	-	-
Hot Meals	-	-
Frozen Meals	-	-
Chilled Meals	-	-
Shelf Stable Meals	-	-
Total Provider Prepared Meals	-	-
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%	10.17%
Whole Unit Rate		

AAA Contractors/Subrecipients may choose to provide required Nutrition Education as a separate service and exclude costs related to Nutrition Education from 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 Total Budget by Service

Provider Name: Tyler County Aging

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	Total Agency Budget	Congregate Meal Program		Sr Ctr Operations
Personnel				
Salaries (Identified by Job Title)				
Part Time Staff	26,796.00	6,699.00		8,932.00
Total Salaries	26,796.00	6,699.00		8,932.00
Payroll Taxes & Benefits (Employer Paid)				
Federal Insurance compensation Act (FICA)	2,733.19	683.30		2,049.89
Texas Unemployment Compensation Act (TUCA)	107.18	26.80		80.38
Federal Unemployment Tax Act (FUTA)		-		
Workers Compensation	780.79	195.20		585.59
Health Insurance				
Retirement	2,572.42	643.11		1,929.31
Total Payroll Taxes & Benefits (Employer Paid)	6,193.58	1,548.41		4,645.17
Contract staff (Identify by Position)				
Total Contract staff	-	-		-
Total Personnel	32,989.58	8,247.41		13,577.17
Professional Development				
Conference (list Conference & Attendees)				
Total Conferences	-	-		-
Dues (list Organization Name)				

Provider Total Budget by Service

Provider Name: Tyler County Aging
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Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Total Dues	-	-	-
Materials (list Items)			
Total Materials	-	-	-
Total Professional Development	-	-	-

Provider Total Budget by Service

Provider Name: Tyler County Aging

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Cost Area	Meals/Food	Total Agency Budget		
		Congregate Meal Program	Sr Ctr Operations	
Raw Food				
		22,289.00		
	Total Raw Food	22,289.00	-	-
Purchased Meals				
	Hot Prepared Meals Purchased from a Supplier or Central Kitchen		68,624.64	
	Frozen Meals			
	Chilled Meals			
	Shelf Stable Meals			
	Total Purchased Meals	-	68,624.64	-
Freight				
	Total Freight	-	-	-
Storage Cost (Food or Supply)				
	Total Storage Cost	-	-	-
Consumables (Identify by type)				
	Non-Capital Equipment (less that \$5,000 per item)			
	Paper/plastic goods (napkins, plates, utensils, etc)	5,000.00	5,000.00	
	Meal Delivery Consumable Supplies			
	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	-	-	-
Total Meals/Food		30,289.00	73,624.64	-

Provider Total Budget by Service

Provider Name: [Tyler County Aging](#)

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Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Equipment			
Depreciation (Identify item, year purchased, cost)			
Total Depreciation	-	-	-
Interest (Identify Item, year purchased, cost)			
Total Interest	-	-	-
Leasing (Identify Item, year leased)			
Total Leasing	-	-	-
Maintenance (Identify Item, year purchased, cost)			
Total Maintenance	-	-	-
Occupancy/Building			
Rent			
Total Rent	-	-	-
Utilities			
Total Utilities	-	-	-
Depreciation (Identify item, year purchased, cost)			
Total Depreciation	-	-	-
Mortgage Interest			
Total Mortgage Interest	-	-	-
Insurance (Identify type of insurance)			
Total Insurance	-	-	-

Provider Total Budget by Service

Provider Name: Tyler County Aging

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Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Total Insurance	-	-	-
Security			
Total Security	-	-	-
Janitorial			
Total Security	-	-	-
Repair (Identify all items over \$100.)			
Total Repair	-	-	-
Taxes (Identify Type of Tax)			
Total Taxes	-	-	-
Total Occupancy/Building	-	-	-

Provider Total Budget by Service

Provider Name: Tyler County Aging

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Cost Area

Transportation/Travel

Total Agency Budget

Congregate Meal Program

Sr Ctr Operations

Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Mileage Reimbursement			
Total Mileage Reimbursement	-	-	-
Delivery			
Total Delivery	-	-	-
Gas & Oil			
Total Gas & Oil	-	-	-
Repairs (Identify Item & year purchased)			
Total Repair	-	-	-
Insurance (Identify type of insurance)			
Total Insurance	-	-	-
Depreciation/Lease (Identify item, year purchased, cost)			
Total Depreciation	-	-	-
Interest			
Total Interest	-	-	-
Tags & Licenses			
Total Tags & Licenses	-	-	-
Total Transportation/Travel	-	-	-

Provider Total Budget by Service

Provider Name: [Tyler County Aging](#)

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	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Cost Area			
Administrative & General			
Advertising			
Total Advertising	-	-	-
Printing			
Total Printing	-	-	-
Copying			
Total Copying	-	-	-
Office Supplies			
700.00	700.00	175.00	525.00
Total Office supplies	700.00	175.00	525.00
Contractual Agreements			
Total Contractual Agreements	-	-	-
Postage			
Total Postage	-	-	-
Telecommunications			
Total Telecommunication	-	-	-
Liability Insurance			
Total Liability Insurance	-	-	-
Legal Fees			

Provider Total Budget by Service

Provider Name: Tyler County Aging

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Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Accounting Fees	-	-	-
Total Accounting Fees	-	-	-
Consulting Fees	-	-	-
Total Consulting Fees	-	-	-
Other Fees (Explain)	-	-	-
Total Other Fees	-	-	-
Audit	-	-	-
Total Audit	-	-	-
Other Misc. (Explain)	-	-	-
Total other Misc.	-	-	-
Total Administrative & General	700.00	175.00	525.00

Provider Total Budget by Service

Provider Name: Tyler County Aging

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Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Total	63,978.58	82,047.05	14,102.17
Total of all Cost Areas	150.2833%	128.2411%	22.0422%
Percentage of Total Cost			

Budgeted Meals	Total Provider Prepared Meals	Purchased Meals
Provider Prepared Meals	-	-
Hot Meals	-	-
Frozen Meals	-	-
Chilled Meals	-	-
Shelf Stable Meals	-	-
Total Provider Prepared Meals	-	-
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%	10.17%
Whole Unit Rate		

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

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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:

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

AAA Provider Only

Nutrition Providers Legal Business Name: Tyler County Aging
Street Address: _____
Mailing Address: _____
City: Woodville
Zip Code: 75979
Phone Number: _____
E-mail Address: _____
Contact Name: Commissioner Joe Blacksher
Nutrition Providers website address: _____

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10 Did this Nutrition provider complete a rate setting workbook last year? No
11 If Yes, what was the provider name listed on the workbook? _____

12 Is the Provider a AAA Provider? Yes
13 If Yes, select the AAA Name: Area Agency on Aging of Deep East Texas
14 If Yes, contact name at AAA: Holly Anderson
15 If Yes, is it a contract or subrecipient? Subrecipient
16 Is the Provider a HHS Contracted Community Services Provider? No
17 If Yes, Contract Manager name at HHS Contracted Community Services: NA
18 If Yes, select the HHS Region Number: _____
19 If Yes, enter the HHS contract number: _____

Service Delivery Information

Home Delivered Meals

20 Does this Nutrition provider serve home delivered meals paid for by HHS or the AAA? No
21 Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for 2022? _____
22 Is this Nutrition provider requesting a Home Delivered Nutrition Program Approval for 2023? _____
23 Total number of home delivered meal routes for this provider: _____
24 Total number of meal preparation sites used by this provider: _____

Congregate Meals

25 Does this Nutrition provider serve congregate meals paid for by the AAA? Yes
26 Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2022? No
27 Is this Nutrition provider requesting a Congregate Nutrition Program Approval for 2023? No
28 Total number of meal preparation sites used by this provider: 1
29 Total number of meal sites used by this provider: 1

Most Recent Completed Budget **2021**
 Year

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
Transportation/Travel					
Mileage Reimbursement		0	0	0.00%	
Delivery		0	0	0.00%	
Gas & Oil		0	0	0.00%	
Repairs		0	0	0.00%	
Insurance		0	0	0.00%	
Depreciation/Lease		0	0	0.00%	
Interest		0	0	0.00%	
Tags & Licenses		0	0	0.00%	
Total		0.00	0	0.00%	0.00%
Administrative & General					
Advertising		0	0	0.00%	
Printing		0	0	0.00%	
Copying		0	0	0.00%	
Office Supplies	525.00	525	0	100.00%	
Contractual Agreements		0	0	0.00%	
Postage		0	0	0.00%	
Telecommunications		0	0	0.00%	
Liability Insurance		0	0	0.00%	
Legal Fees		0	0	0.00%	
Accounting Fees		0	0	0.00%	
Consulting Fees		0	0	0.00%	
Other Fees (Explain)		0	0	0.00%	
Audit		0	0	0.00%	
Other Misc. (Explain)		0	0	0.00%	
Total		525.00	525	100.00%	0.00%
Total of all Cost Areas		0.00	62,255.17	100.00%	0.00%
Total Number of Meals			7,020		
Whole Cost per Meal		0.00	8.87		
Approved Meal Rate Title III		-			

Congregate Meal Budget Worksheet

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

Proposed Budget		Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost	Explanation of Variances
Proposed Budget	-	0.00%		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; 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.
	-	0.00%		
	-	0.00%		
	-	0.00%		
	-	0.00%		
	-	0.00%		
	-	0.00%		
	-	0.00%		
	-	0.00%		
	-	0.00%		
Total	525.00	100.00%	0.84%	
Total of all Cost Areas	62,255.17	100.00%	100.00%	

Inflation Factor 2021 to 2022 1.062%
 Inflation Factor 2022 to 2023 1.026%
 Combined Inflation Factor 2.088%

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

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Most Recent Completed Budget Year **2021**

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<i>Funding Source</i>					
		HHS OAAA - Match Required			7020
		Program Income			
		Other Funds - Eligible Meals			
		Other Funds - Non-Eligible Meals			NA
		Local Funds - Required Match			
		Other Sources 5			
		Other Sources 6			
		Total Meals by Funding Source			7020
		Provider Total Budgeted Congregate Meals			7020
		Variance (Provider Total Budgeted Congregate Meals - Total Meals by Funding Source)			0
		Estimated Number of Nutrition Education Units AAA Clients			40
		Nutrition Education Budget - AAA Clients			0
		Calculated Cost per Unit			-

Congregate Meal Budget Worksheet

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

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost	Explanation of Variances
Proposed Budget			
Calculated Rate		Revenue	
8.87		62267.40	Proposed Meals * Calculated Units
0.00		0.00	Proposed Meals * Calculated Units
0.00		0.00	Proposed Meals * Calculated Units
0.00		0.00	Proposed Meals * Calculated Units
0.00		0.00	Proposed Meals * Calculated Units
8.87		0.00	Proposed Meals * Calculated Units
8.87		0.00	Proposed Meals * Calculated Units
		62267.40	Total Revenue
<p>1. An explanation of variance must be provided for each cost area where the proposed General Ledger varies from the approved budget for the most recent completed year by 10% or more; and</p> <p>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.</p>			
			Inflation Factor 2021 to 2022 1.062%
			Inflation Factor 2022 to 2023 1.026%
			Combined Inflation Factor 2.088%

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

- | | | | | | | | |
|--|---|-------------------------------------|--------------------------|-------------------------|---|--------------------------|-----------------|
| 1. Total Budgeted Expenses for Contract Year | 1. <u>\$ 62,255.17</u> | | | | | | |
| 2. Total Number of Anticipated Meals to be Provided by Funding Source | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">HHS OAAA <u>7,020</u></td> <td style="width: 33%;">Other Funds Eligible Meals <u>0</u></td> <td style="width: 33%;">Other Sources 5 <u>0</u></td> </tr> <tr> <td>Program Income <u>0</u></td> <td>Other Funds - Non-Eligible Meals <u>0</u></td> <td>Other Sources 6 <u>0</u></td> </tr> </table> | HHS OAAA <u>7,020</u> | Other Funds Eligible Meals <u>0</u> | Other Sources 5 <u>0</u> | Program Income <u>0</u> | Other Funds - Non-Eligible Meals <u>0</u> | Other Sources 6 <u>0</u> | 2. <u>7,020</u> |
| HHS OAAA <u>7,020</u> | Other Funds Eligible Meals <u>0</u> | Other Sources 5 <u>0</u> | | | | | |
| Program Income <u>0</u> | Other Funds - Non-Eligible Meals <u>0</u> | Other Sources 6 <u>0</u> | | | | | |
| 3. Whole Unit Rate (Line 1 divided by Line 2) | 3. <u>\$ 8.87</u> | | | | | | |

Reimbursement Calculation

- | | |
|---|--------------------------------|
| 4. Projected NSIP per Meal Value | <u>HHS OAAA</u>
<u>0.73</u> |
| 5. Rate Less NSIP per Meal Value | <u>\$ 8.14</u> |
| 6. Mandatory Local Match of 10% | <u>\$ 0.81</u> |
| ** If Applicable, Match Reduction From the In-kind Match Certification form | <u>\$ (0.81)</u> |
| Required Cash Match | <u>\$ -</u> |
| 7. Proposed Meal Rate (Line 3 minus Line 6) | <u>\$ 8.87</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.

Tyler County Aging
 Legal Name of Contracted Provider

 Printed/Typed Name of Signer

 Signature

 Date

Area Agency on Aging of Deep East Texas
 Name of Area Agency on Aging

Holly Anderson
 Printed/Typed Name of Signer

 Signature

 Date

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

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Participant Assessment

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

Most Recent Completed Budget Year **2021**

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget		Explanation of Variances
						Budgeted Units	Budgeted Cost per Unit	
Total						-	0%	
Total of all Cost Areas	0.00	0.00	-	0.00%	-	-	0.00%	
Total Number Units								
Whole Cost per Unit	0.00	0.00	-	0.00%	-	-	0%	
Approved Unit Rate								

Funding Source	Proposed Units	Calculated Rate	Revenue
HHS OAAA - 10 % Match Required		-	-
HHS OAAA - 25 % Match Required		-	-
HHS OAAA - Full Unit Rate		-	-
Program Income		-	-
Local Funds		-	-
Other Funds		-	-
Local Funds - Required Match 10%	NA	-	-
Local Funds - Required Match 25%	NA	-	-
Other Sources 6		-	-
Other Sources 7		-	-
Other Sources 8		-	-
Total Units by Funding Source		-	-

Inflation Factor 2021 to 2022 1.062%
 Inflation Factor 2022 to 2023 1.026%
 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 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.

Participant Assessment
BUDGET WORKSHEET CALCULATION OF THE UNIT RATE

1. Total Budgeted Expenses for Contract Year		1. \$ _____ -
2. Total Number of Anticipated Units to be Provided		
HHS OAAA - 10 % Match	Program	
Required _____ 0	Income _____ 0	Other Sources 6 _____ 0
HHS OAAA - 25 % Match	Local Funds	Other Sources 7 _____ 0
Required _____ 0	_____ 0	_____ 0
HHS OAAA - Full Unit Rate _____ 0	Other Funds _____ 0	Other Sources 8 _____ 0
		2. _____ -
3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate		3. \$ _____ -

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

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

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

**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		
\$ _____ -	_____ Contractor Initial	_____ AAA Initial

Tyler County Aging
Legal Name of Contracted Provider

Area Agency on Aging of Deep East Texas
Name of Area Agency on Aging

Signature

Signature

Commissioner Joe Blacksher
Printed/Typed Name of Signer

Holly Anderson
Printed/Typed Name of Signer

Date

Date

12/8/22 1:54 PM

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.

Tyler County Aging

Name 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

Most Recent Completed Budget Year **2021**

Transportation

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

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget		
						Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost
Personnel								
Salaries, PR Taxes & Benefits	-	-	-	0.00%	0.00%	0.00%	0.00%	
Contract staff, Compensation	-	-	-	0.00%	0.00%	0.00%	0.00%	
Total	-	0.00	-	0.00%	0.00%	0.00%	0.00%	0%
Nutrition Education								
Salaries, PR Taxes & Benefits	-	-	-	0.00%	0.00%	0.00%	0.00%	
Contract staff, Compensation	-	-	-	0.00%	0.00%	0.00%	0.00%	
Materials	-	-	-	0.00%	0.00%	0.00%	0.00%	
Conference	-	-	-	0.00%	0.00%	0.00%	0.00%	
Total	-	0.00	-	0.00%	0.00%	0.00%	0.00%	0%
Professional Development								
Conference	-	-	-	0.00%	0.00%	0.00%	0.00%	
Dues	-	-	-	0.00%	0.00%	0.00%	0.00%	
Materials	-	-	-	0.00%	0.00%	0.00%	0.00%	
Total	-	0.00	-	0.00%	0.00%	0.00%	0.00%	0%
Meals/Food								
Raw Food	-	-	-	0.00%	0.00%	0.00%	0.00%	
Purchased Meals	-	-	-	0.00%	0.00%	0.00%	0.00%	
Freight	-	-	-	0.00%	0.00%	0.00%	0.00%	
Storage	-	-	-	0.00%	0.00%	0.00%	0.00%	
Consumables	-	-	-	0.00%	0.00%	0.00%	0.00%	
Other	-	-	-	0.00%	0.00%	0.00%	0.00%	
Total	-	0.00	-	0.00%	0.00%	0.00%	0.00%	0%
Equipment								
Depreciation	-	-	-	0.00%	0.00%	0.00%	0.00%	
Interest	-	-	-	0.00%	0.00%	0.00%	0.00%	
Leasing	-	-	-	0.00%	0.00%	0.00%	0.00%	
Maintenance	-	-	-	0.00%	0.00%	0.00%	0.00%	
Total	-	0.00	-	0.00%	0.00%	0.00%	0.00%	0%
Occupancy/Building								
Rent	-	-	-	0.00%	0.00%	0.00%	0.00%	
Utilities	-	-	-	0.00%	0.00%	0.00%	0.00%	
Depreciation	-	-	-	0.00%	0.00%	0.00%	0.00%	
Mortgage Interest	-	-	-	0.00%	0.00%	0.00%	0.00%	
Insurance	-	-	-	0.00%	0.00%	0.00%	0.00%	
Security	-	-	-	0.00%	0.00%	0.00%	0.00%	
Janitorial	-	-	-	0.00%	0.00%	0.00%	0.00%	
Repair	-	-	-	0.00%	0.00%	0.00%	0.00%	
Taxes	-	-	-	0.00%	0.00%	0.00%	0.00%	
Total	-	0.00	-	0.00%	0.00%	0.00%	0.00%	0%
Transportation/Travel								
Mileage Reimbursement	-	-	-	0.00%	0.00%	0.00%	0.00%	
Delivery	-	-	-	0.00%	0.00%	0.00%	0.00%	
Gas & Oil	-	-	-	0.00%	0.00%	0.00%	0.00%	
Repairs	-	-	-	0.00%	0.00%	0.00%	0.00%	

Explanation of Variances

Inflation Factor 2021 to 2022 1.062%
 Inflation Factor 2022 to 2023 1.026%
 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 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.

Most Recent Completed Budget Year **2021**

Transportation

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

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget		Explanation of Variances
						Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	
Insurance						0.00	0.00%	Inflation Factor 2021 to 2022 1.062% Inflation Factor 2022 to 2023 1.026% 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 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.
Depreciation/Lease				0.00%		0.00	0.00%	
Interest				0.00%		0.00	0.00%	
Tags & Licenses				0.00%		0.00	0.00%	
Total		0.00		0.00%		0.00	0.00%	
Administrative & General								
Advertising				0.00%		0.00	0.00%	
Printing				0.00%		0.00	0.00%	
Copying				0.00%		0.00	0.00%	
Office Supplies				0.00%		0.00	0.00%	
Contractual Agreements				0.00%		0.00	0.00%	
Postage				0.00%		0.00	0.00%	
Telecommunications				0.00%		0.00	0.00%	
Liability Insurance				0.00%		0.00	0.00%	
Legal Fees				0.00%		0.00	0.00%	
Accounting Fees				0.00%		0.00	0.00%	
Consulting Fees				0.00%		0.00	0.00%	
Other Fees (Explain)				0.00%		0.00	0.00%	
Audit				0.00%		0.00	0.00%	
Other Misc. (Explain)				0.00%		0.00	0.00%	
Total		0.00		0.00%		0.00	0%	
Total of all Cost Areas		0.00		0.00%		-	0%	
Total Number One Way Trips		0.00		0.00%		-		
Whole Cost per Trip		0.00		0.00%		-		
Approved One Way Trip Unit Rate		0.00		0.00%		-		

Funding Source	Proposed One Way Trips	Calculated Rate	Revenue
HHS OAAA - 10 % Match Required		-	-
HHS OAAA - 25 % Match Required		-	-
HHS OAAA - 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 6		-	-
Other Sources 7		-	-
Other Sources 8		-	-
Total One Way Trips by Funding Source		-	-

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	1. \$ _____ -
2. Total Number of Anticipated Units to be Provided	
HHS OAAA - 10 % Match Required _____ 0	Program Income _____ 0 Other Sources 6 _____ 0
HHS OAAA - 25 % Match Required _____ 0	Local Funds - Eligible Trips _____ 0 Other Sources 7 _____ 0
HHS OAAA - Full Unit Rate _____ 0	Other Funds - Non-Eligible Trips _____ 0 Other Sources 8 _____ 0
3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate	2. _____ -
	3. \$ _____ -

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

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

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

**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		
\$ _____ -	Contractor Initial _____	AAA Initial _____

 Tyler County Aging
 Legal Name of Contracted Provider

 Area Agency on Aging of Deep East Texas
 Name of Area Agency on Aging

 Signature

 Signature

 Commissioner Joe Blacksher
 Printed/Typed Name of Signer

 Holly Anderson
 Printed/Typed Name of Signer

 Date

 Date

12/8/22 1:54 PM

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:

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Tyler County Aging

Name 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

