

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 <u>8,064</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>8,064</u>

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

Reimbursement Calculation

	HHS OAAA	
4. Projected NSIP per Meal Value	<u>0.73</u>	
5. Rate Less NSIP per Meal Value	<u>\$ 9.44</u>	
6. Mandatory Local Match of 10%	<u>\$ 0.94</u>	
** If Applicable, Match Reduction From the In-kind Match Certification form	<u>\$ (0.94)</u>	
Required Cash Match	<u>\$ -</u>	
7. Proposed Meal Rate (Line 3 minus Line 6)	<u>\$ 10.17</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

Joseph P. Blacksher
Printed/Typed Name of Signer

Joseph P. Blacksher
Signature

1-3-23
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

Joseph P Blacksher

Printed/Typed Name of Signer

1-3-23

Date

Joseph P Blacksher

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)		-		
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)				
Total Conferences	-	-		-

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 than \$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	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

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	-	-	-
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

	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Cost Area			
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	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
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		-		
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				
% of Total Meals	8,064	8,064		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 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

12/8/2022 11:19 AM

	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Personnel			
Salaries (Identified by Job Title)			
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Texas Unemployment Compensation Act (TUCA)	107.18	26.80	80.38
Federal Unemployment Tax Act (FUTA)	780.79	-	-
Workers Compensation	-	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)			
Total Conferences	-	-	-

Provider Total Budget by Service

Provider Name: [Tyler County Aging](#)
 12/8/2022 11:19 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 11:19 AM

		Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Cost Area	Meals/Food			
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)		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		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

12/8/2022 11:19 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	-	-	-
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

12/8/2022 11:19 AM

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
12/8/2022 11:19 AM

Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
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 11:19 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 11:19 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

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Cost Area

Total

Total Agency
Budget

Congregate
Meal Program

Sr Ctr
Operations

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	-	-	-
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	8,064

Total Budgeted Meals

% of Total Meals

Whole Unit Rate

	8,064	8,064	8,064
	100%	100%	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 cost of Nutrition Education is to be provided as a separate service, enter an **N**. exclude Nutrition Education costs from the meal rate.

12/8/2022 1:54 PM

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:
Tyler County , Woodville Tx 75979
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: _____

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

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

Congregate Meal Budget Worksheet

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

Most Recent Completed Budget Year **2021**

Proposed Budget

Explanation of Variances

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost	Explanation of Variances
Transportation/Travel									
Mileage Reimbursement			0	0.00%		-	0.00%		
Delivery			0	0.00%		-	0.00%		
Gas & Oil			0	0.00%		-	0.00%		
Repairs			0	0.00%		-	0.00%		
Insurance			0	0.00%		-	0.00%		
Depreciation/Lease			0	0.00%		-	0.00%		
Interest			0	0.00%		-	0.00%		
Tags & Licenses			0	0.00%		-	0.00%		
Total		0.00	0	0.00%		-	0.00%	0.00%	
Administrative & General									
Advertising			0	0.00%		-	0.00%		
Printing			0	0.00%		-	0.00%		
Copying			0	0.00%		-	0.00%		
Office Supplies		525.00	525	100.00%		525.00	100.00%		
Contractual Agreements			0	0.00%		-	0.00%		
Postage			0	0.00%		-	0.00%		
Telecommunications			0	0.00%		-	0.00%		
Liability Insurance			0	0.00%		-	0.00%		
Legal Fees			0	0.00%		-	0.00%		
Accounting Fees			0	0.00%		-	0.00%		
Consulting Fees			0	0.00%		-	0.00%		
Other Fees (Explain)			0	0.00%		-	0.00%		
Audit			0	0.00%		-	0.00%		
Other Misc. (Explain)			0	0.00%		-	0.00%		
Total		525.00	525	100.00%		525.00	100.00%	0.84%	
Total									
Total of all Cost Areas		62,255.17	62,255.17	100.00%		62,255.17	100.00%	100.00%	
Total Number of Meals		7,020							
Whole Cost per Meal		8.87							
Approved Meal Rate Title III		-							

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.

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

12/8/22 1:54 PM

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
Funding Source					
HHS OAAA - Match Required					Proposed Meals
Program Income					7020
Other Funds - Eligible Meals					
Other Funds - Non-Eligible Meals					
Local Funds - Required Match					NA
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	Revenue	Proposed Meals * Calculated Units
Calculated Rate	8.87	62267.40	62267.40	Proposed Meals * Calculated Units
0.00	0.00	0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	0.00	0.00	Proposed Meals * Calculated Units
8.87	8.87	0.00	0.00	Proposed Meals * Calculated Units
8.87	8.87	0.00	0.00	Proposed Meals * Calculated Units
Total Revenue				62267.40

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.

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. \$ 62,255.17
2. Total Number of Anticipated Meals to be Provided by Funding Source	
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>
3. Whole Unit Rate (Line 1 divided by Line 2)	3. \$ <u>8.87</u>

Reimbursement Calculation

	HHS OAAA
4. Projected NSIP per Meal Value	<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

Joseph P Blacksher
 Printed/Typed Name of Signer

Joseph P Blacksher
 Signature

1-3-23
 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 1:54 PM

AAA Name: Area Agency on Aging of Deep East Texas

Congregate Meals
IN-KIND MATCH CERTIFICATION

Provider: Tyler County Aging

In-kind Contribution(s): _____ \$24,000

For any item identified below, the provider must maintain monthly supporting documentation.

ITEM	DATE OF RECEIPT	VALUE
Senior Center		
- Utilities - 12 months x \$1000		\$12,000
- Nutrition Site - 12 months x \$1000		\$12,000
TOTAL		\$24,000

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

Examples of Documentation Include:

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

- Labor:
1. Minimum wage
 2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at https://www.twc.texas.gov/news/eft/prevaling_wage_issues.html

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

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

Tyler County Aging
Name of Contracted Provider

1-3-23
Date

Commissioner Joe Blacksher
Printed/Typed Name of Signer

Joseph P. Blacksher
Signature

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
Personnel					
Salaries, PR Taxes & Benefits		0	0	0.00%	
Contract staff, Compensation		0.00	0	0.00%	0%
Total		0.00	0	0.00%	0%
Nutrition Education					
Salaries, PR Taxes & Benefits		0	0	0.00%	
Contract staff, Compensation		0	0	0.00%	
Materials		0	0	0.00%	
Conference		0	0	0.00%	
Total		0.00	0	0.00%	0%
Professional Development					
Conference		0	0	0.00%	
Dues		0	0	0.00%	
Materials		0	0	0.00%	
Total		0.00	0	0.00%	0%
Meals/Food					
Raw Food		0	0	0.00%	
Purchased Meals		0	0	0.00%	
Freight		0	0	0.00%	
Storage		0	0	0.00%	
Consumables		0	0	0.00%	
Other		0	0	0.00%	
Total		0.00	0	0.00%	0%
Equipment					
Depreciation		0	0	0.00%	
Interest		0	0	0.00%	
Leasing		0	0	0.00%	
Maintenance		0	0	0.00%	
Total		0.00	0	0.00%	0%

Participant Assessment

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
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	0%
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	0%
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	0%
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	0%
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	0%

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 2021
 Year

Participant Assessment

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

							Proposed Budget			Explanation of Variances			
							Proposed Budget						
	Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost				
Occupancy/Building													
	Rent			0	0.00%		0.00	0.00%					
	Utilities			0	0.00%		0.00	0.00%					
	Depreciation			0	0.00%		0.00	0.00%					
	Mortgage Interest			0	0.00%		0.00	0.00%					
	Insurance			0	0.00%		0.00	0.00%					
	Security			0	0.00%		0.00	0.00%					
	Janitorial			0	0.00%		0.00	0.00%					
	Repair			0	0.00%		0.00	0.00%					
	Taxes			0	0.00%		0.00	0.00%					
	Total		0.00	0	0.00%		0.00	0.00%					
Transportation/Travel													
	Mileage Reimbursement			0	0.00%		0.00	0.00%					
	Delivery			0	0.00%		0.00	0.00%					
	Gas & Oil			0	0.00%		0.00	0.00%					
	Repairs			0	0.00%		0.00	0.00%					
	Insurance			0	0.00%		0.00	0.00%					
	Depreciation/Lease			0	0.00%		0.00	0.00%					
	Interest			0	0.00%		0.00	0.00%					
	Tags & Licenses			0	0.00%		0.00	0.00%					
	Total		0.00	0	0.00%		0.00	0.00%					
Administrative & General													
	Advertising			0	0.00%		0.00	0.00%					
	Printing			0	0.00%		0.00	0.00%					
	Copying			0	0.00%		0.00	0.00%					
	Office Supplies			0	0.00%		0.00	0.00%					
	Contractual Agreements			0	0.00%		0.00	0.00%					
	Postage			0	0.00%		0.00	0.00%					
	Telecommunications			0	0.00%		0.00	0.00%					
	Liability Insurance			0	0.00%		0.00	0.00%					
	Legal Fees			0	0.00%		0.00	0.00%					
	Accounting Fees			0	0.00%		0.00	0.00%					
	Consulting Fees			0	0.00%		0.00	0.00%					
	Other Fees (Explain)			0	0.00%		0.00	0.00%					
	Audit			0	0.00%		0.00	0.00%					
	Other Misc. (Explain)		0.00	0	0.00%		0.00	0.00%					
	Total		0.00	0	0.00%		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.

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

12/8/22 1:54 PM

Most Recent Completed Budget Year **2021**

Participant Assessment

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
						Budgeted Units	Budgeted Cost per Unit	
		Total				-	0%	
		0.00	-	0.00%		-	0.00%	
		Total Number Units	-	0.00%		-		
		Whole Cost per Unit	0.00	0.00%		-		
		Approved Unit Rate	0.00	0.00%		-		

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		-	-

Explanation of Variances	
Inflation Factor 2021 to 2022	1.062%
Inflation Factor 2022 to 2023	1.026%
Combined Inflation Factor	2.088%

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 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		
						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%	
Contract staff, Compensation		-	-	0.00%		0.00	0.00%	
Total		-	-	0.00%		0.00	0.00%	0%
Nutrition Education								
Salaries, PR Taxes & Benefits		-	-	0.00%				
Contract staff, Compensation		-	-	0.00%				
Materials		-	-	0.00%				
Conference		-	-	0.00%				
Total		-	-	0.00%		0.00		0%
Professional Development								
Conference		-	-	0.00%		0.00	0.00%	
Dues		-	-	0.00%		0.00	0.00%	
Materials		-	-	0.00%		0.00	0.00%	
Total		-	-	0.00%		0.00	0.00%	0%
Meals/Food								
Raw Food		-	-	0.00%		0.00	0.00%	
Purchased Meals		-	-	0.00%		0.00	0.00%	
Freight		-	-	0.00%		0.00	0.00%	
Storage		-	-	0.00%		0.00	0.00%	
Consumables		-	-	0.00%		0.00	0.00%	
Other		-	-	0.00%		0.00	0.00%	
Total		-	-	0.00%		0.00	0.00%	0%
Equipment								
Depreciation		-	-	0.00%		0.00	0.00%	
Interest		-	-	0.00%		0.00	0.00%	
Leasing		-	-	0.00%		0.00	0.00%	
Maintenance		-	-	0.00%		0.00	0.00%	
Total		-	-	0.00%		0.00	0.00%	0%
Occupancy/Building								
Rent		-	-	0.00%		0.00	0.00%	
Utilities		-	-	0.00%		0.00	0.00%	
Depreciation		-	-	0.00%		0.00	0.00%	
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		-	-	0.00%		0.00	0.00%	
Taxes		-	-	0.00%		0.00	0.00%	
Total		-	-	0.00%		0.00	0.00%	0%
Transportation/Travel								
Mileage Reimbursement		-	-	0.00%		0.00	0.00%	
Delivery		-	-	0.00%		0.00	0.00%	
Gas & Oil		-	-	0.00%		0.00	0.00%	
Repairs		-	-	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.

**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 Required <u>0</u>	Program Income <u>0</u>	Other Sources 6 <u>0</u>
HHS OAAA - 25 % Match Required <u>0</u>	Local Funds <u>0</u>	Other Sources 7 <u>0</u>
HHS OAAA - Full Unit Rate <u>0</u>	Other Funds <u>0</u>	Other Sources 8 <u>0</u>
	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	\$ -	
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

Joseph P Blacksher

 Signature

 Commissioner Joe Blacksher
 Printed/Typed Name of Signer

1-3-23

 Date

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

 Signature

 Holly Anderson
 Printed/Typed Name of Signer

 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

1-3-23
Date

Joseph P. Blacksher
Signature

Signer Authority:
(check one)

- Sole Proprietor
 Partner
 Corporate Officer

- Association Officer
 Board Member
 Governmental Official

12/8/22 1:54 PM

AAA Name: Area Agency on Aging of Deep East Texas

**Participant Assessment
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		\$0

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

Examples of Documentation Include:

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

- Labor:
 1. Minimum wage
 2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission’s website at https://www.twc.texas.gov/news/efte/prevailing_wage_issues.html

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

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

Tyler County Aging
Name of Contracted Provider

Commissioner Joe Blacksher
Printed/Typed Name of Signer

1-3-23
Date

Joseph P. Blacksher
Signature

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	Program	
Required	Income	Other Sources 6
0	0	0
HHS OAAA - 25 % Match	Local Funds -	Other Sources 7
Required	Eligible Trips	
0	0	0
	Other Funds -	
	Non-Eligible	
HHS OAAA - Full Unit Rate	Trips	Other Sources 8
0	0	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	\$	-	
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

Joseph P. Blacksher
 Signature

 Signature

 Commissioner Joe Blacksher
 Printed/Typed Name of Signer

 Holly Anderson
 Printed/Typed Name of Signer

1-3-23
 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:

- 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.
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Tyler County Aging

Name of Contracted Provider

Commissioner Joe Blacksher

Printed/Typed Name of Signer

1-3-23

Date

Joseph P. Blacksher

Signature

Signer Authority:
(check one)

Sole Proprietor

Partner

Corporate Officer

Association Officer

Board Member

Governmental Official

12/8/22 1:54 PM

AAA Name: Area Agency on Aging of Deep East Texas

Transportation
IN-KIND MATCH CERTIFICATION

Provider: Tyler County Aging

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

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TOTAL		\$0

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 1. Copy of Bill
 2. Agreement of Amount Paid if Partial

Tyler County Aging


Name of Contracted Provider

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Commissioner Joe Blacksher

Printed/Typed Name of Signer



Signature