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 to	r Contract Y	ear					1,	<u>\$</u>	82,047.05
2.	Total Number of Anticipated	Meals to be	Provided by Fu	unding S	ource					
	HHS OAAA	8,064	Other Funds Eligible Meals	()	Other Sources 5	0	_		
	Program Income	0	Other Funds - Non-Eligible Meals	()	Other Sources 6	0	2.	5	8,064
3.	Whole Unit Rate (Line 1 div	vided by Line	e 2)					3.	\$	10.17
R	eimbursement Calculation									
4.	Projected NSIP per Meal Val	lue	-	HHS	0.73					
5.	Rate Less NSIP per Meal Va	alue		\$	9.44					
6.	Mandatory Local Match of 10)% <u>\$</u>	0.94							
٠	* If Applicable, Match Reduct From the In-kind Match Certification form	tion\$	(0.94)							
	Required Cash Match		-	\$						
7.	Proposed Meal Rate (Line 3	minus Line	6) _	\$	10.17					
**	If any portion of the required By signing below, the provide contract requirements and all	er acknowled	dges that all rela	ited reco						
	Tyler Coun Legal Name of Cor	nty Aging Intracted Pro	vider		_	Jo Se Printed/	yped Name of Sign	cksher		
31	paph P. D. Signal	ture				1-3	Date			
20	Area Agency on Aging Name of Area Ag	of Deep Ea gency on Agi	st Texas ing							
	Holly And Printed/Typed No		ner							
,	Signat	ture								
	Date	e								

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.

	r County Aging f Contracted Provider	_	Joseph PBlacksher Printed/Typed Name of Signer
1-3-	23 Date		Joseph P Bhilisher
Signer Authority:	Sole Proprietor		Association Officer
(check one)	Partner		Board Member
	Corporate Officer		Governmental Official

Total Conferences Dues (list Organization Name)	Professional Development Conference & Attendees)	Total Personnel 32,989.58	Total Contract staff -		Total Pavroll Taxes & Benefits (Employer Paid) 6.193.58	Fayroll Taxes & Benefits (Employer Paid) Federal Insurance compensation Act (FICA) Texas Unemployment Compensation Act (FUTA) Federal Unemployment Tax Act (FUTA) Workers Compensation Health Insurance Retirement 2,572.42	Total Salaries 26,796.00	Part Time Staff	Personnel	Total Agency Cost Area Budget	Provider Name: Tyler County Aging	Provider Total Budget by Service
		8,247.41			1.548.41	683.30 26.80 195.20 643.11	6,699.00	6,699.00		Congregate Meal Program	ing	
		13,577.17		9	4.645.17	2,049.89 80.38 585.59 1,929.31	8,932.00	8,932.00		Sr Ctr Operations		

Total Professional Development	Total Materials	Materials (list Items)	Total Dues	Cost Area	12/8/2022 11:18 AM	Provider Name:	Provider Total Budget by Service
1	1		ī	Total Agency Congregate Budget Meal Progran		Provider Name: Tyler County Aging	ice
1			1	Congregate Meal Program		ing	
1	r		-	Sr Ctr Operations			

Provider Total Budget by Service	Се		
Provider Name: 12/8/2022 11:18 AM	Tyler County Aging	ng	
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Meals/Food	9	9	000000000000000000000000000000000000000
Raw Food	22,289.00		
Total Raw Food	22,289.00	1	1
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	1
Freight			
Total Freight			ı.
Storage Cost (Food or Supply)			
Total Storage Cost	ı	•	1
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 Equipment Maintenance	1,000.00 2,000.00		
Total Consumables	8 000 00	A 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	ice		
Provider Name:	Tyler County Agin	ng	
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Equipment	5000	Inical Logicini	Operations
Depreciation (identify item, year purchased, cost)			
Total Depreciation			
Interest (Identify Item, year purchased, cost)			
Total Interest	,	,	
Leasing (identify Item, year leased)			
Total Leasing	1		
Maintenance (Identify Item, year purchased, cost)			
Total Maintenance			
Total Equipment		1	
Occupancy/Building			
Rent			
Total Rent	T	1	
Utilities			
Total Utilities			
Depreciation (identify item, year purchased, cost)			
Total Depreciation	ı		
Mortgage Interest			
Total Mortgage Interest		-	

Repair (Identify all items over \$100.) Total Security Total Repair Taxes (Identify Type of Tax) Total Taxes
Total Security - Total Security - Total Repair - Total Taxes -
Total Security - Total Repair - Total Taxes -
Total Repair - Total Taxes -
Total Taxes -
Tal Occupancy/Building

Provider Lotal Budget by Service	/ice		
12/8/2022 11:18 AM	ú	i di	
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
	900		Operations
Mileage Reimbursement			
Total Mileage Reimbursement	1		
Delivery			
Total Delivery	1		
Gas & Oil			
Total Gas & Oil		1	
Repairs (Identify Item & year purchased)			
Total Repair	,		
Insurance (identify type of insurance)			
Total Insurance	1	1	
Depreciation/Lease (identify item, year purchased, cost)			
Total Depreciation			
Interest			
Total Interest			
Tags & Licenses			
Total Transportation/Transport	,	1	
- Com Transfer March Have		,	

	Provider Total Budget by Service	/ice		
	Provider Name: 12/8/2022 11:18 AM	Tyler County Aging	ng	
	Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
	Administrative & General	Duager	i i cai i cai ai i	Operations
Advertising				
	Total Advertising	1	1	
Printing				
	Total Printing	ř	ı	
Copying				
	Total Copying	1	1	
Office Supplies		700.00	175.00	525.00
	Total Office supplies	700.00	175.00	525.00
Contractual Agreements				
	Total Contractual Agreements	1	,	
Postage	C			
	Total Postage	1	1	
Telecommunications				
Liability Insurance	Total Telecommunication	1		
riability illouiding				
	Total Liability Insurance	1		
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		1		1		1		-			Total Agency Budget		Tyler County Agi	ice
175.00	-		•				-		-			Congregate Meal Program		ng	
525.00	-				-		1				•	Sr Ctr Operations			

WIIDE OILL Nate	Whole Ilnit Pate	% 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	-			8,064		-	-	-	-				150.283%	63,978.58		Total Agency Budget			Tyler County Agi	ice	
10.17	10070		8,064	8,064				8,064									128.241%	82,047.05		Congregate Meal Program	E		ng		
																	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 Contract staff	Total Payroll Taxes & Benefits (Employer Paid) 6,193.58 1,548.41 Contract staff (Identify by Position) Retirement 2,572.42 643.11	Payroll Taxes & Benefits (Employer Paid) Federal Insurance compensation Act (FICA) Texas Unemployment Compensation Act (TUCA) Federal Unemployment Tax Act (FUTA) Workers Compensation 780.79 195.20 Health Insurance	Total Salaries 26,796.00 6,699.00	Salaries (Identified by Job Title) Part Time Staff 26,796.00 6,699.00	Cost Area Total Agency Congregate Budget Meal Program	Provider Total Budget by Service Provider Name: Tyler County Aging 12/8/2022 11:19 AM
	13,577.17	1,929.31 4,645.17	2,049.89 80.38 585.59	8,932.00	8,932.00	Sr Ctr 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	-			Total Agency Congregate Budget Meal Progran		Provider Name: Tyler County Aging	ice
1	ı			Congregate Meal Program		ng	
1	1		1	Sr Ctr Operations			

Total Meals/Food	Other (Identify Individually all items over \$100.)		Micdi	Consumables (identity by type) Non-Capital Equipr Paper/plastic good		Storage Cost (Food or Supply)		Freight		Frozen Meals Chilled Meals Shelf Stable Meals	Purchased Meals Hot Prepared Meals Purchased fro		Raw Food		Cost Area			Provider
Total Other		Total Consumables	Pots/Pans/Cooking Utensils Equipment Maintenance	y by type) Non-Capital Equipment (less that \$5,000 per item) Paper/plastic goods (napkins, plates, utensils, etc) Meal Delivery Consumption	Total Storage Cost		Total Freight		Total Purchased Meals	Frozen Meals Chilled Meals Shelf Stable Meals	om a Supplier or Central Kitchen	Total Raw Food		Meals/Food	ι συ	12/8/2022 11:19 AM	Provider Name:	Provider Total Budget by Service
30,289.00		8,000.00	1,000.00 2,000.00	5,000.00	1		1					22,289.00	22,289.00		Total Agency Budget		Tyler County Aging	/ice
73,624.64		5.000.00		5,000.00				00,024.04	68 624 64	68,624.64	60 604 64	,			Congregate Meal Program		ina	
1 (1										Sr Ctr Operations			

Provider Total Budget by Service	0		
Provider Name: T	Tyler County Aging	na	
12/8/2022 11:19 AM			
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Equipment	6	C.	
Depreciation (identify item, year purchased, cost)			
Total Depreciation	i	,	
Interest (Identify Item, year purchased, cost)			
Total Interest	í	1	
Leasing (identify Item, year leased)			
Total Leasing	,	1	
Maintenance (Identify Item, year purchased, cost)			
Total Maintenance		,	
Total Equipment	ı		
Occupancy/Building			
Rent			
Total Rent		ı	
Utilities			
Total Utilities	1	,	
Depreciation (identify item, year purchased, cost)			
Total Depreciation	1	1	
Mortgage Interest			
Total Mortgage Interest	-	1	

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

Provider Total Budget by Service	0		
Provider Name: 12/8/2022 11:19 AM	Tyler County Aging	ng	
Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
Transportation/Travel			Operations
Mileage Reimbursement			
Total Mileage Reimbursement	1		ī
Delivery			
Total Delivery	ī	1	-
Gas & Oil			
Total Gas & Oil	T	1	
Repairs (Identify Item & year purchased)			
Total Repair	1		
Insurance (identify type of insurance)			
Total Insurance	1	1	-
Depreciation/Lease (identify item, year purchased, cost)			
Total Depreciation	1		
Interest			
Total Interest	1	•	-
Tags & Licenses			
Total Tags & Licenses	1	į	•
Total Transportation/Travel	-	-	1

	Provider Total Budget by Service	Tyler County Aging	na	
	12/8/2022 11:19 AM			
	Cost Area	Total Agency Budget	Congregate Meal Program	Sr Ctr Operations
	Administrative & General			Operations
Advertising				
	Total Advertising			
Printing	Q			
	Total Printing		E.	
Copying				
	Total Copying	1	ı	
Office Supplies		700.00	175.00	525.00
	Total Office supplies	700.00	175.00	525.00
Contractual Agreements				
	Total Contractual Agreements	ı	1	
Postage	C			
	Total Postage			
Telecommunications				
Liability Insurance	Total Telecommunication			
egal Fees	Total Liability Insurance	,		
Legal Fees				

Provider Total Budget by Service	се		
Provider Name: Tyler County Aging	Tyler County Agii	ng	
12/8/2022 11:19 AM			
	Total Agency	Congregate	Sr Ctr
COST CLEA	pudget	Meal Program	Operations
Total Legal Fees	ï		1
Accounting Fees			
Total Accounting Fees	1	-	
Consulting Fees			
Total Consulting Fees	ı		
Other Fees (Explain)			
Total Other Fees	1		
Audit			
Total Audit	1	1	
Other Misc. (Explain)			
Total other Misc.	1	1	1
Total Administrative & General	700.00	175.00	525.00

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

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:				
Tyler	County,	Woodville	Tx	75979	
Home Delivered M	eals - AAA Service A	Area:			_

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

AAA Provider Only

Submission #

1	1	
ŀ	2	Street Address:
1	3	Mailing Address:
1	4	City: Woodville
1	5	Zip Code: 75979
ŀ	6	Phone Number:
1	7	E-mail Address:
ŀ	8	Contact Name: Commissioner Joe Blacksher
ŀ	9	Nutrition Providers website address:
1		
1		
1	10	Did this Nutrition provider complete a rate setting workbook last year?
1	11	If Yes, what was the provider name listed on the workbook?
L		
1	12	Is the Provider a AAA Provider? Yes
1	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
1	16	Is the Provider a HHS Contracted Community Services Provider?
L	17	If Yes, Contract Manager name at HHS Contracted Community Services: NA
L	18	If Yes, select the HHS Region Number:
L	19	If Yes, enter the HHS contract number:
L		
L		Service Delivery Information
L		Home Delivered Meals
	20	Does this Nutrition provider serve home delivered meals paid for by HHS or the AAA?
	21	Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for 20222
	22	Is this Nutrition provider requesting a Home Delivered Nutrition Program Approval for 20232
	23	Total number of home delivered meal routes for this provider:
L	24	Total number of meal preparation sites used by this provider:
L		* · · · · · · · · · · · · · · · · · · ·
L		Congregate Meals
1	25	Does this Nutrition provider serve congregate meals paid for by the AAA?
	26	Does this Nutrition provider have an approved Congregate Nutrition Waiver for 20222
	2/	Is this Nutrition provider requesting a Congregate Nutrition Program Approval for 20232
	28	Total number of meal preparation sites used by this provider:
L	29	Total number of meal sites used by this provider:

Provider Name: AAA Name:	: Tyler County Aging s: Area Agency on Aging of Deep East Texas	g of Deep East Tex	ώ σ	Congregate Meal Budget Worksheet Review of Most Recent Complete	et eted Year Appr	I Budget Worksheet lost Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget
		12/8/22 1:54 PM	PM			
Most Recent Completed Budget Year	2021			Proposed Budget		Explanation of Variances
						Inflation Factor 2021 to 2022 1.062% Inflation Factor 2021 to 2023 1.068%
						Combined Inflation Factor 2.088% 1. An explanation of variance must be provided for each cost area where the expenses per
						I. All Explanation of variative must be provided for seal roos area where the expenses yet. General Ledger varies from the approved budget for the most recent completed year by 10% or more: and
	TXDense	Variance Budget		Percentage Variance - Prior Year		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
Cost Area	per General Approved Ledger Budget	_	Percentage Percentage of Variance of Unit Cost	Proposed Budget Actual to Proposed Proposed Budget	Percentage of Unit Cost	inflation factor.
	ersor	1		4		
Salaries, PR Taxes & Benefits	31,441.17	1.17 31,441	0.00%	31,441.17		
Total	- 31,441.17	31	100.00% 0.00%	31,441.17 100.00%	50.50%	
	Nutrition Education	on		0 000		
Salaries, PR Taxes & Benefits Contract staff, Compensation		00	0.00%	0.00%		
Materials		0 0	0.00%	0.00%		
Total	- 0.00		0.00% 0.00%	- 0.00%	0.00%	
	Professional Development		200%	%00 O		
Conference		00	0.00%	0.00%		
Materials			0.00%	0.00%	0 00%	
Otal	Meals/Food	-				
Raw Food	22,289.00	22	100.00%	22,289.00 100.00%		
Furchased Weals		0 0	0.00%	0.00%		
Storage		0	0.00%	- 0.00%		
Consumables	8,000.00		100.00%	8,000.00 100.00%		
Total	- 30,289.00	9.00 30,289	100.00% 0.00%	30,289.00 100.00%	48.65%	
	Equipment		0.00%	0.00%		
Depreciation		0 0	0.00%	0.00%		
Interest Leasing		00	0.00%			
Total	- 0.00		0.00% 0.00%	- 0.00%	0.00%	
I Own	Occupancy/Building					
Rent	Company	-	0.00%	- 0.00%		
Utilities		001	0.00%	0.00%		
Modage Interest		0 0	0.00%			
Insurance		0	0.00%			
Security		0 0	0.00%	0.00%		
Repair		0 0	0.00%			
Taxes			0.00%	0.00%	0.00%	
Total	- 0.00		0.00%			

0.84%	100.00%	62,255.17	0.00%	100.00%	02,200.11	04,400.11	0.00	T-1-111
0.84%							0 00	Total of all Cost Areas
0.84%						tal	7	
	100.00%	525.00	0.00%	100.00%	525	525.00		Total
	0.00%			0.00%	0			Other Misc. (Explain)
	0.00%			0.00%	0			Audit
	0.00%			0.00%	0			Other Fees (Explain)
	0.00%	(-	0.00%	0			Consulting Fees
	0.00%			0.00%	0			Accounting Fees
	0.00%	,		0.00%	0			Legal Fees
	0.00%	,		0.00%	0			Liability Insurance
	0.00%	1	0.	0.00%	0			Telecommunications
	0.00%	,	0.	0.00%	0			Postage
	0.00%		0-	0.00%	0			Contractual Agreements
	100.00%	525.00	0.	100.00%	525	525.00		Office Supplies
	0.00%	ı	0-	0.00%	0			Copying
	0.00%			0.00%	0			Printing
	0.00%			0.00%				Advertising
					_	Administrative & General	Administrat	
0.00%	0.00%		0.00%	0.00%	0	0.00		Total
	0.00%		8-	0.00%	0			Tags & Licenses
	0.00%	1	0-	0.00%	0			Interest
	0.00%	3	5-	0.00%	0			Depreciation/Lease
	0.00%	1	81	0.00%	0			Insurance
	0.00%		8.	0.00%	0			Repairs
	0.00%	,	0,	0.00%	0			Gas & Oil
	0.00%	1	01	0.00%	0			Delivery
	0.00%		0	0.00%	0			Mileage Reimbursement
			- 1			Transportation/Travel	Transport	
	_	Proposed Budget	_	of Variance	Expenses	Budget	Ledger	Cost Area
Percentage of Unit inflation factor			Percentage	Percentage	minus	Approved	per General	
2. An explanation of variance must be provided for each cost area where the proposed	Percentage	<			Variance		П	
or more; and								
General Ledger varies from the approved budget for the most recent completed year by 10%								
1 An explanation of variance must be provided for each cost area where the expenses								
Inflation Factor 2021 to 2022 1 062%								
								tear
Explanation of Variances	Proposed Budget	ס					et 2021	Most Recent Completed Budget
				PM	12/8/22 1:54 PM			
Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget	st Recent Completed	Review of Mos		as	Area Agency on Aging of Deep East Texas	on Aging of E	1000	AAA Name:
	9. 9							Day in the state of the state o

Whole Cost per Meal
Approved Meal Rate Title III

0.00

					0	Congregate Meal Budget Worksheet	Budget Works	neet	
Provider Name: AAA Name	ider Name: Tyler County Aging AAA Name: Area Agency on Aging of Deep East Texas	jing of Deep Ea	st Texas			Review of Mo	st Recent Com	pleted Year Ap	Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget
		12/8/22	12/8/22 1:54 PM						
Most Recent Completed Budget Year	t 2021						Proposed Budget	t	Explanation of Variances
									Inflation Factor 2021 to 2022 1.062% Inflation Factor 2022 to 2023 1.026% Combined Inflation Factor 2.088%
									 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
Cost Area	Expense per General App	Approved mi	Budget minus Perc	Percentage Per	Percentage of Unit Cost	Dropped Ridget	Variance - Prior Year Actual to Proposed Rudget	Percentage of Unit	c. 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.
	urce		-		Proposed Meals	Calculated Rate	ed Rate	6	
SHH	HHS OAAA - Match Required	ed			7020	8.87	87	67.40	62267.40 Proposed Meals * Calculated Units
	Program Income					0.00	00	0.00	0.00 Proposed Meals * Calculated Units
Othe	Other Funds - Eligible Meals	ls				0.00	00	0.00	0.00 Proposed Meals * Calculated Units
Other F	Other Funds - Non-Eligible Meals	eals				0.00	00	0.00	0.00 Proposed Meals * Calculated Units
Local	Local Funds - Required Match	tch			NA	0.00	0	0.00	0.00 Proposed Meals * Calculated Units
	Other Sources 5					8.87	37	0.00	0.00 Proposed Meals * Calculated Units
	Other Sources 6					8.87	87	0.00	0.00 Proposed Meals * Calculated Units
lotal N	lotal Meals by Funding Source	ırce			7020			62267.40	62267.40 Total Revenue
Provider Total	Provider Total Budgeted Congregate Meals	ate Meals			7020				
Variance (Provider Total M	Variance (Provider Total Budgeted Congregate Meals - Total Meals by Funding Source)	gregate Meals irce)			0				
Estimated Number of	Estimated Number of Nutrition Education Units AAA Clients	Jnits AAA Client	S		40				
Nutrition E	Nutrition Education Budget - AAA Clients	Clients			0				
Ca	Calculated Cost per Unit				1				

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.	_\$	62,255.17
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	2.		7,020
3. Whole Unit Rate (Line 1 divided by Line 2)	3.	\$	8.87
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 To seph P Dlacksh Printed/Typed Name of Signer	er		
Joseph P Dhulhsham 1-3-23 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			

AAA Name: Area Agency on Aging of Deep East Texas

Congregate Meals IN-KIND MATCH CERTIFICATION

In-kind Contribution(s): State	Provider:	Tyler County Aging	IN-KIND MATCH C	ERTIFICATION	
Senior Center -Utilities - 12 months x \$1000 - Nutrition Site - 12 months to \$1000 - Nutri			\$24,000		
Senior Center		For any item identifie	d below, the provider must	maintain monthly supporting do	cumentation.
- Utilities - 12 months x \$1000 - Nutrition Site - 12 months x \$1000 - Nutrition Site - 12 months x \$1000 - Nutrition Site - 12 months x \$1000 - S12,000 - TOTAL - TOTAL - TOTAL - S24,000 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 - 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 - Commissioner Joe Blacksher			SM .	DATE OF RECEIPT	VALUE
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 Commissioner Joe Blacksher					
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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 Commissioner Joe Blacksher					
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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 Commissioner Joe Blacksher				TOTAL	\$24,000
and if senior center, based on property value and center participation) 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 Commissioner Joe Blacksher		http://www.irs.gov/pub/ Documentation Include:	Agreement with Owner		
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 Commissioner Joe Blacksher		2. Adequate and if sen	Valuation of Property on a Cu ior center, based on property v	rrent Basis (this should be review value and center participation)	ed at least every two years
Were not in-kind then you cannot count it. Utilities: 1. Copy of Bill 2. Agreement of Amount Paid if Partial Tyler County Aging Commissioner Joe Blacksher	Labor:	2. Document	ted prevailing wage in the Are		
2. Agreement of Amount Paid if Partial Tyler County Aging Commissioner Joe Blacksher				you would not hire someone to pe	rform the labor if it
	Utilities:				
			ler .		

poeph P. Blight Signature

						Participant Assessment	#		
Provider Name: AAA Name:	Tyler County Aging Area Agency on Aging of Deep East Texas	ing Aging of De	eep East Texas	ø		Review of Most Recent C	completed	Year Approved Budget	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	2021					Propo	Proposed Budget		Explanation of Variances
									11
			Variance						Inflation Factor 2021 to 2022 1.062% Inflation Factor 2022 to 2023 1.026% Combined Inflation Factor 2028 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
	Expense per General A	Approved	Budget	Percentage	Percentage of	Percenta Prior Y.	Percentage Variance - Prior Year Actual to		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
Cost Area	Ledger Budg	Budget	Expenses	of Variance	Unit Cost	Proposed Budget Propo	Proposed Budget	Percentage of Unit Cost	the two year combined inflation factor.
Salaries, PR Taxes & Benefits			0	0.00%		0.00	0.00%		
Contract starr, Compensation			0	0.00%		0.00	0.00%		
I Cital	Nutrition Education	ducation		0.0070	0.70		0.0070	0	
Salaries, PR Taxes & Benefits			0	0.00%					
Contract staff, Compensation			0	0.00%					
Conference			0 0	0.00%					
Total	1	0.00	0	0.00%	0%	0.00		0%	
	Professional Development	evelopmen	Ť						
Conference				0.00%		0.00	0.00%		
Materials			0 0	0.00%		0.00	0.00%		
Total		0.00	0	0.00%	0%	0.00	0.00%	0%	
	Meals/Food	ood							
Raw Food			0	0.00%		0.00	0.00%		
Purchased Meals			0 0	0.00%		0.00	0.00%		
Freignt			0 0	0.00%		0.00	0.00%		
Consumables			0	0.00%		0.00	0.00%		
Other			0	0.00%		0.00	0.00%		
Total	-	0.00	0	0.00%	0%	0.00	0.00%	0%	
	Equipment	ent							
Depreciation			0	0.00%		0.00	0.00%		
Interest			o c	0.00%		0.00	0.00%		
Maintenance			0 0	0.00%		0.00	0.00%		
Total		0.00	0	0.00%	0%	0.00	0.00%	0%	

Completed Budget	<i>x</i>							get
Completed Budget								
Year					Proposed Budget	udget		Explanation of Variances
Expense per General Approved	Variance Budget oved minus	Percentage of Variance	Percentage of Unit Cost	Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	-	Percentage of Unit Cost	Inflation Factor 2021 to 2022 1.062% Inflation Factor 2021 to 2023 1.026% 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.
Occupancy					П			
	000	0.00%		0.00	0.00	0.00%		
Depreciation Mortgage Interest	000	0.00%		000	8 8 8	0.00%		
Security	000	0.00%		000	000	0.00%		
Repair	000	0.00%		000	800	0.00%		
Total - 0.00		0.00%	0%	0.	00	0.00%	0%	
Transportation	Travel							
Reimbursement	00	0.00%		0.00	00	0.00%		
Gas & Oil	0 0	0.00%		0.	00	0.00%		
Repairs	0	0.00%		0	00	0.00%		
Insurance	.	0.00%		0 0	00	0.00%		
Interest	0 1	0.00%		0.	0.00	0.00%		
Tags & Licenses		0.00%	700		0.00	0.00%	0%	
Administrative & General		0.0070						
		0.00%		0.	00	0.00%		
Printing	000	0.00%		0.00	00	0.00%		
Copying Office Supplies	0 0	0.00%		0.0	0 0	0.00%		
Contractual Agreements	0	0.00%		0.	00	0.00%		
Postage	0 0	0.00%		0.0	00	0.00%		
Telecommunications	0 0	0.00%		0.0	000	0.00%		
nal Fees	0	0.00%		0	00	0.00%		
Accounting Fees	0	0.00%		0.	00	0.00%		
Consulting Fees	. 0	0.00%		0.0	80	0.00%		
Other Fees (Explain) Audit	00	0.00%		0.0	8 8	0.00%		
Other Misc. (Explain)		0.00%	200	0.00	00	0000		

Funding Source Froposed Units HHS OAAA - 10 % Match Required HHS OAAA - 25 % Match Required HHS OAAA - Full Unit Rate Frogram Income Local Funds Other Funds Local Funds - Required Match 10% Other Sources 6 Other Sources 8 Total Units by Funding Source Proposed Units Calculated Rate			Total of all Cost Areas 0.00 0.00 - 0.00% -	Total	Expense Variance Expense Budget Budget Percentage of Ledger Budget Expenses of Variance Unit Cost	Most Recent Completed Budget 2021 Year	12/8/22 1:54 PM	Provider Name: Tyler County Aging AAA Name: Area Agency on Aging of Deep East Texas	
Revenue	nugated office	Rudgeted Units	- 0.00% 0%		Percentage Variance - Prior Year Actual to Proposed Budget Proposed Budget Percentage of Unit Cost	Proposed Budget		Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current P Budget	Participant Assessment
					Inflation Factor 2021 to 2022 1.062% Inflation Factor 2022 to 2023 1.026% Combined Inflation Factor 2022 to 2023 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.	Explanation of Variances		et to Actual Year End Expense and Current Proposed	

					Irans	nsportation		
Provider Name: AAA Name:	ne: Tyler County Aging me: Area Agency on Aging of Deep East Texas	f Deep East Texas			Paview of Most	Recent Complete	od Veer Approved B	ideat to Actual Vaccified Economy and Coursest Brancoad Br
	12/8	2/8/22 1:54 PM			TO HOW OF MOSE	receilt combiete	a real Approved D	Toposed purget to Acrea Lear Elia Expelles alia callelit Lioposed purget
Most Recent Completed Budget Year	et 2021					Proposed Budget	ť	Explanation of Variances
								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
	Expense Approved	Budget		orton of		Percentage Variance -		2. An explanation of variance must be provided for each cost area where the proposed budget amount avisable the proposed subject that the two ways combined inflations.
Cost Area	Ledger Budget	Expenses	of Variance Ur	Unit Cost	Proposed Budget	Proposed Budget	Percentage of Unit Cost	factor.
77	Personnel		1					
Salaries, PR Taxes & Benefits		1	0.00%		0.00	0.00%		
Total	000		0.00%	700	0.00	0.00%		
6 1991	Nutrition Education		0.0070	0.70	0.00	0.00.70	0%	
Salaries, PR Taxes & Benefits	- Caronio		0 00%					
Contract staff, Compensation			0.00%					
Conference		,	0.00%					
Total	- 0.00		0.00%	0%	0.00		0%	
	Professional Development	nent						
Dues			0.00%		0.00	0.00%		
Materials			0.00%		0.00	0.00%		
otal	- 0.00		0.00%	0%	0.00	0.00%	0%	
	Meals/Food							
Raw Food Purchased Meals			0.00%		0.00	0.00%		
Freight		,	0.00%		0.00	0.00%		
Storage		,	0.00%		0.00	0.00%		
Other		6.0	0.00%		0.00	0.00%		
Total	- 0.00	ı	0.00%	0%	0.00	0.00%	0%	
	Equipment							
Depreciation		,	0.00%		0.00	0.00%		
Leasing			0.00%		0.00	0.00%		
Maintenance		1	0.00%		0.00	0.00%		
Total	- 0.00		0.00%	0%	0.00	0.00%	0%	
	Occupancy/Building		0000					
Reit		,	0.00%		0.00	0.00%		
Depreciation		1:3	0.00%		0.00	0.00%		
Mortgage Interest		E C	0.00%		0.00	0.00%		
Insurance		ĸ	0.00%		0.00	0.00%		
Security		,	0.00%		0.00	0.00%		
Repair		E 3	0.00%		0.00	0.00%		
Taxes			0.00%		0.00	0.00%		
Total	- 0.00	1	0.00%	0%	0.00	0.00%	0%	
	Transportation/Travel	-						
Mileage Reimbursement			0.00%		0.00	0.00%		
Gas & Oil		1	0.00%		0.00	0.00%		
Repairs	_		0000		28	2000		

Most Record Completed Endage 100	Provider Name: AAA Name:	Tyler County Aging Area Agency on Agin	g of Deep East Texas		Review of Most	Most Recent Completed	Year Approved Bu	Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget
Episone Coat Arana Per Coneral Approved Per Contagn Per Cont	Most Recent Completed Budge Year	2021				Proposed Budget		Explanati
District	Cost Area		Variance Budget minus Expenses		Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost	An explanation of variance must be progerial Ledger varies from the approved burnore; and An explanation of variance must be proviamount exceeds the prior year actual amount factor.
Debrices Continues Conti		1	Expenses or var	2	Proposed Budget	Proposed Budget	Percentage of Unit Cost	actor.
Contrasts	nsurance Depreciation/Lease nterest			00%	0.00	0.00%		
Administrative & General 0.00% 0	ags & Licenses				0.00	0.00%		
Part	otal	- 0.00			0.00	0.00%	0%	
piplies	A Collision	Administrative & Ge		7000	0.00	7000 0		
piplies all Agreements all Agreements all Agreements all Codd Arees (Explain) all Cost Arees (Stiper Trip 1415 OAAA - 10 % Marian Required 1415 OAAA - 10 % Marian Required 1415 OAAA - 10 1 / Marian Required 1415 OAAA - 10 / Marian Required 1416 OAAA - 10 / Marian Re	rinting			00%	0.00	0.00%		
200% 000%	Copying Office Supplies			00%	0.00	0.00%		
Color Fund	Contractual Agreements			00%	0.00	0.00%		
Colle Funds - Required	ostage relecommunications			00%	0.00	0.00%		
Collegible Trips Collegible	iability Insurance			00%	0.00	0.00%		
Collect Funding Source	egal Fees			00%	0.00	0.00%		
Color Colo	Consulting Fees			00%	0.00	0.00%		
Total	Other Fees (Explain)			00%	0.00	0.00%		
Total	Other Misc. (Explain)			00%	0.00	0.00%		
	Total	- 0.00	-		0.00	0.00%	0%	
Colore C	Total of all Cost Areas	Oral	-			0.00%	0%	
Funding Source	Total Number One Way Trips			00%	Budgeted linits		Budgeted Cost per Unit	
Proposed One Way Trips Calculated Rate Revenue NA NA NA NA NA NA NA NA	Approved One Way Trip Unit Rate				cangorad crimo		See	
NA NA		Funding Source		Proposed One Way Trips	Calculated Rate	Revenue		
NA NA	OSHH	DAAA - 25 % Match Require	8. 8					
NA -	壬	IS OAAA - Full Unit Rate	ì					
NA NA		Program Income						
NA -	Other	r Funds - Non-Eligible Trips						
NA	Local F	unds - Required Match 10°	%	Ą	1			
	Local F	unds - Required Match 25	%	NA NA	1			
		Other Sources 7						
		Other Sources 8						

	ncy on Aging of Deep East Tex Participant	as Assessment CULATION OF THE UNIT RATE	
1.Total Budgeted Expenses for Contrac	t Year		1. \$
2.Total Number of Anticipated Units to be HHS OAAA - 10 % Match Required HHS OAAA - 25 % Match Required O HHS OAAA - Full Unit Rate 3. Cost per unit (Line 1 divided by Line 2 Reimbursement Calculation for Contract	Program 0		2
4. Mandatory Local Match of 10% ** If Applicable, Match Reduction From Required Match 5.Full Unit Rate Less Required Match (L.)		\$ form\$	4. <u>\$ -</u> 5. <u>\$ -</u>
4. Mandatory Local Match of 25% ** If Applicable, Match Reduction From Required Match 5.Full Unit Rate Less Required Match (L.)		\$ - \$ -	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 Requireme	nts Will Be Met Through Provision of Ad	dditional Units
Tyler County Aging Legal Name of Contracted Signature Commissioner Joe Blace Printed/Typed Name of St	Provider	Area Agency on Aging of Deep Ea Name of Area Agency on Ag Signature Holly Anderson Printed/Typed Name of Sign	ing
1 - 3 - 23		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.

Tyler	r County Aging	Commissioner Joe Blacksher
Name of	f Contracted Provider	Printed/Typed Name of Signer
1-3-23	Date	Joseph P. Dhuh
Signer Authority:	Sole Proprietor	Association Officer
(check one)	Partner	Board Member
	Corporate Officer	Governmental Official

AAA Name: Area Agency on Aging of Deep East Texas

Participant Assessment IN-KIND MATCH CERTIFICATION

Provider:	Tyler County	Aging		
In-kind C	ontribution(s):	\$0		
	For any item	identified below, the provider mu	ust maintain monthly supporting doc	umentation.
		ITEM	DATE OF RECEIPT	VALUE
			TOTAL	\$0
Note:		ns must meet the requirements of II .gov/pub/irs-pdf/p561.pdf	RS Publication 561	
Examples o	f Documentation	Include:		
Rent:	2. /	Letter of Agreement with Owner Adequate Valuation of Property on a and if senior center, based on proper	a Current Basis (this should be reviewerty value and center participation)	d at least every two years
Labor:	2. I		Area. For prevailing wage information www.twc.texas.gov/news/efte/prevailing	
	labor must be req kind then you ca		. If you would not hire someone to per	form the labor if it
Utilities:		Copy of Bill Agreement of Amount Paid if Partia	1	
	Tyler County Ag		Commissioner	Joe Blacksher
Na	me of Contracto	ed Provider	Printed/Typed	Name of Signer
1-3) - 23 Date		Joseph P. Bhy	ature

Signature

	Tyler County Aging Area Agency on Aging of Dee	Transpor		
1.Total Budgeted Expenses for	or Contract Year			1. \$
2.Total Number of Anticipated HHS OAAA - 10 % Match Required HHS OAAA - 25 % Match Required	Units to be Provided Program Income Local Funds - Eligible Trips Other Funds -		Other Sources 6 0 Other Sources 7 0	
HHS OAAA - Full Unit Rate _	Non-Eligible O Trips	0	Other Sources 80	2
Cost per unit (Line 1 divided Reimbursement Calculation for the content of t		ate Match Rec	luction	3\$
4. Mandatory Local Match of ** If Applicable, Match Reduce Required Match 5. Full Unit Rate Less Required ** Required Match	ction From the In-kind Match	Certification f	s - \$ -	4. \$ - 5. \$ -
4. Mandatory Local Match of 2 ** If Applicable, Match Reduce Required Match 5.Full Unit Rate Less Required **If any portion of the required	ction From the In-kind Match		orm \$ - \$ Kind Match Certification form.	4. <u>\$ -</u> 5. <u>\$ -</u>
Contract Reimbursed at Full	Contractor Initial	Requirement	s Will Be Met Through Provision of Add	litional Units
Legal Name of C	unty Aging ontracted Provider bubble nature r Joe Blacksher Name of Signer		Area Agency on Aging of Deep East Name of Area Agency on Aging Signature Holly Anderson Printed/Typed Name of Signer	9
D	ate		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.
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- 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.

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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		
11411	ic or contra	icted i rovider		1 Timed/Typed (Value of Signer		
1-3-	23			poeps f. Bhilish		
	Dat	te		Signature		
Signer Authority:		Sole Proprietor		Association Officer		
(check one)		Partner		Board Member		
		Corporate Officer	M	Governmental Official		

AAA Name: Area Agency on Aging of Deep East Texas

Transportation IN-KIND MATCH CERTIFICATION

Provider:	Tyler County Aging						
In-kind Co	ontribution(s): \$0						
	For any item identified below, the provider must n	naintain monthly supporting docum	entation.				
	ITEM	DATE OF RECEIPT	VALUE				
		TOTAL	\$0				
Note:	All contributions must meet the requirements of IRS F http://www.irs.gov/pub/irs-pdf/p561.pdf	Publication 561					
Examples o	of Documentation Include:						
Rent:	 Letter of Agreement with Owner Adequate Valuation of Property on a Cu and if senior center, based on property v 	 Letter of Agreement with Owner 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:		 Minimum wage 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 					
	labor must be required for the service to be provided. If -kind then you cannot count it.	you would not hire someone to perform	m the labor if it				
Utilities:	 Copy of Bill Agreement of Amount Paid if Partial 						
N	Tyler County Aging ame of Contracted Provider	Commissioner Jo Printed/Typed Na					
1-3	Date	Joseph P. Blass Signatu	hybrane re				