

COPY

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COUNTY OF TRAVIS §

Department of Aging and Disability Services
Amendment to Contract for Community Care Programs

Legal Name of Contractor	Contract/Vendor Number	
Polk County Aging Services	1000824	
"Doing Business As" (DBA) Name of Contractor	Amendment Number: 05-5	Region Number: 05
Address of Contractor (Street, City, State, ZIP): 1312 Houston Street, Livingston, Texas 77351		

The Department of Aging and Disability Services, hereinafter referred to as "Department" and Polk County Aging Services, hereinafter referred to as "Contractor", agree to amend the Contract for CCAD and CBA Home Delivered Meals between them, Contract/Vendor Number 1000824 as follows:

[Check all applicable changes]

These counties are added to the Contract as reflected in the lines below:

These counties are deleted from the Contract as reflected in the lines below:

the attached Covered Counties list is adopted by the Department and the Contractor and represents the full listing of counties served as a result of this amendment
o (complete Page 2 to list all counties served after execution of this amendment)

Other (Requires legal approval of language)

o Amendment Effective Date: 10/01/2007

1. A Budget Worksheet for Vendor Number 1000824 is attached covering the budget period October 1, 2007 through September 30, 2008. The Budget Worksheet states that the Contractor is to provide an estimated 6,239 units of Title XX Home Delivered Meals at the rate of \$4.90 per unit with an estimated budget of \$30,571.00; and (2) Title XIX Home Delivered Meals at the rate of \$5.38 per unit.
2. The Information Worksheet, Purchase of Service Contract (Form 2029) (the "Worksheet"), is attached and covers the budget period October 1, 2007 through September 30, 2008. The Worksheet reflects that an estimated 6,239 units of Title XX Home Delivered Meals are to be purchased at the rate of \$4.90 per unit for an estimated budget amount of \$30,571.00.

The above changes, and if applicable, the Covered Counties listed on Page Two of this amendment, are adopted by the Department and the Contractor as an amendment to the above referenced Contract effective on the date signed by both unless otherwise indicated above.

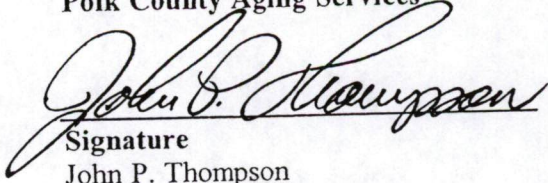
All other terms and conditions of the Contract for Community Care Programs remain in full force and effect.

Department of Aging and Disability Services

Polk County Aging Services

Signature
Donna Keenum
Region 05 Regional Director LTSS

Date


Signature
John P. Thompson
Polk County Judge

1/8/08
Date

**INFORMATION WORKSHEET
PURCHASE OF SERVICE CONTRACT**

Contract/Vendor Number
1000824

Region Number
05

County Number
187

SECTION I — CONTRACTOR DATA

Legal Name Polk County Aging Services			Contract Effective Date 10/01/2007		
Commonly Used Name (if different)			Contract Termination Date 09/30/2008		
Address (Street, City, State, Zip) 1312 Houston Street, Livingston, Texas 77351			Area Code and Telephone Number (936) – 327-6830		
Person Authorized to Sign Contract John P. Thompson		Title Polk County Judge	Ownership <input type="checkbox"/> Public <input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> Profit		
Charter Number	Employer ID Number 746001621	Contract Person Barbara Hayes	Title Director	Area Code and Telephone Number (936) – 327-6830	

SECTION II — SUMMARY OF PAYMENT (Enter estimated information in this section.)

Effective Payment Dates	Budget Name	Budget Number	Unit Rate	Estimated Number Eligible Units	Estimated Local Funds	Estimated DHS Funds	Estimated Budget Amount
10/01/07-09/30/08	Title XX Home Delivered Meals	01	\$4.90	6,239	0	\$30,571.00	\$30,571.00
Estimated Contract Total					0	\$30,571.00	\$30,571.00
Percent of Contract					0%	100%	100%

SECTION III — SERVICE

Program Activity Name Meals Services	Code 651
Service Activity Name Home Delivered Meals	Code 25

SECTION IV — CLIENT DATA

1. Client Categories to be Served (check all that apply) <input checked="" type="checkbox"/> Current TANF <input checked="" type="checkbox"/> Current SSI <input type="checkbox"/> NPA Food Stamp Recipient <input checked="" type="checkbox"/> MAO Income Eligible <input checked="" type="checkbox"/> Other Income Eligible <input checked="" type="checkbox"/> Without Regard to Income <input type="checkbox"/> Ineligible		
2. Total Number of Client to be Served ³⁵ <input checked="" type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month		3. Number of Eligible Clients to be Served ²⁵ <input checked="" type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month
4. Unit of Service Meal	5. Units of Service to All Clients 8,978	6. Number of Units of Service to Eligible Clients 6,239 (Title XX Meals)
7. Geographical Area Served Polk County		8. Goals (check all that apply) <input checked="" type="checkbox"/> I <input checked="" type="checkbox"/> II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> V
9. Basis of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Schedule		
10. Estimated Amount of Co-Pay (day care and family planning only):		