

State of Texas §
 County of Travis §

Community Services Contract Amendment

Legal Name of Contractor Polk County Aging Services		Contract No. 001000824
Doing Business As (DBA) Name of Contractor	Amendment No. 05-6	Region No./Catchment/Waiver Contract Area Region 05/Polk County
Address of Contractor (street, city, state, ZIP) 1212 Houston Street, Livingston, Texas 77351 602 E. Church St., Ste. 145, Livingston, Texas 77351		

The Department of Aging and Disability Services (DADS), hereinafter referred to as Department and Polk County Aging Services, hereinafter referred to as Contractor, agree to amend the contract for Home Delivered Meals program, contract/vendor number 001000824, 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.

Other (requires legal approval of language)

o Amendment Effective Date: October 1, 2008 (requires legal approval)

1. A Budget Worksheet for Vendor Number 001000824 is attached covering the budget period of October 1, 2008 through September 30, 2009. The Budget Worksheet states that the Contractor is to provide an estimated 6,657 units of Title XX Home Delivered Meals at the rate of \$4.95 per unit with an estimated budget of \$32,952.00; and Title XIX Home Delivered Meals at the rate of \$5.91 per unit.

2. The Information Worksheet, Purchase of Service Contract (Form 2029) (the "Worksheet"), is attached and covers the budget period October 1, 2008 through September 30, 2009. The Worksheet reflects that an estimated 6,657 units of Title XX Home Delivered Meals are to be purchased at the rate of \$4.95 per unit for and estimated budget amount of \$32,952.00.

The above changes and, if applicable, the covered counties listed on Page 2 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 Community Services contract remain in full force and effect.

Texas Department of Aging and Disability Services

Polk County Aging Services

Signature—DADS Representative

Date

Signature—Contractor Representative

Date

Donna Keenum

John P. Thompson

12.9.08

Name of DADS Representative (Print or type)

Name of Person Signing (Print or type)

Regional Director

Polk County Judge

Title of DADS Representative (Print or type)

Title of Person Signing (Print or type)

Legal Approval James Burshtyn

(Required if effective date of change is other than amendment effective date or if "Other" is checked above.)

Information Worksheet
Purchase of Service Contract

Contract/Vendor Number
001000824

Region Number 05
County Number 187

SECTION I — CONTRACTOR DATA

Legal Name Polk County Aging Services		Contract Effective Date October 1, 2008	
Commonly Used Name (if different)		Contract Termination Date September 30, 2009	
Address (Street, City, State, Zip) 4342 Houston Street, Livingston, Texas 77351 602 E. Church St., Ste. 145 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 DADS Funds	Estimated Budget Amount
10/01/08 - 09/30/09	Title XX Home Delivered Meals	01	\$4.95	6,657	0	\$32,952.00	\$32,952.00
Estimated Contract Total					0	\$32,952.00	\$32,952.00
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 <u>37</u> <input checked="" type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month	3. Number of Eligible Clients to be Served <u>24</u> <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 10,978	6. Number of Units of Service to Eligible Clients 6,657 (Titte XX)
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):		