



3900 PASEO DEL SOL
SANTA FE, NM 87507
505-395-2668
877-293-3710 FAX

April 5, 2016

To: Santa Fe County Senior Citizens Program
From: Jenny D. Martinez, Community Service Director
Marcia A. Medina, Interim Community Service Director
Re: Contract Amendment

Attached you will find contract amendment #2 for your signature and prompt return. Also included is a copy of the revised Summary of Budgeted Revenues (SBR).

A review of the data submitted by your agency through February has resulted in a one – time decrease of (\$4980) for not meeting units. An increase of home delivered units of 3500 and funding of \$7630 and a reduction units in transportation of (1000) and funding of (\$12610). This nets out to a decrease in funding of (\$4980).

If you have any questions please contact Jenny Martinez at jennym@ncnmedd.com or Marcia Medina at marciam@ncnmedd.com.

**North Central New Mexico Economic Development District
Non-Metro Area Agency on Aging**

**DIRECT PURCHASE OF SERVICES
VENDOR AGREEMENT
AMENDMENT NO. 2**

This Amendment is made and entered into this 8th day of April, 2016, by and between the North Central New Mexico Economic Development District, Non-Metro Area Agency on Aging hereinafter referred to as the "Agency" and Santa Fe County Senior Citizens Program, hereinafter referred to as the "Contractor".

1. **Purpose of Amendment.** The purpose of the Amendment is to:

Revise the service costs and/or units of service.

2. **Changes to Contract.** The following changes are amendments to the contract:

Paragraph I.C. Services and Reimbursement Methodology is amended to read:

Service	Total Unit Cost (Ill,State,PI,Local)	Federal & State Negotiated Unit Costs	Units	Persons
Congregate Meals	\$	\$		
Home Delivered Meals	\$7.55230	\$2.18076	61,600	
Case Management	\$	\$		
Transportation	\$20.73055	\$12.60752	8,250	
Homemaker/Housekeeping	\$	\$		
Chore	\$	\$		
Adult Day Care	\$	\$		
Physical Fitness/Exercise	\$	\$		
Grandparents Raising GC	\$	\$		
NFCSP – Family Caregivers	\$	\$		
CG - Counseling	\$	\$		
CG - Respite Care	\$	\$		
CG - Supplemental	\$	\$		
CG - Assistance	\$	\$		
CG - Information	\$	\$		

3. All other clauses in the original Agreement will remain unchanged and together with this Agreement constitute the entire Agreement between the Contractor and NCNMEDD, Non-Metro AAA.
4. For the faithful performance of the terms of this agreement, the parties affix their signatures and bind themselves effective April 8, 2016.

SANTA FE COUNTY

Legal Name of Vendor/Contractor

[Signature]
Signature

NCNMEDD Non-Metro Area Agency on Aging
Name of Area Agency on Aging

[Signature]
Signature

TODD FLORES DEPUTY COUNTY MANAGER
Printed/Typed Name of Signatory

6.20.16

Date

Tim Armer, Executive Director

Printed/Typed Name of Signatory

April 5, 2016

Date

Approved as to form

Santa Fe County Attorney

By: [Signature]

Date: 6-10-16

[Signature]
6/10/16

**NORTH CENTRAL NEW MEXICO ECONOMIC DEVELOPMENT DISTRICT
NON-METRO AREA AGENCY ON AGING
NOTIFICATION OF GRANT AWARD (NGA)**

TITLE III

GRANTEE: Santa Fe County ADDRESS: PHONE:				APPROVED BUDGET PERIOD FROM: 7/1/2015 TO: 6/30/2016		Grant/Action New/Cont: <input type="checkbox"/>		NGA DATE: 4/8/2016 Contract Amendment # 2
						Revision: <input checked="" type="checkbox"/>		
						BAR: <input type="checkbox"/> Other: <input type="checkbox"/>		
DESCRIPTION		FEDERAL	STATE	LOCAL	Fundraising-Foundations	PROJ. INC.	TOTAL	
Title IIB 93.044	Access	\$ 16,472	\$ 87,540	\$ 64,515	\$ -	\$ 2,500	\$ 171,027	
	In-Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Community All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sub Total		\$ 16,472	\$ 87,540	\$ 64,515	\$ -	\$ 2,500	\$ 171,027	
Title IIC1 93.045	Meal Costs	\$ 52,145	\$ 100,150	\$ 147,453	\$ -	\$ 20,000	\$ 319,748	
Sub Total		\$ 52,145	\$ 100,150	\$ 147,453	\$ -	\$ 20,000	\$ 319,748	
Title IIC2 93.045	Meal Costs	\$ 22,191	\$ 112,144	\$ 322,887	\$ -	\$ 8,000	\$ 465,222	
SubTotal		\$ 22,191	\$ 112,144	\$ 322,887	\$ -	\$ 8,000	\$ 465,222	
Title IID 93.043	Evidence Based	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Title IIE 93.052	Care Giver Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
DEMONSTRATION GRANT								
ALZHEIMER	Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
ALL STATE OTHER		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sub Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SUB TOTALS								
	Title IIB 93.044	\$ 16,472	\$ 87,540	\$ 64,515	\$ -	\$ 2,500	\$ 171,027	
	Title IIC1 93.045	\$ 52,145	\$ 100,150	\$ 147,453	\$ -	\$ 20,000	\$ 319,748	
	Title IIC2 93.045	\$ 22,191	\$ 112,144	\$ 322,887	\$ -	\$ 8,000	\$ 465,222	
	Title IID 93.043	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Title IIE 93.052	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Alzheimer Respite Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	All State Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
GRAND TOTAL		\$ 90,808	\$ 299,834	\$ 534,855	\$ -	\$ 30,500	\$ 955,997	
COMPUTATION OF GRANT		B. Federal/State Shares will be comprised of:						
1. Estimated Total Cost.....	\$ 955,997	a. Federal/State grant unearned in previous project year(s)						
2. LESS Anticipated Proj. Inc.	\$ 30,500	FY 20 ____ Federal State						
3. Estimated Net Cost.....	\$ 925,497							
4. Non-federal and Non-state Share of Net Cost.....		b. Carry Over FY 20 ____ Federal State						
5. Proj. Inc. (Used as Match).....	\$ 30,500							
6. Federal Share of Net Cost.....	\$ 90,808							
7. State Share of Net Cost....	\$ 299,834	c. New Obligation Authority Herein Awarded						
		FY- Federal State \$ 90,808 \$ 299,834						

NOTIFICATION OF GRANT AWARD


REMARKS: In addition to the conditions contained in the agreement on the application form, the conditions below apply to this grant:

- ☒ 1. Unless revised, the amount of lines 6 and 7 (Computation of Grant) will constitute a ceiling for federal and/or state participation in the approved cost.
- ☒ 2. The federal and/or state share of the project cost is earned only when the cost is accrued and the non-federal and/or non-state share of the cost has been contributed. Receipt of federal and/or state funds (either through advance or reimbursement) does not constitute earning of these funds.
- ☒ 3. If the actual net cost is less than the amount on line 3 (Computation of Grant) the non-federal and/or non-state share, the federal share and the state share will meet the percentages indicated on Page 1 of the NGA.
- ☒ 4. As shown in the Computation of Grant (assuming satisfactory progress, adequate justification and the availability of funds), the federal and state shares shall meet the amounts shown on lines 6 and 7 of the estimated net project cost shown on line 3.
- ☒ 5. Funds herein awarded will remain available during the length of the project period; however, state and/or federal funds are dependent upon availability.
- ☒ 6. Programs must meet the units of services projected to be reimbursed or submit an amended plan detailing reasons why approved units are not being met which must be approved by the NCNMEDD Area Agency on Aging.

THE GRANTEE ORGANIZATION IS RESPONSIBLE FOR RETAINING RECORDS OF ALL FEDERAL AND/OR STATE ACCOUNTS AS FOLLOWS:

All accounting records are to be kept in accordance with federal and state policy and readily available for examination by Area Agency personnel or other federal and/or state officials authorized to examine any or all financial and programmatic records. Such records shall be retained in accordance with the following:

- 1. Keep adequate and complete financial records, and to report promptly and fully to the Area Agency.
- 2. If a federal and/or state audit has not been made within three (3) years after project termination, project records may then be destroyed, on approval of the Agency.
- 3. In all cases, an over-riding requirement exists to retain records until resolution of any audit questions relating to individual grants.
- 4. Non-federal resources must be contributed equally to the percentage of the non-federal share of actual net costs for a project year. If a Grantee reports federal and/or state cash received but unearned on the final project report for a project year, the Grantee then owes the Area Agency this amount. This amount may constitute a cash advance on any funds awarded to the Grantee by the Area Agency for the following project year.
- 5. The disposition of unearned portions of federal and/or state funds at the end of the project year shall be made in accordance with current state policies.
- 6. Unearned federal and/or state cash at the time the project is terminated shall be returned in full to the Area Agency.
- 7. All obligations will be liquidated within 30 days after the end of the project year and before final program and financial reports are submitted.
- 8. Inventory of project equipment will be maintained and submitted as requested.
- 9. Project records will be preserved and kept available to federal and state auditors at the primary offices of the Grantee.

Signature of NCNMEDD Non-Metro Area Agency on Aging Authorizing Official:  Tim Armer Executive Director	We, the undersigned officers of the Grantee organization, certify that we are in agreement with the terms and conditions of this award.
	Date:
	Date:
Date: April 5, 2016	

[illegible]