

ATTACHMENT A

**FY 2014 SERVICE DELIVERY AGREEMENT
UNIT RATE BASIS**

This agreement will become binding on the date of the signature by both parties. Notwithstanding this date, the term of this agreement shall be for the period October 1, 2013 through September 30, 2014, and shall be considered an integral part of the complete contract for service delivery between the Alamo Area Council of Governments/Bexar Area Agency on Aging hereinafter referred to as **AGENCY** and **City of San Antonio hereinafter** referred to as **CONTRACTOR**. The **AGENCY** and the **CONTRACTOR** mutually agree that the **CONTRACTOR** will provide, as a DIRECT SERVICE, **Congregate Meals** services for persons in the Bexar County Area Agency on Aging planning and service area and will provide a minimum of **314,776 units** of service at the rate of **\$6.16 per unit**.

The total amount of Title III Federal funds shall not exceed **\$1,419,225**.

The total amount of Nutrition Services Incentive Program (NSIP) funds shall not exceed **\$519,797**.

The total amount of funds committed by this **AGENCY** under this agreement shall not exceed **\$1,939,022**.

I further certify that I am authorized to sign for this CONTRACTOR AGENCY.

Melody Woosley, Director
Type Name & Title of Authorized
Contractor Official

Signature of Contractor Official

Date

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Jeri L. Rainey
Interim Co-Executive Director
Alamo Area Council of Governments
Type Name & Title of Authorized
Agency Official

Signature of Agency Official

Date

ATTACHMENT B

**BEXAR AREA AGENCY ON AGING
FY 2014 CONTRACT FOR
OLDER AMERICANS ACT PROGRAM**

BUDGET/COMPUTATION OF PAYMENTS

PROVIDER: **COSA, Department of Human Services**

SERVICE: **Congregate Meals**

Available Funding for Service Delivery:

Title III Funds	\$1,419,225
NSIP	<u>\$ 519,797</u>
Bexar AAA Contract Funding Not-To Exceed	\$1,939,022

Program Income	\$ 60,507
Local Cash	<u>\$ 3,370,068</u>
Total	<u>\$ 5,369,597</u>

Number of Units All Persons: 735,000

Number of units to be purchased at unit rate: 314,776

Established rate of payment (Unit Rate): \$6.16

Signature: _____

Date: _____

Title: _____