

**Texas Health and Human Services**

Uniform Rate Negotiation Workbook/Budget

Federal Contract Period: **10-01-24 / 09-30-25**

1	Nutrition Providers Legal Business Name:	_____
2	Street Address:	_____
3	Mailing Address:	_____
4	City:	_____
5	Zip Code:	_____
6	Phone Number:	_____
7	E-mail Address:	_____
8	Contact Name:	_____
9	Nutrition Providers website address:	_____

10	Did this Nutrition provider complete a rate setting workbook last year?	_____	<b>Either Yes or No must be selected</b>
11	If Yes, what was the provider name listed on the workbook?	_____	

12	Is the Provider a AAA Provider?	_____	<b>Either Yes or No must be selected</b>
13	If Yes, select the AAA Name:	_____	
14	If Yes, contact name at AAA:	_____	
15	If Yes, is it a contract or subrecipient?	_____	
16	Is the Provider a HHS Contracted Community Services Provider?	_____	<b>Either Yes or No must be selected</b>
17	If Yes, Contract Manager name at HHS Contracted Community Services:	NA _____	
18	If Yes, select the HHS Region Number:	_____	
19	If Yes, enter the HHS contract number:	_____	

**Service Delivery Information**

**Home Delivered Meals**

20	Does this Nutrition provider serve home delivered meals paid for by HHS or the AAA?	_____	<b>Either Yes or No must be selected</b>
21	Does this Nutrition provider have an approved Home-Delivered Nutrition Waiver for 2022?	NA _____	
22	Is this Nutrition provider requesting a Home-Delivered Nutrition Program Approval for 2023?	NA _____	
23	Total number of home delivered meal routes for this provider:	_____	
24	Total number of meal preparation sites used by this provider:	_____	
25	Does the provider make home delivered meals available at least 5 days a week and 250 days a year?	_____	

**Congregate Meals**

26	Does this Nutrition provider serve congregate meals paid for by the AAA?	_____	<b>Either Yes or No must be selected</b>
27	Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2022?	NA _____	
28	Is this Nutrition provider requesting a Congregate Nutrition Program Approval for 2023?	NA _____	
29	Total number of meal preparation sites used by this provider:	_____	
30	Total number of meal sites used by this provider:	_____	
31	Does the provider make congregate meals available at least 5 days a week and 250 days a year?	_____	











**Provider Total Budget by Service**

Provider Name:  
1/28/2025 4:07 PM

AAA Name: -  
Region Number: -

Cost Area	Total Agency Budget	Home Delivered Meal Program	Nutrition Education - AAA Clients	Nutrition Education - CCS Clients - NA	Congregate Meal Program	Other Meal Programs (non-HHS)	Agency Budget not Applicable to Programs	Participant Assessment	Transportation	If applicable replace with title of other agency program	If applicable replace with title of other agency program	If applicable replace with title of other agency program	Balance not budgeted
<b>Total</b>													
<b>Total of all Cost Areas</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Percentage of Total Cost</b>	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
<b>Budgeted Meals</b>													
<b>Provider Prepared Meals</b>													
Hot Meals	-												
Frozen Meals	-												
Chilled Meals	-												
Shelf Stable Meals	-												
<b>Total Provider Prepared Meals</b>	-	-				-							-
<b>Purchased Meals</b>													
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	-												
Frozen Meals	-												
Chilled Meals	-												
Shelf Stable Meals	-												
<b>Total Purchased Meals</b>	-	-				-							-
<b>Total Budgeted Meals</b>	-	-				-							-
<b>% of Total Meals</b>		0%				0%							0%
<b>Whole Unit Rate</b>													

AAA Contractors/Subrecipients may choose to provide required Nutrition Education as a separate service and exclude costs related to Nutrition Education from the meal rate.  
 If the cost of Nutrition Education is to be provided as a separate service, enter an **N**. This will exclude Nutrition Education costs from the meal rate.

1/28/2025 4:07 PM

Provider Name:  
AAA Name:  
Type of Provider:

0

### Provider Service Area

This section is used to identify the nutrition provider's service area for FFY 2025. 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.

<b>Congregate Meals Service Area:</b>
<b>Home Delivered Meals - AAA Service Area:</b>



Provider Name:  
 AAA Name:  
 Region Number:

**Section 1**

This section is used to compare the amounts budgeted/allocated to each program by cost area.  
*Example:* What percent of the agencies personnel cost is budgeted/allocated to home delivered meals versus congregate meals and other agency programs? The information should be used as a review tool to gain an understanding of the agencies overall budget and operations.

Cost Area	Percentage of the Total Cost Area Budgeted to:		
	Home Delivered Meals	Congregate Meals	Other Programs
<b>Total Personnel</b>	0.00%	0.00%	0.00%
<b>Total Professional Development</b>	0.00%	0.00%	0.00%
Total Raw Food	0.00%	0.00%	0.00%
Total Purchased Meals	0.00%	0.00%	0.00%
Total Freight	0.00%	0.00%	0.00%
Total Storage Cost	0.00%	0.00%	0.00%
Total Consumables	0.00%	0.00%	0.00%
Total Other Meal/Food	0.00%	0.00%	0.00%
<b>Total Meals/Food</b>	0.00%	0.00%	0.00%
<b>Total Equipment</b>	0.00%	0.00%	0.00%
<b>Total Occupancy/Building</b>	0.00%	0.00%	0.00%
<b>Total Transportation/Travel</b>	0.00%	0.00%	0.00%
<b>Total Administrative &amp; General</b>	0.00%	0.00%	0.00%
<b>Total of all Cost Areas</b>	0.00%	0.00%	0.00%

**Example of how to use this information:**

Compare the percentage of total personnel budgeted to the meal programs and other programs. Based on the percentages of total cost does the percentages appear reasonable and equitably distributed between programs? If the percentages are not easily identified as equitable a further review of the salaries may be necessary. There are many reasons for variances in percentage for example the agency may use volunteers for some of the programs this may cause the overall percentages appear out of line.

REMEMBER: There are no right or wrong percentages. The reviewer through analysis of the budget and discussions with the provider must determine if the allocation is acceptable.

The reviewers notes detailing budget review, discussions with the provider, and decisions made should be included in the work file.

Provider Name:  
 AAA Name:  
 Region Number:

### Section 2

This section is a summary of information to use to analyze the cost and how they are allocated between Congregate and Home Delivered Meals. The information is presented in three different ways:

- Total Cost: Amount budgeted by cost area
- Percentage of total cost: Percentage of the total of cost area for the two meal programs applied to each program
- Cost per unit: How much of the unit cost is used to pay for each cost area. \$X.XX of the cost of each meal is for XX cost area.

Below the cost area summary information is additional information showing:

- Percentage of the total budgeted meal cost applied to the home delivered and congregate meal programs
- Percentage of the total budgeted meals (home delivered & congregate) applied to the home delivered and congregate programs.
- Whole Unit rate for each meal program
- Calculated meal rate based on information entered on the home delivered and congregate meal budget worksheets.

Cost Area	Total Cost		Percentage of Total Cost		Cost per unit	
	Home Delivered Meals	Congregate Meals	Home Delivered Meals	Congregate Meals	Home Delivered Meals	Congregate Meals
<b>Total Personnel</b>	-	-	0.00%	0.00%	-	-
<b>Total Professional Development</b>	-	-	0.00%	0.00%	-	-
<b>Total Raw Food</b>	-	-	0.00%	0.00%	-	-
<b>Purchased Meals</b>						
Hot Prepared Meals Purchased from a Supplier or Central Kitchen	-	-	0.00%	0.00%	-	-
Frozen Meals	-	-	0.00%	0.00%	-	-
Chilled Meals	-	-	0.00%	0.00%	-	-
Shelf Stable Meals	-	-	0.00%	0.00%	-	-
<b>Total Consumables</b>	-	-	0.00%	0.00%	-	-
<b>Total Other Meal/Food</b>	-	-	0.00%	0.00%	-	-
<b>Total Meals/Food</b>	-	-	0.00%	0.00%	-	-
<b>Total Equipment</b>	-	-	0.00%	0.00%	-	-
<b>Total Occupancy/Building</b>	-	-	0.00%	0.00%	-	-
<b>Total Transportation/Travel</b>	-	-	0.00%	0.00%	-	-
<b>Total Administrative &amp; General</b>	-	-	0.00%	0.00%	-	-
<b>Subtotal</b>	-	-	0.00%	0.00%	-	-
<b>Nutrition Education</b>	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!
<b>Total</b>	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!

<b>Total Budgeted Cost</b>	0.00	0.00
<b>Percentage of Total Budgeted Meal Cost</b>	#DIV/0!	#DIV/0!

0.00
#DIV/0!

<b>Total Budgeted Meals</b>	0	0
<b>Percentage of Total Budgeted Meals</b>	#DIV/0!	#DIV/0!

0
#DIV/0!

<b>Whole Unit Rate (Full Cost per Meal)</b>	#DIV/0!	#DIV/0!
---	---------	---------

<b>Calculated Rate</b>	-	-
------------------------	---	---

1/28/2025 4:07 PM

Provider Name:

AAA Name:

Region Number:

**Example of how to use this information:**

Review each of the cost areas based on the three different ways the information is presented. Determine if the dollar amount is reasonable for each of the cost areas. Is the percentage of the cost allocation between congregate and home delivered comparable to the percentage of total budgeted meals for each program?

Review examples:

- Occupancy/Building cost is expected to be higher for congregate than home delivered because the home delivered program should only be charged a share of the cost for the kitchen and delivery preparation area for the time those areas are used to prepare and disburse meals. The congregate program would be charged a share of the cost for the kitchen area for the time those areas are used to prepare meals and include the cost associated with the area used to consume meals.
- How are Personnel costs allocated between the two meal programs? Is the allocation based on the percentage of meals, percentage of total cost, or actual time spent between the two programs?
- Review the cost per unit of raw food. Is the amount the same for both programs? If not, why are they different?
- Review the total cost per unit rates, are the rates for the programs similar? Because the program requirements are different, small variances are expected. If the variances cannot be explained by program differences, you need to explain in your review papers why they are different.

**Home Delivered Meal Budget Worksheet**

Provider Name: -  
 AAA Name: -  
 Region Number: -

1/28/25 4:07 PM

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

**Most Recent Completed Budget Year 2023**

	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<b>Personnel</b>					
Salaries, PR Taxes & Benefits			0	0.00%	
Contract staff, Compensation			0	0.00%	
<b>Total</b>	-	0.00	0	0.00%	0.00%
<b>Nutrition Education</b>					
Salaries, PR Taxes & Benefits			0	0.00%	
Contract staff, Compensation			0	0.00%	
Materials			0	0.00%	
Conference			0	0.00%	
<b>Total</b>	-	0.00	0	0.00%	0.00%
<b>Professional Development</b>					
Conference			0	0.00%	
Dues			0	0.00%	
Materials			0	0.00%	
<b>Total</b>	-	0.00	0	0.00%	0.00%
<b>Meals/Food</b>					
Raw Food			0	0.00%	
Purchased Meals			0	0.00%	
Freight			0	0.00%	
Storage			0	0.00%	
Consumables			0	0.00%	
Other			0	0.00%	
<b>Total</b>	-	0.00	0	0.00%	0.00%
<b>Equipment</b>					
Depreciation			0	0.00%	
Interest			0	0.00%	
Leasing			0	0.00%	
Maintenance			0	0.00%	
<b>Total</b>	-	0.00	0	0.00%	0.00%
<b>Occupancy/Building</b>					
Rent			0	0.00%	
Utilities			0	0.00%	
Depreciation			0	0.00%	
Mortgage Interest			0	0.00%	
Insurance			0	0.00%	
Security			0	0.00%	
Janitorial			0	0.00%	
Repair			0	0.00%	
Taxes			0	0.00%	
<b>Total</b>	-	0.00	0	0.00%	0.00%

Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	Percentage of Unit Cost
<b>Personnel</b>		
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
<b>Nutrition Education</b>		
#DIV/0!	#DIV/0!	
#DIV/0!	#DIV/0!	
#DIV/0!	#DIV/0!	
#DIV/0!	#DIV/0!	
#DIV/0!	#DIV/0!	#DIV/0!
<b>Professional Development</b>		
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
<b>Meals/Food</b>		
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
<b>Equipment</b>		
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
<b>Occupancy/Building</b>		
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!

Explanation of Variances	
Inflation Factor 2023 to 2024	2.700%
Inflation Factor 2024 to 2025	2.400%
Combined Inflation Factor	5.100%
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.	

**Home Delivered Meal Budget Worksheet**

Provider Name: -  
AAA Name: -  
Region Number: -

1/28/25 4:07 PM

**Most Recent Completed Budget Year 2023**

	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<b>Transportation/Travel</b>					
Mileage Reimbursement			0	0.00%	
Delivery			0	0.00%	
Gas & Oil			0	0.00%	
Repairs			0	0.00%	
Insurance			0	0.00%	
Depreciation/Lease			0	0.00%	
Interest			0	0.00%	
Tags & Licenses			0	0.00%	
Total	-	0.00	0	0.00%	0.00%
<b>Administrative &amp; General</b>					
Advertising			0	0.00%	
Printing			0	0.00%	
Copying			0	0.00%	
Office Supplies			0	0.00%	
Contractual Agreements			0	0.00%	
Postage			0	0.00%	
Telecommunications			0	0.00%	
Liability Insurance			0	0.00%	
Legal Fees			0	0.00%	
Accounting Fees			0	0.00%	
Consulting Fees			0	0.00%	
Other Fees (Explain)			0	0.00%	
Audit			0	0.00%	
Other Misc. (Explain)			0	0.00%	
Total	-	0.00	0	0.00%	0.00%

	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<b>Total</b>					
	-	0.00	0	0.00%	0.00%

	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
<b>Total</b>					
	-	0.00	0	0.00%	0.00%

<b>Total</b>					
Total of all Cost Areas	0.00	0.00	0.00	0.00%	0.00%
Total Number of Meals					
Whole Cost per Meal	0.00	0.00			
Approved Meal Rate (Title III & Title XX)	-				
Approved Meal Rate (Title XIX)	-				

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

**Proposed Budget**

Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	Percentage of Unit Cost
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
0.00	0.00%	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!

**Explanation of Variances**

Inflation Factor 2023 to 2024	2.700%
Inflation Factor 2024 to 2025	2.400%
Combined Inflation Factor	5.100%
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.	

Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	Percentage of Unit Cost
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
0.00	0.00%	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!

Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	Percentage of Unit Cost
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	
0.00	0.00%	#DIV/0!
0.00	0.00%	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!

<b>Total</b>		
Total of all Cost Areas	0.00	0.00
Total Number of Meals		
Whole Cost per Meal	0.00	0.00
Approved Meal Rate (Title III & Title XX)	-	
Approved Meal Rate (Title XIX)	-	

**Home Delivered Meal Budget Worksheet**

Provider Name: -  
 AAA Name: -  
 Region Number: -

1/28/25 4:07 PM

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

**Most Recent Completed Budget Year 2023**

**Proposed Budget**

**Explanation of Variances**

Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost
----------------------------	-----------------	--------------------------------	------------------------	-------------------------

Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	Percentage of Unit Cost
-----------------	--	-------------------------

Inflation Factor 2023 to 2024	2.700%
Inflation Factor 2024 to 2025	2.400%
Combined Inflation Factor	5.100%

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.

Funding Source	Proposed Meals
HHS - OAAA	
HHS - Title XX	
<b>Program Income</b>	
Other Funds - Eligible Meals	
Other Funds - Non-Eligible Meals	
Local Funds - Required Match	NA
Local Funds - Cap Limit Exceeded HHS OAAA & Title XX	NA
Local Funds - Cap Limit Exceeded Title XIX	NA
<b>Total Meals by Funding Source</b>	-
<b>Provider Total Budgeted Home Delivered Meals</b>	-
<b>Variance (Provider Total Budgeted Home Delivered Meals - Total Meals by Funding Source)</b>	-

Calculated Rate	Revenue	
0.00	-	Proposed Meals * Calculated Units
0.00	-	Proposed Meals * Calculated Units
0.00	-	Proposed Meals * Calculated Units
0.00	-	Proposed Meals * Calculated Units
0.00	-	Proposed Meals * Calculated Units
0.00	-	Proposed Meals * Calculated Units
0.00	-	HHS OAAA Proposed Meals +Title XX Proposed Meals *Calculated Rate
0.00	-	HHS OAAA Proposed Meals +Title XX Proposed Meals *Calculated Rate
0.00	-	HHS Title XIX Proposed Meals *Calculated Rate
	-	

Estimated Number of Nutrition Education Units AAA Clients	
Nutrition Education Budget - AAA Clients	#DIV/0!
Calculated Cost per Unit	-

1/28/25 4:07 PM

Provider Name: -

AAA Name: -

Region Number: -

## Home Delivered 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.**

0  
\_\_\_\_\_

Name of Contracted Provider

\_\_\_\_\_

Printed/Typed Name of Signer

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Signer Authority:  
(check one)

- Sole Proprietor
- Partner
- Corporate Officer

- Association Officer
- Board Member
- Governmental Official

1/28/25 4:07 PM

Provider Name: -

AAA Name: -

Region Number: -

**Home Delivered Meals  
BUDGET WORKSHEET CALCULATION OF THE PER MEAL UNIT RATE**

1. Total Budgeted Expenses for Contract Year 1. #DIV/0!

2. Total Number of Anticipated Meals to be Provided by Funding Source

HHS OAAA	<u>0</u>	Title XX	<u>0</u>	Title XIX	<u>0</u>	
Program Income	<u>0</u>	Other Funds Eligible Meals	<u>0</u>	Other Funds - Non-Eligible Meals	<u>0</u>	2. <u>-</u>

3. Whole Unit Rate (Line 1 divided by Line 2) 3. \$ -

**Reimbursement Calculation**

	HHS OAAA & Title XX	Title XIX
4. Projected NSIP per Meal Value	<u>0.73</u>	<u>N/A</u>
5. Rate Less NSIP per Meal Value	<u>\$ -</u>	<u>N/A</u>
6. Mandatory Local Match of 10% ** If Applicable, Match Reduction From the In-kind Match Certification form	<u>\$ -</u>	
Required Cash Match	<u>\$ -</u>	<u>N/A</u>
7. Proposed Meal Rate (Line 3 minus Line 6)	<u>\$ -</u>	<u>\$ -</u>
<i>As of May 26, 2023, Common Provider Unit Rate cannot exceed 6.46</i>		
8. Rate Cap Applicable to Title XIX, Title XX and HHS OAAA Common Providers	<u>\$ 6.46</u>	
9. Excess of Cap Rate Reduction	<u>\$ -</u>	<u>\$ -</u>
Accepted Unit Rate for Current Year	<u>\$ -</u>	<u>NA</u>

\*\* 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.

0  
Legal Name of Contracted Provider

\_\_\_\_\_  
Printed/Typed Name of Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

0  
Name of Area Agency on Aging

0  
Health and Human Services

0  
Printed/Typed Name of Signer

NA  
Printed/Typed Name of Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date









**Congregate Meal Budget Worksheet**

Provider Name: -  
AAA Name: -

**Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget**

1/28/25 4:07 PM

**Most Recent Completed Budget Year 2023**

**Proposed Budget**

**Explanation of Variances**

Cost Area	Expense per General Ledger	Approved Budget	Variance Budget minus Expenses	Percentage of Variance	Percentage of Unit Cost

Proposed Budget	Percentage Variance - Prior Year Actual to Proposed Budget	Percentage of Unit Cost

Inflation Factor 2023 to 2024	2.700%
Inflation Factor 2024 to 2025	2.400%
Combined Inflation Factor	5.100%
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.	

Funding Source	Proposed Meals
HHS OAAA - Match Required	
Program Income	
Other Funds - Eligible Meals	
Other Funds - Non-Eligible Meals	
Local Funds - Required Match	NA
Other Sources 5	
Other Sources 6	
<b>Total Meals by Funding Source</b>	<b>0</b>
<b>Provider Total Budgeted Congregate Meals</b>	<b>0</b>
<b>Variance (Provider Total Budgeted Congregate Meals - Total Meals by Funding Source)</b>	<b>0</b>

Calculated Rate	Revenue	
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	Proposed Meals * Calculated Units
0.00	0.00	<b>Total Revenue</b>

Estimated Number of Nutrition Education Units AAA Clients	
Nutrition Education Budget - AAA Clients	#DIV/0!
Calculated Cost per Unit	-



1/28/25 4:07 PM

Provider Name:

AAA Name:

**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.**

0  
\_\_\_\_\_

Name of Contracted Provider

\_\_\_\_\_

Printed/Typed Name of Signer

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Signer Authority:  
(check one)

- Sole Proprietor
- Partner
- Corporate Officer

- Association Officer
- Board Member
- Governmental Official











1/28/25 4:07 PM  
 Provider Name:  
 AAA Name:

**Participant Assessment  
 BUDGET WORKSHEET CALCULATION OF THE UNIT RATE**

1. Total Budgeted Expenses for Contract Year 1. \$ \_\_\_\_\_ -

2. Total Number of Anticipated Units to be Provided

HHS OAAA - 10 % Match	Program			
Required	Income	Other Sources 6		
0	0	0		
HHS OAAA - 25 % Match	Local Funds	Other Sources 7		
Required				
0	0	0		
HHS OAAA - Full Unit Rate	Other Funds	Other Sources 8		
0	0	0		2. _____ -

3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate 3. \$ \_\_\_\_\_ -

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

4. Mandatory Local Match of 10%	\$ _____ -	
** If Applicable, Match Reduction From the In-kind Match Certification form Required Match	\$ _____ -	
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		4. \$ _____ - 5. \$ _____ -

4. Mandatory Local Match of 25%	\$ _____ -	
** If Applicable, Match Reduction From the In-kind Match Certification form Required Match	\$ _____ -	
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		4. \$ _____ - 5. \$ _____ -

\*\*If any portion of the required match is in-kind, you must complete an In-Kind Match Certification form.

<b>Contract Reimbursed at Full Cost Per Unit Rate. Match Requirements Will Be Met Through Provision of Additional Units</b>		
\$ _____ -	_____ Contractor Initial	_____ AAA Initial

\_\_\_\_\_  
Legal Name of Contracted Provider

\_\_\_\_\_  
Signature

0  
\_\_\_\_\_  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Area Agency on Aging

\_\_\_\_\_  
Signature

0  
\_\_\_\_\_  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

1/28/25 4:07 PM

Provider Name:

AAA Name:

**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.**

\_\_\_\_\_ 0 \_\_\_\_\_  
Name of Contracted Provider

\_\_\_\_\_ 0 \_\_\_\_\_  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Signer Authority:  
(check one)

- Sole Proprietor  
 Partner  
 Corporate Officer

- Association Officer  
 Board Member  
 Governmental Official



Transportation

Provider Name: -
AAA Name: -

1/28/25 4:07 PM

Most Recent Completed Budget Year 2023

Table with 6 columns: Cost Area, Expense per General Ledger, Approved Budget, Variance Budget minus Expenses, Percentage of Variance, Percentage of Unit Cost. Includes sub-sections: Personnel, Nutrition Education, Professional Development, Meals/Food, Equipment, Occupancy/Building, Transportation/Travel.

Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget

Table with 3 columns: Proposed Budget, Percentage Variance - Prior Year Actual to Proposed Budget, Percentage of Unit Cost. Contains numerical data for various cost areas.

Explanation of Variances

Inflation Factor 2023 to 2024 2.700%
Inflation Factor 2024 to 2025 2.400%
Combined Inflation Factor 5.100%
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.



1/28/25 4:07 PM  
 Provider Name:  
 AAA Name:

**Transportation**  
**BUDGET WORKSHEET CALCULATION OF THE UNIT RATE**

1. Total Budgeted Expenses for Contract Year		1. \$ _____ -
2. Total Number of Anticipated Units to be Provided		
HHS OAAA - 10 % Match	Program	
Required _____ 0	Income _____ 0	Other Sources 6 _____ 0
HHS OAAA - 25 % Match	Local Funds -	
Required _____ 0	Eligible Trips _____ 0	Other Sources 7 _____ 0
HHS OAAA - Full Unit Rate	Other Funds -	
_____ 0	Non-Eligible	
	Trips _____ 0	Other Sources 8 _____ 0
		2. _____ -
3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate		3. \$ _____ -

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

4. Mandatory Local Match of 10%	\$ _____ -	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ _____ -	
Required Match		4. \$ _____ -
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		5. \$ _____ -

4. Mandatory Local Match of 25%	\$ _____ -	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ _____ -	
Required Match		4. \$ _____ -
5. Full Unit Rate Less Required Match (Line 3 minus Line 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 Requirements Will Be Met Through Provision of Additional Units**

\$ _____ -	_____ Contractor Initial	_____ AAA Initial
------------	-----------------------------	----------------------

\_\_\_\_\_  
Legal Name of Contracted Provider

\_\_\_\_\_  
Name of Area Agency on Aging

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

0  
\_\_\_\_\_  
Printed/Typed Name of Signer

0  
\_\_\_\_\_  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



1/28/25 4:07 PM

Provider Name:

AAA Name:

**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.**
- **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.

\_\_\_\_\_ 0 \_\_\_\_\_  
Name of Contracted Provider

\_\_\_\_\_ 0 \_\_\_\_\_  
Printed/Typed Name of Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

- Signer Authority:** (check one)
- |                          |                          |                          |                              |
|--------------------------|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <b>Sole Proprietor</b>   | <input type="checkbox"/> | <b>Association Officer</b>   |
| <input type="checkbox"/> | <b>Partner</b>           | <input type="checkbox"/> | <b>Board Member</b>          |
| <input type="checkbox"/> | <b>Corporate Officer</b> | <input type="checkbox"/> | <b>Governmental Official</b> |

