	1/28/2025 4:07 PM Submission #	
	Texas Health and Human Services	
	Uniform Rate Negotiation Workbook/Budget	
	Federal Contract Period: 10-01-24 / 09-30-25	
1	Nutrition Providers Legal Rusiness Name:	
2	Nutrition Providers Legal Business Name: Street Address:	
- 3	Street Address:	
2 3 4	Mailing Address:City:	
5	Zip Code:	
6	Phone Number:	
6 7	E-mail Address:	
8	Contact Name:	
9		
10	Did this Nutrition provider complete a rate setting workbook last year? Either Yes or No must be selected	
11	If Yes, what was the provider name listed on the workbook?	
	Is the Provider a AAA Provider? Either Yes or No must be selected	
	If Yes, select the AAA Name:	
	If Yes, contact name at AAA:	
	If Yes, is it a contract or subrecipient?	
	Is the Provider a HHS Contracted Community Services Provider? Either Yes or No must be selected	
	If Yes, Contract Manager name at HHS Contracted Community Services: <u>NA</u>	
	If Yes, select the HHS Region Number:	
19	If Yes, enter the HHS contract number:	
	Service Delivery Information	
	Service Delivery Information Home Delivered Meals	
	Does this Nutrition provider serve home delivered meals paid for by HHS or the AAA? Either Yes or No must	he selected
	Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for 2022?	be selected
	Is this Nutrition provider requesting a Home Delivered Nutrition Program Approval for 2023? NA	
	Total number of home delivered meal routes for this provider:	
	Total number of meal preparation sites used by this provider:	
	Does the provider make home delivered meals available at least 5 days a week and 250 days a year?	
	Congregate Meals	
	Does this Nutrition provider serve congregate meals paid for by the AAA? Either Yes or No must be selected	k
	Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2022?	
	Is this Nutrition provider requesting a Congregate Nutrition Program Approval for 2023?	
	Total number of meal preparation sites used by this provider:	
	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	Budaet by S	Service											
Provider Name:							AAA Name:	-					
1/28/2025 4:07 PM	ļ						Region Number:		-				
Cost Area	Total Agency Budget	Home Delivered Meal Program <b>Person</b>	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
Salaries (Identified by Job Title)	1												
													_
													-
													-
													-
													-
													-
													-
Total Salaries									1				-
Payroll Taxes & Benefits (Employer Paid)	-	-	-	-	-	-	-	-	-	-	-	-	-
Federal Insurance compensation Act (FICA)													_
Texas Unemployment Compensation Act (TUCA)													-
Federal Unemployment Tax Act (FUTA)													-
Workers Compensation													-
Health Insurance													-
Retirement													-
													-
													-
Total Payroll Taxes & Benefits (Employer Paid)										-		_	-
Contract staff (Identify by Position)	-	-	-				-		-	-	-	-	
													_
													-
													-
													-
Total Contract staff	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Personnel	-	-	-	-	-	-	-	-	-	-	-	-	-
Conference (list Conference & Attendese)		Professional De	evelopment					_		-			
Conference (list Conference & Attendees)													
Total Conferences	-	-	-	-	-	-	-	-	-	-	-	-	_
Dues (list Organization Name)	1	1								1	1		
													-
													-
Total Dues	-	-	-	-	-	-	-	-	-	-	-	-	
Materials (list Items)													
													-
Total Materials													-
Total Professional Development	-	-	-	-	-	-	-	-	-	-	-	-	
	-	-	_	_	-	-	-	-	-		-	-	

Provider Total	Budget by S	ervice											
Provider Name:							AAA Name:	-					
1/28/2025 4:07 PM							Region Number:		-				
				Nutrition-						If applicable	If applicable	If applicable	
		Home	Nutrition	Education		Other Meal	Agency Budget			replace with title			
	Total Agency	Delivered	Education -	CCS Clients	Congregate	Programs	not Applicable to	Participant		of other agency		of other agency	Balance not
Cost Area		Meal Program			Meal Program	(non-HHS)	Programs	Assessment	Transportation	program	program	program	budgeted
		Meals/F			<u> </u>	. ,	Ŭ Ŭ		· ·				ŭ
Raw Food													
													-
													-
													-
Total Raw Food	-	-	-	-	-	-		-	-	-	-	-	-
Purchased Meals													
Hot Prepared Meals Purchased from a Supplier or Central Kitchen													-
Frozen Meals													-
Chilled Meals													-
Shelf Stable Meals													-
Total Purchased Meals	-	-	-	-	-	-	-	-	-	-	-	-	-
Freight													
													-
													-
Total Freight	-	-	-	-	-	-	-	-	-	-	-	-	-
Storage Cost (Food or Supply)													
													-
													-
Total Storage Cost	-	-	-	-	-	-	-	-	-	-	-	-	-
Consumables (identify by type)													
Non-Capital Equipment (less that \$5,000 per item)													-
Paper/plastic goods (napkins, plates, utensils, etc)													-
Meal Delivery Consumable Supplies			[										_
Pots/Pans/Cooking Utensils													
													-
													-
Total Consumables	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (Identify Individually all items over \$100.)				-									
													-
													-
Total Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Meals/Food	-	-	-	-	-	-	-	-	-	-	-	-	-

Provider Total	Budget by S	Service											
Provider Name:							AAA Name:	-					
1/28/2025 4:07 PM		•					Region Number:		-				
Cost Area	Total Agency Budget	Meal Program		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
Depreciation (identify item, year purchased, cost)		Equipm	nent		<u>г</u>		T T						r
Depreciation (identity item, year purchased, cost)													-
Total Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest (Identify Item, year purchased, cost)													
													-
Total Interest		-			-		-	-				-	
Leasing (identify Item, year leased)													
													-
Total Leasing	-	-	-	-	-	-	-	-	-	-	-	-	-
Maintenance (Identify Item, year purchased, cost)													-
Total Maintananaa													-
Total Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	
		Occupancy/	Building		ļ		ļ						<u> </u>
Rent													_
													-
Total Rent	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities													
Total Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation (identify item, year purchased, cost)													-
													-
Total Depreciation Mortgage Interest	-	-	-	-	-	-	-		-	-	-	-	
													-
Total Mortgage Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
Insurance (identify type of insurance)													-
Total Insurance	-	-	· ·	-	-	-	- 1	-	-	-	-	-	-
Security													-
Total Security	-	-	· ·		_	-	<u> </u>	-	-	-	-	-	
Janitorial													
			[										-
Total Security	-	-	-	-	-	-		-	-	-	-	-	-
Repair (Identify all items over \$100.)													-
Total Repair	-	-	· ·	-	-	-	-	-	-	-	-	-	-
Taxes (Identify Type of Tax)													
Total Taxes	-	-	· ·	-	-	-	-	-	-	-	-	-	- 1
Total Occupancy/Building	-	-	-	-		-	-		-	-	-	-	
· · · ·	-	-			• •				•	•	•	•	•

Provider Total I	Budget by S	ervice											
Provider Name:							AAA Name:	-					
1/28/2025 4:07 PM							Region Number:		-				
	Total Agency	Home Delivered	Nutrition Education -	Nutrition- Education- CCS Clients-	Congregate	Other Meal Programs	Agency Budget not Applicable to	Participant		If applicable replace with title of other agency	of other agency		Balance not
Cost Area	Budget	Meal Program		NA	Meal Program	(non-HHS)	Programs	Assessment	Transportation	program	program	program	budgeted
		Transportatio	on/Travel										
Mileage Reimbursement													-
Total Mileage Reimbursement	-	-	-	-	-	-	-	-	-	-	-	-	-
Delivery													-
Total Delivery	-	-	-	-	-	-	-	-	-	-	-	-	-
Gas & Oil													-
Total Gas & Oil	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs (Identify Item & year purchased)													-
Total Repair	-	-	-	-	-	-	-	-	-	-	-	-	-
Insurance (identify type of insurance)													-
Total Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation/Lease (identify item, year purchased, cost)													-
Total Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest													-
Total Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
Tags & Licenses													-
Total Tags & Licenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Transportation/Travel	-	-	-	-	-	-	-	-	-	-	-	-	-

Provider Total	Budget by S	Service					
Provider Name:							AAA Name:
1/28/2025 4:07 PM							Region Number:
		Home	Nutrition	Nutrition Education		Other Meal	Agency Budget
	Total Agency	Delivered	Education -	CCS Clients	Congregate	Programs	not Applicable to
Cost Area	Budget	Meal Program		NA	Meal Program	(non-HHS)	Programs
		Administrative					
Advertising							
Total Advartising							
Total Advertising Printing	-	-	-	-	-	-	-
Finang							
Total Printing	-	-	-	-	-	-	-
Copying							
<b>T</b> (10)							
Total Copying	-	-	-	-	-	-	-
Office Supplies							
Total Office supplies	-	-	<u> </u>	-	-	-	-
Contractual Agreements							
_							
Total Contractual Agreements	-	-	-	-	-	-	-
Postage							
					-		
Total Postage	-	-	· ·		-	-	-
Telecommunications							
Total Telecommunication	-	-	-	-	-	-	-
Liability Insurance							
Total Liability Insurance						-	-
Legal Fees	-	-	-	-	_		-
Total Legal Fees	-	-	-	-	-	-	-
Accounting Fees							
Total Accounting Fees						-	-
Consulting Fees	-	-	-	-	-	-	-
					1		
					1		
Total Consulting Fees	-	-	-	-	-	-	-
Other Fees (Explain)							
Total Other Fees Audit	-	-	-	-	-	-	-
					1		
Total Audit	-	-	-	-	-	-	-
Other Misc. (Explain)					j		
							ļ
Total other Misc.	-	-	-	-	-	-	-
Total Administrative & General	-	-	-	-	-	-	-

		AAA Name:	-					
ite ram	Other Meal Programs (non-HHS)	Region Number: 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
								-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
								-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	_	-	-	-				-
								-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-		-	-	-
								-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
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-	-	-		-	-	-	-	-
-	-	-	-	-	-	-	-	-
-								- - -
								-
-	-	-	-	-	-	-	-	-

Provider Total I	Budget by S	Service											
Provider Name:							AAA Name:	-					
1/28/2025 4:07 PM							Region Number:		-				
		Home	Nutrition	Nutrition Education		Other Meal	Agency Budget			If applicable replace with title	If applicable replace with title	If applicable replace with title	
	Total Agency	Delivered	Education -	CCS Clients	Congregate	Programs	not Applicable to	Participant		of other agency	of other agency	of other agency	Balance not
Cost Area	Budget	Meal Program	AAA Clients	NA	Meal Program	(non-HHS)	Programs	Assessment	Transportation	program	program	program	budgeted
		Tota	ıl										
otal of all Cost Areas	-	-	-	-	-	-	-	-	-	-	-	-	-
Percentage of Total Cost	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	
	Budgeted Me	als	_										
Provider Prepared Meals													
Hot Meals													
Frozen Meals		-											
Chilled Meals		-											
Shelf Stable Meals	-	•											
Total Provider Prepared Meals	-	•			-		-						
Purchased Meals							_						
Hot Prepared Meals Purchased from a Supplier or Central Kitchen							_						
Frozen Meals							_						
Chilled Meals		•					4						
Shelf Stable Meals							4						
Total Purchased Meals		· ·			-		-						
tel Duducted Meele							-						
otal Budgeted Meals	•				-	00	-						
o of Total Meals		0%			0%	0%	<sup>o</sup>						
/hole Unit Rate					-								
AA Contractors/Subrecipients may choose to provide required Nutr	ition 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 s	ervice, enter an	N. This will											
exclude Nutrition Education costs from the meal rate.				1									

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.

Congregate Meals Service Area:
Home Delivered Meals - AAA Service Area:

Provider Name: AAA Name: Region Number:

#### Section 1

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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.

	Percentag	e of the Total	Cost Area				
		Budgeted to:					
	Home						
	Delivered	Congregate	Other				
Cost Area	Meals	Meals	Programs				
Total Personnel	0.00%	0.00%	0.00%				
Total Professional Development	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%				
Total Meals/Food	0.00%	0.00%	0.00%				
Total Equipment	0.00%	0.00%	0.00%				
Total Occupancy/Building	0.00%	0.00%	0.00%				
Total Transportation/Travel	0.00%	0.00%	0.00%				
Total Administrative & General	0.00%	0.00%	0.00%				
Total of all Cost Areas	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

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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.

	Total	Cost	Percentage	of Total Cost
	Home		Home	
	Delivered	Congregate	Delivered	Congregate
Cost Area	Meals	Meals	Meals	Meals
Total Personnel	-	-	0.00%	0.00%
Total Professional Development	-	-	0.00%	0.00%
Total Raw Food	-	-	0.00%	0.00%
Purchased Meals				
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%
Total Consumables	-	-	0.00%	0.00%
Total Other Meal/Food	-	-	0.00%	0.00%
Total Meals/Food	-	-	0.00%	0.00%
Total Equipment	-	-	0.00%	0.00%
Total Occupancy/Building	-	-	0.00%	0.00%
Total Transportation/Travel	-	-	0.00%	0.00%
Total Administrative & General	-	-	0.00%	0.00%
Subtotal	-	-	0.00%	0.00%
Nutrition Education	#DIV/0!	#DIV/0!		
Total	#DIV/0!	#DIV/0!		
				-
Total Budgeted Cost	0.00	0.00	0.00	
Percentage of Total Budgeted Meal Cost	#DIV/0!	#DIV/0!	#DIV/0!	J
Total Budgeted Meals	0	0	0	1
Percentage of Total Budgeted Meals	#DIV/0!	#DIV/0!	#DIV/0!	1
i ercentage of Total Dudgeted Meals				J
Whole Unit Rate (Full Cost per Meal)	#DIV/0!	#DIV/0!		
Onlawlated Data				
Calculated Rate	-	-		

0	•.
	er unit
Home	
Delivered	Congregate
Meals	Meals
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!

1/28/2025 4:07 PM

Provider Name:			
AAA Name:			
Region Number:		-	
rmation.			

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#### 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 D	elivered Meal Bud	dget Worksheet		
Provider Nan AAA Na Region Numl	me:		1/28/25 4:07 Pl		- - -	Review of Mo	st Recent Comp		roved Budget to Actual Year End Expense and Current posed Budget
Most Recent Completed Budg Year	et 2023		1/28/25 4:07 Pl	VI			Proposed Budget	:	Explanation of Variances
	Expense per General Ledger Pers	Approved Budget onnel	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 20242.700%Inflation Factor 2024 to 20252.400%Combined Inflation Factor5.100%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.
Salaries, PR Taxes & Benefits		onner	0	0.00%		0.00			
Contract staff, Compensation		0.00	0	0.00%	0.000/	0.00	0.00%	//DIN//01	
Total	- Nutrition	0.00 Education	0	0.00%	0.00%	0.00	0.00%	#DIV/0!	
Salaries, PR Taxes & Benefits Contract staff, Compensation Materials Conference			0 0 0	0.00% 0.00% 0.00% 0.00%		#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Total	-	0.00	0	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	
	Professional	Developmen	t						
Conference Dues Materials Total		0.00 S/Food	0 0 0	0.00% 0.00% 0.00% 0.00%	0.00%	0.00 0.00 0.00	0.00% 0.00%	#DIV/0!	
Raw Food Purchased Meals Freight Storage Consumables Other Total	-	0.00	0 0 0 0 0 0 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%	#DIV/0!	
Depreciation		Jillent	0	0.00%		0.00	0.00%		
Interest Leasing Maintenance Total		0.00	0 0 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%	#DIV/0!	
		y/Building	0	0.00%	0.00%	0.00	0.00%		
Rent Utilities Depreciation Mortgage Interest Insurance Security Janitorial Repair		,	0 0 0 0 0 0 0 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 0.0	0.00% 0.00% 0.00% 0.00% 0.00%		
Taxes Total	-	0.00	0	0.00%	0.00%	0.00 0.00	0.00%	#DIV/0!	

					Home De	elivered Meal Bud	dget Worksheet	t			
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					
			1/20/23 4.07 FW	<u>/I</u>					4		
Most Recent Completed Budget Year	2023						Proposed Budget	t	Explanation of Variances		
	Expense per General Ledger Transporta	Approved Budget tation/Travel	Variance Budget minus Expenses	Percentage of Variance		Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	Percentage of Unit Cost	Inflation Factor 2023 to 20242.700%Inflation Factor 2024 to 20252.400%Combined Inflation Factor5.100%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.		
Mileage Reimbursement			0	0.00%	·	0.00	0.00%		1		
Delivery	1 '	1	0	0.00%		0.00					
Gas & Oil	1 '	1	0	0.00%		0.00					
Repairs	1 '	1	0	0.00%	ı – – – – – – – – – – – – – – – – – – –	0.00					
Insurance	1 '	1	0	0.00%	ı – – – – – – – – – – – – – – – – – – –	0.00					
Depreciation/Lease	1 '	1	0,	0.00%	í – – – – – – – – – – – – – – – – – – –	0.00					
Interest	1 '	1		0.00%	í – – – – – – – – – – – – – – – – – – –	0.00					
Tags & Licenses	1 '	1	0	0.00%	í – – – – – – – – – – – – – – – – – – –	0.00					
Total	· ['	0.00	0	0.00%		0.00		#DIV/0!	1   🔰		
	Administrat	tive & General	U	0.0070		0.00	0.0070	norro.	1		
Advertising			0	0.00%	·	0.00	0.00%		1		
Printing	1 '	1	0,	0.00%	í – – – – – – – – – – – – – – – – – – –	0.00					
Copying	1 '	1	, o	0.00%		0.00					
Office Supplies	1 '	1	0,	0.00%		0.00					
Contractual Agreements	1 '	1	0,000	0.00%	í – – – – – – – – – – – – – – – – – – –	0.00					
Postage	1 '	1	0,000	0.00%	ı – – – – – – – – – – – – – – – – – – –	0.00					
Telecommunications	1 '	1	, o	0.00%		0.00					
Liability Insurance	1 '	1		0.00%		0.00					
Legal Fees	1 '	1	0	0.00%		0.00					
Accounting Fees	1 '	1	0,000	0.00%		0.00					
Consulting Fees	1 '	1	0,000	0.00%		0.00					
Other Fees (Explain)	1 '	1		0.00%		0.00					
Audit	1 '	1	0	0.00%		0.00					
Other Misc. (Explain)	1 '	1	0	0.00%		0.00					
Total	-	0.00	0	0.00%		0.00			1		
, iotai		otal	,	0.0070	0.0070		0.0070	<i>"Divyo</i> .	1		
Total of all Cost Areas	0.00		0.00	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	1		
Total Number of Meals	1	1							1		
Whole Cost per Meal	0.00	0.00	5						· · ·		
Approved Meal Rate (Title III & Title XX)	-	1	1								
Approved Meal Rate (Title XIX)	-	t	1								
	·′										

				Home De	elivered Meal Bu	dget Workshee	t			
Provider Name: AAA Name Region Number	:	1/28/25 4:07 P	M	- -	Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget					
Most Recent Completed Budget Year	2023	1/20/23 4.07 FI				Proposed Budge	t	Explanation of Variances		
	Expense per General Approve Ledger Budge			Percentage of Unit Cost	Proposed Budget	Percentage Variance Prior Year Actual to Proposed Budget	Percentage of Unit Cost	Inflation Factor 2023 to 20242.700%Inflation Factor 2024 to 20252.400%Combined Inflation Factor5.100%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; and2. An explanation of variance must be provided for each cost area where the proposed budget amount exceeds the prior year actual amount by more that the two year combined inflation factor.		
	ng Source		Proposed Meals	]	Calculated Rate	Revenue	]			
	- OAAA				0.00			Proposed Meals * Calculated Units		
HHS	- Title XX				0.00			Proposed Meals * Calculated Units		
					0.00			Proposed Meals * Calculated Units		
	m Income				0.00			Proposed Meals * Calculated Units		
	- Eligible Meals			_	0.00			Proposed Meals * Calculated Units		
	Non-Eligible Meals			_	0.00			Proposed Meals * Calculated Units		
	Required Match		NA	-	0.00			Proposed Meals +Title XX Proposed Meals *Calculated Rate		
Local Funds - Cap Limit Ex	imit Exceeded Title XIX		NA NA	-	0.00			Proposed Meals +Title XX Proposed Meals *Calculated Rate		
	/ Funding Source		- NA	-	0.00	-				
	ed Home Delivered Meals	1	-	-		_				
Variance (Provider Total Budgeted				-						
	g Source)		-							
				-						
Estimated Number of Nutrition		ients		_						
	Budget - AAA Clients		#DIV/0!	_						
Calculated	Cost per Unit		-	J						

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.

Name of	0 Contracted Provider	 Printed/Typed Name of Signer
	Date	 Signature
Signer Authority: (check one)	<ul> <li>Sole Proprietor</li> <li>Partner</li> <li>Corporate Officer</li> </ul>	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 OAAA0	Title XX	0	Title XIX	0		
Program Income0	Other Funds Eligible Meals	0	Other Funds - Non-Eligible Meals	0	2	-
3. Whole Unit Rate (Line 1 divided	l by Line 2)				3\$	-
Reimbursement Calculation		HHS OAAA & Title XX		Title XIX		
4. Projected NSIP per Meal Value		0.73		N/A		
5. Rate Less NSIP per Meal Value		\$-	· -	N/A		
<ul> <li>6. Mandatory Local Match of 10%</li> <li>** If Applicable, Match Reduction From the In-kind Match Certification form</li> </ul>	<u>\$</u> - \$-					
Required Cash Match		\$-	-	N/A		
7. Proposed Meal Rate (Line 3 mir As of May 26, 2023, Common	,	\$		\$ -		
8. Rate Cap Applicable to Title XIX and HHS OAAA Common Provi		\$ 6.46	-			
9. Excess of Cap Rate Reduction		\$-	· –	\$-		
Accepted Unit Rate for Current Yea	ar	\$-	_	NA		

\*\* 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

1/28/25 4:07 PM AAA Name: **Region Number:** 

# **Home Delivered Meals IN-KIND MATCH CERTIFICATION**

\$0

Provider:

In-kind Contribution(s):

For any item identified below, the provider must maintain monthly supporting documentation.

ITEM	DATE OF RECEIPT	VALUE
	TOTAL	¢0
	TOTAL	\$0

Note: All contributions must meet the requirements of IRS Publication 561 http://www.irs.gov/pub/irs-pdf/p561.pdf

Examples of Documentation Include:

Rent:

- 1. Letter of Agreement with Owner
- 2. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation)

Labor:

- 1. Minimum wage
- 2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at https://efte.twc.texas.gov/prevailing\_wage\_issues.html

All in-kind labor must be required for the service to be provided. If you would not hire someone to perform the labor if it were not in-kind then you cannot count it.

Utilities:

- 1. Copy of Bill
  - 2. Agreement of Amount Paid if Partial

Name of Contracted Provider

Printed/Typed Name of Signer

Date

					C	ongregate Mea	Budget Works	heet
Provider Na AAA Na					-	Review of M	ost Recent Com	pleted Year
			1/28/25 4:07 PI	M				
Most Recent Completed Budg Year	get 2023						Proposed Budge	t
							1	
	Expense		Variance Budget				Percentage Variance	
	per General	Approved	minus	Percentage	Percentage		- Prior Year Actual to	
Cost Area	Ledger	Budget	Expenses	of Variance	of Unit Cost	Proposed Budget	Proposed Budget	Cost
Salaries, PR Taxes & Benefits	Pers	onnel	0	0.00%			0.00%	
Contract staff, Compensation			0	0.00%		-	0.00%	
Total	-	0.00	0	0.00%	0.00%	-	0.00%	#DIV/0!
	Nutrition	Education						1
Salaries, PR Taxes & Benefits			0	0.00%		#DIV/0!	#DIV/0!	
Contract staff, Compensation Materials			0	0.00% 0.00%		#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
Conference			0	0.00%		#DIV/0!	#DIV/0!	
Total	-	0.00	0	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!
	Professional	Development		-			-	-
Conference			0	0.00%		-	0.00%	
Dues			0	0.00%		-	0.00%	
Materials Total		0.00	0	0.00% 0.00%	0.00%	-	0.00%	
	Meals	s/Food	0	0.0070	0.0070		0.0070	<i>"BIVIO</i> :
Raw Food			0	0.00%		-	0.00%	
Purchased Meals			0	0.00%		-	0.00%	
Freight			0	0.00%		-	0.00%	
Storage Consumables			0	0.00% 0.00%		-	0.00%	
Other			0	0.00%			0.00%	
Total	-	0.00	0	0.00%	0.00%	-	0.00%	
	Equip	oment						
Depreciation			0	0.00%		-	0.00%	
Interest			0	0.00%		-	0.00%	
Leasing Maintenance			0	0.00% 0.00%			0.00%	
Total		0.00	0	0.00%	0.00%	-	0.00%	#DIV/0!
	Occupand	y/Building		0.0070	0.0070			
Rent			0	0.00%		-	0.00%	
Utilities			0	0.00%		-	0.00%	
Depreciation			0	0.00%		-	0.00%	
Mortgage Interest Insurance			0	0.00% 0.00%			0.00%	
Security			0	0.00%			0.00%	
Janitorial			0	0.00%			0.00%	
Repair			0	0.00%		-	0.00%	
Taxes			0	0.00%			0.00%	

	Explanation of Variances
	Inflation Factor 2023 to 2024 2.700
	Inflation Factor 2024 to 2025 2.400
ŀ	Combined Inflation Factor 5.100
	<ol> <li>An explanation of variance must be provided for each cost area where the expenses p General Ledger varies from the approved budget for the most recent completed year by 10 more; and</li> <li>An explanation of variance must be provided for each cost area where the proposed bud amount exceeds the prior year actual amount by more than the two year combined inflation factor.</li> </ol>
ŀ	
ŀ	
I	

Provider Name: AAA Name:					-	Review of Mo	ost Recent Com	pleted Year
		1	I/28/25 4:07 PI	M				
Most Recent Completed Budget Year	2023						Proposed Budge	t
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 U Cost
Total	go: 	0.00	0	0.00%		-	0.00%	
	Transporta	ation/Travel		•				
Mileage Reimbursement Delivery Gas & Oil Repairs Insurance Depreciation/Lease Interest Tags & Licenses Total	- Administrati	0.00 <b>ve &amp; General</b>	0 0 0 0 0 0 0 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%	
Advertising	Administrati	ve & General	0	0.00%			0.00%	
Printing Copying Office Supplies Contractual Agreements Postage Telecommunications Liability Insurance Legal Fees Accounting Fees Consulting Fees			0 0 0 0 0 0 0 0 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%	
Other Fees (Explain) Audit Other Misc. (Explain) Total	-	0.00	0 0 0	0.00% 0.00% 0.00%		-	0.00% 0.00% 0.00%	
		otal						
Total of all Cost Areas Total Number of Meals Whole Cost per Meal Approved Meal Rate Title III	0.00		0.00	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!

Explanation of Variances         Inflation Factor 2023 to 20:         Inflation Factor 2024 to 20:         Combined Inflation Factor         General Ledger varies from the approved budget for the most recent completed more; and         2. An explanation of variance must be provided for each cost area where the pr amount exceeds the prior year actual amount by more than the two year combin factor.         Inflation Factor	25 2.400 or 5.100 expenses p year by 10 oposed but
Inflation Factor 2024 to 202 Combined Inflation Factor 1. An explanation of variance must be provided for each cost area where the General Ledger varies from the approved budget for the most recent completed more; and 2. An explanation of variance must be provided for each cost area where the pro- amount exceeds the prior year actual amount by more than the two year combin	25 2.400 or 5.100 expenses p year by 10
Combined Inflation Fact 1. An explanation of variance must be provided for each cost area where the General Ledger varies from the approved budget for the most recent completed more; and 2. An explanation of variance must be provided for each cost area where the pre amount exceeds the prior year actual amount by more than the two year combin	or 5.100 expenses p year by 10 oposed but
<ol> <li>An explanation of variance must be provided for each cost area where the General Ledger varies from the approved budget for the most recent completed more; and</li> <li>An explanation of variance must be provided for each cost area where the pramount exceeds the prior year actual amount by more than the two year combining the provided for the two year combining the prior year actual amount by more than the two year combining the provided for the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year combining the prior year actual amount by more than the two year actual amount by more the prior year actual actual amount by mo</li></ol>	expenses p year by 10 oposed bud
General Ledger varies from the approved budget for the most recent completed more; and 2. An explanation of variance must be provided for each cost area where the pr amount exceeds the prior year actual amount by more than the two year combin	year by 10
2. An explanation of variance must be provided for each cost area where the pramount exceeds the prior year actual amount by more than the two year combin	

					(	Congregate Mea	Budget Works	heet			
	Provider Name: - AAA Name: -						Review of Most Recent Completed Year Approved Budget to Actual Year End Expense and Current Proposed Budget				
		1	I/28/25 4:07 P	М							
Most Recent Completed Budget Year	2023						Proposed Budge	t	Explanation of Variances		
									Inflation Factor 2023 to 2024 2.700%		
									Inflation Factor 2024 to 2025 2.400%		
									Combined Inflation Factor 5.100%		
	Expense per General	Approved	Variance Budget minus	Percentage			Percentage Variance - Prior Year Actual to	Percentage of Unit	<ol> <li>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</li> <li>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.</li> </ol>		
Cost Area	Ledger	Budget	Expenses	of Variance	of Unit Cost	Proposed Budget	Proposed Budget	Cost			
	Funding Source				Proposed Meals		ated Rate	Revenue			
	DAAA - Match R								roposed Meals * Calculated Units		
	Program Incom r Funds - Eligible								roposed Meals * Calculated Units		
	unds - Non-Elig						0.00		0.00 Proposed Meals * Calculated Units 0.00 Proposed Meals * Calculated Units		
	Funds - Require				NA	0.00		0.00 Proposed Meals * Calculated Units			
	Other Sources						.00		roposed Meals * Calculated Units		
	Other Sources 6			0			posed Meals * Calculated Units				
	leals by Fundin				0			0.00 <b>T</b>	otal Revenue		
Provider Tota	I Budgeted Co	ngregate Mea	ls		0						
Variance (Provider			Meals -								
Total M	eals by Fundin	g Source)			0						
					·						
Estimated Number of			A Clients								
	lucation Budget				#DIV/0!						
Cal	culated Cost pe				-						

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

# **Congregate Meals**

# **BUDGET WORKSHEET CALCULATION OF THE PER MEAL UNIT RATE**

1.	Total Budgeted Expenses for Contra	ct Year						1.	#DIV/0!
2.	Total Number of Anticipated Meals to	be Provided by F	unding S	Source					
	HHS OAAA 0	Other Funds Eligible Meals		0	Other Sources 5	0	_		
	Program Income0	Other Funds - Non-Eligible Meals		0	Other Sources 6	0	_	2.	
3.	Whole Unit Rate (Line 1 divided by	Line 2)						3.	\$-
R	eimbursement Calculation			~ • • •					
4.	Projected NSIP per Meal Value		ннэ	<b>OAAA</b> 0.73					
5.	Rate Less NSIP per Meal Value		\$	-					
6.	Mandatory Local Match of 10%	\$-							
ł	If Applicable, Match Reduction From the In-kind Match Certification form	\$-							
	Required Cash Match		\$	-					
7.	Proposed Meal Rate (Line 3 minus L	ine 6)	\$	-					
**	If any portion of the required match is	s in-kind, you must o	complet	e an In-Ki	nd Match Certificati	ion 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

Printed/Typed Name of Signer

Signature

# 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.

Name	0 Name of Contracted Provider		Printed/Typed Name of Signer	
	Date	_	Signature	
Signer Authority: (check one)	<ul> <li>Sole Proprietor</li> <li>Partner</li> <li>Corporate Officer</li> </ul>		Association Officer Board Member Governmental Official	

#### 1/28/25 4:07 PM

AAA Name:

#### **Congregate Meals IN-KIND MATCH CERTIFICATION**

Provider:		

In-kind Contribution(s):

\$0

For any item identified below, the provider must maintain monthly supporting documentation.

ITEM	DATE OF RECEIPT	VALUE
	TOTAL	\$0

Note: All contributions must meet the requirements of IRS Publication 561 http://www.irs.gov/pub/irs-pdf/p561.pdf

Examples of Documentation Include:

Rent:

1. Letter of Agreement with Owner

2. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation)

Labor:

- 1. Minimum wage
- 2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <a href="https://efte.twc.texas.gov/prevailing\_wage\_issues.html">https://efte.twc.texas.gov/prevailing\_wage\_issues.html</a>

All in-kind labor must be required for the service to be provided. If you would not hire someone to perform the labor if it were not in-kind then you cannot count it.

Utilities:

1. Copy of Bill

2. Agreement of Amount Paid if Partial

Name of Contracted Provider

0 Printed/Typed Name of Signer

Date

						Participant As	sessment	
Provider Name: AAA Name:					-	Review of	Most Recent Comp	leted Year Ap Pr
	1/28/25 4	1:07 PM						
Most Recent Completed Budget Year	2023						Proposed Budget	
	Expense per General	Approved	Variance Budget minus	Percentage	Percentage of		Percentage Variance - Prior Year Actual to	
Cost Area	Ledger	Budget	Expenses	of Variance	Unit Cost	Proposed Budget	Proposed Budget	Percentage of Un
	Per	sonnel	-					1
Salaries, PR Taxes & Benefits			0	0.00%		0.		
Contract staff, Compensation		0.00	0	0.00%	00/	0.		
Total	-	0.00	0	0.00%	0%	0.	0.00%	
Salaries, PR Taxes & Benefits	Nutrition	Education	0	0.00%				
			0	0.00%				
Contract staff, Compensation Materials			0	0.00%				
Conference			0	0.00%				
Total		0.00	0	0.00%	0%	0.0	20	
	Professiona	I Developme		0.0070	0,0	0.		
Conference			0	0.00%		0.	0.00%	
Dues			0	0.00%		0.		
Materials			0	0.00%		0.		
Total	-	0.00	0	0.00%	0%	0.	0.00%	
	Mea	ls/Food						
Raw Food			0	0.00%		0.		
Purchased Meals			0	0.00%		0.		
Freight			0	0.00%		0.		
Storage			0	0.00%		0.		
Consumables			0	0.00%		0.		
Other			0	0.00%		0.		
Total	-	0.00	0	0.00%	0%	0.	0.00%	
	Equ	ipment						1
Depreciation			0	0.00%		0.		
Interest			0	0.00%		0.		
Leasing			0	0.00%		0.		
Maintenance			0	0.00%		0.		
Total	-	0.00	0	0.00%	0%	0.	0.00%	

# Approved Budget to Actual Year End Expense and Current Proposed Budget

	Explanation of Variances	
	Inflation Factor 2023 to 2024 Inflation Factor 2024 to 2025	2.700% 2.400%
Unit Cost	Combined Inflation Factor 1. An explanation of variance must be provided for each cost expenses per General Ledger varies from the approved budg recent completed year by 10% or more; and 2. An explanation of variance must be provided for each cos proposed budget amount exceeds the prior year actual amou the two year combined inflation factor.	5.100% area where the get for the most t area where the
0%		
0%		
0%		
0%		

Provider Name:					-		Participant Asso		
AAA Name:					-		Review of M	ost Recent Compl	eted Year Ap Pr
	1/28/25 4	1:07 PM							
Most Recent Completed Budget Year	2023							Proposed Budget	
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 Un
		cy/Building		or variance	Unit Cost		T Toposed Dudget	T Toposed Dudget	I creentage of of
Rent Utilities Depreciation Mortgage Interest			0 0 0 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%	
Insurance Security Janitorial Repair			0 0 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%	
Taxes			0	0.00%			0.00	0.00%	
Total	-	0.00	0	0.00%	0%		0.00	0.00%	
Mileogo Doimhuroomant	Transport	tation/Trave	7	0.00%		╞	0.00	0.000/	
Mileage Reimbursement Delivery Gas & Oil Repairs Insurance			0 0 0 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%	
Depreciation/Lease Interest Tags & Licenses Total		0.00	0 0 0 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%	
	Administra	tive & Gener							
Advertising Printing Copying Office Supplies			0 0 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%	
Contractual Agreements Postage Telecommunications Liability Insurance			0 0 0 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%	
Legal Fees Accounting Fees Consulting Fees Other Fees (Explain)			0 0 0 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%	
Audit Other Misc. (Explain) Total	-	0.00	0 0 0	0.00% 0.00% 0.00%			0.00 0.00 0.00	0.00% 0.00% 0.00%	

# Approved Budget to Actual Year End Expense and Current Proposed Budget

	Explanation of Variances	
	Inflation Factor 2023 to 2024	2.700%
	Inflation Factor 2024 to 2025	2.400%
	Combined Inflation Factor	5.100%
	<ol> <li>An explanation of variance must be provided for each cost expenses per General Ledger varies from the approved budg recent completed year by 10% or more; and</li> <li>An explanation of variance must be provided for each cost proposed budget amount exceeds the prior year actual amount</li> </ol>	get for the most t area where the
nit Cost	the two year combined inflation factor.	
0%		
09/		
0%		
0%		

							Participant A	ssessment	
Provider Name: AAA Name:					-		•	Most Recent Comp	leted Year Ap P
	1/28/25 4	1:07 PM				1 1			
Most Recent Completed Budget Year	2023							Proposed Budge	t
	1		1	1		] [			
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 L
Total of all Cost Areas	0.00	<b>otal</b> 0.00	_	0.00%	_	+		- 0.00%	
Total Number Units	0.00	0.00	-	0.00%				0.007	4
Whole Cost per Unit	0.00	0.00	-	0.00%			Budgeted Units		Budgeted Cost pe
Approved Unit Rate				•	•		-		

Funding Source	Proposed Units
HHS OAAA - 10 % Match Required	
HHS OAAA - 25 % Match Required	
HHS OAAA - Full Unit Rate	
Program Income	
Local Funds	
Other Funds	
Local Funds - Required Match 10%	NA
Local Funds - Required Match 25%	NA
Other Sources 6	
Other Sources 7	
Other Sources 8	
Total Units by Funding Source	-

Calculated Rate	Revenue
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
-	-
	-

# pproved Budget to Actual Year End Expense and Current Proposed Budget

	Explanation of Variances					
	Inflation Factor 2023 to 2024	2.700%				
	Inflation Factor 2024 to 2025	2.400%				
	Combined Inflation Factor	5.100%				
<ul> <li>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</li> <li>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.</li> </ul>						
0% per Unit						

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

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

-

1.Total Budgeted Expenses for Cont	ract Year				1\$	
2.Total Number of Anticipated Units HHS OAAA - 10 % Match Required 0 HHS OAAA - 25 % Match Required 0	to be Provided Program Income Local Funds	0	Other Sources 6 Other Sources 7	0		
HHS OAAA - Full Unit Rate0	Other Funds	0	Other Sources 8	0	2	
3. Cost per unit (Line 1 divided by Lin Reimbursement Calculation for Cont		e Match Reduc	tion		3\$	
<ul> <li>4. Mandatory Local Match of 10%</li> <li>** If Applicable, Match Reduction Find Required Match</li> <li>5.Full Unit Rate Less Required Match</li> </ul>		ertification forr	m <u>\$</u>	-	4. <u>\$</u> 5. <u>\$</u>	
<ul> <li>4. Mandatory Local Match of 25%</li> <li>** If Applicable, Match Reduction Find Required Match</li> <li>5.Full Unit Rate Less Required Match</li> </ul>		ertification forr	m <u>\$</u>		4. <u>\$</u> 5. <u>\$</u>	

\*\*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

0 Printed/Typed Name of Signer

Signature

0 Printed/Typed Name of Signer

Date

# 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.

	0		0
Name o	of Contracted Provider		Printed/Typed Name of Signer
Date			Signature
Signer Authority:	Sole Proprietor		Association Officer
(check one)	Partner		Board Member
	Corporate Officer		Governmental Official

# 1/28/25 4:07 PM

AAA Name:

### **Participant Assessment IN-KIND MATCH CERTIFICATION**

Provider:	
	_

In-kind Contribution(s):

\$0

For any item identified below, the provider must maintain monthly supporting documentation.

ITEM	DATE OF RECEIPT	VALUE
	TOTAL	\$0

Note: All contributions must meet the requirements of IRS Publication 561 http://www.irs.gov/pub/irs-pdf/p561.pdf

Examples of Documentation Include:

Rent:

- 1. Letter of Agreement with Owner
- 2. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation)

Labor:

- 1. Minimum wage
- Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <u>https://efte.twc.texas.gov/prevailing\_wage\_issues.html</u>

All in-kind labor must be required for the service to be provided. If you would not hire someone to perform the labor if it were not in-kind then you cannot count it.

Utilities:

1. Copy of Bill

2. Agreement of Amount Paid if Partial

0

Name of Contracted Provider

0

Printed/Typed Name of Signer

						Trans	sportation	
Provider N					-		-	
AAA	Name:				-	Review of Most F	Recent Completed	l Year
		1/28/2	5 4:07 PM				<u></u>	
Most Recent Completed Bu	idget						Dana da Da Jara (	
Year	2023						Proposed Budget	
			Variance					
	Expense		Budget				Percentage Variance -	
	per General	Approved	minus	Percentage	Percentage of		Prior Year Actual to	
Cost Area	Ledger	Budget	Expenses	of Variance	Unit Cost	Proposed Budget	Proposed Budget	Percent
Colorian DD Toyon & Donafita	Pers	sonnel		0.00%		0.00	0.000/	
Salaries, PR Taxes & Benefits Contract staff, Compensation			-	0.00% 0.00%		0.00 0.00	0.00% 0.00%	
Total		0.00	-	0.00%	0%	0.00	0.00%	
	Nutrition	Education						
Salaries, PR Taxes & Benefits			-	0.00%				
Contract staff, Compensation			-	0.00%				
Materials			-	0.00%				
Conference Total		0.00	-	0.00%	0%	0.00		
Total	Professiona		ent	0.0078	078	0.00		
Conference			-	0.00%		0.00	0.00%	
Dues			-	0.00%		0.00	0.00%	
Materials			-	0.00%		0.00	0.00%	
Total		0.00 s/Food	-	0.00%	0%	0.00	0.00%	
Raw Food	ivieai	S/F000		0.00%		0.00	0.00%	
Purchased Meals			-	0.00%		0.00	0.00%	
Freight			-	0.00%		0.00	0.00%	
Storage			-	0.00%		0.00	0.00%	
Consumables			-	0.00%		0.00	0.00%	
Other		0.00	-	0.00%	00/	0.00	0.00%	
Total	- Equi	0.00 pment	-	0.00%	0%	0.00	0.00%	
Depreciation		pinent	-	0.00%		0.00	0.00%	
Interest			-	0.00%		0.00	0.00%	
Leasing			-	0.00%		0.00	0.00%	
Maintenance			-	0.00%		0.00	0.00%	
Total	-	0.00	-	0.00%	0%	0.00	0.00%	
Rent	Occupan	cy/Building		0.00%		0.00	0.00%	
Utilities			-	0.00%		0.00	0.00%	
Depreciation			-	0.00%		0.00	0.00%	
Mortgage Interest			-	0.00%		0.00	0.00%	
Insurance			-	0.00%		0.00	0.00%	
Security			-	0.00%		0.00	0.00%	
Janitorial Repair			-	0.00% 0.00%		0.00 0.00	0.00% 0.00%	
Taxes			-	0.00%		0.00	0.00%	
Total	-	0.00	-	0.00%	0%	0.00	0.00%	
	Transport	ation/Travel						
Mileage Reimbursement			-	0.00%		0.00	0.00%	
Delivery			-	0.00%		0.00	0.00%	
Gas & Oil			-	0.00%		0.00	0.00%	

	Explanation of Variances	
	Inflation Factor 2023 to 2024	2.700%
	Inflation Factor 2024 to 2025	2.400%
	Combined Inflation Factor	5.100%
Cost	<ol> <li>An explanation of variance must be provided for each cost area where the General Ledger varies from the approved budget for the most recent complete or more; and</li> <li>An explanation of variance must be provided for each cost area where the amount exceeds the prior year actual amount by more than the two year combination.</li> </ol>	ed year by 1 proposed bu
0%		
0%		
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%		

						Trans	sportation	
Provider Nam AAA Nan					-			
	IE.				-	Review of Most	Recent Completed	d Year
Mart Dagard Commission Device	-1	1/28/25	5 4:07 PM					
Most Recent Completed Budg Year	et 2023						Proposed Budget	
	Expense		Variance Budget				Percentage Variance -	
	per General	Approved	minus	Percentage	Percentage of		Prior Year Actual to	
Cost Area	Ledger	Budget	Expenses	of Variance	Unit Cost	Proposed Budget	Proposed Budget	Percen
Repairs	Leager	Budget	-	0.00%	01111 0031	0.00	· · · · · ·	T CIUCIN
Insurance			_	0.00%		0.00	0.00%	
Depreciation/Lease			_	0.00%		0.00	0.00%	
Interest			_	0.00%		0.00		
Tags & Licenses			_	0.00%		0.00		
Total	-	0.00	-	0.00%		0.00		
	Administra	tive & Genera	al					
Advertising			-	0.00%		0.00	0.00%	
Printing			-	0.00%		0.00	0.00%	
Copying			-	0.00%		0.00	0.00%	
Office Supplies			-	0.00%		0.00	0.00%	
Contractual Agreements			-	0.00%		0.00	0.00%	
Postage			-	0.00%		0.00	0.00%	
Telecommunications			-	0.00%		0.00	0.00%	
Liability Insurance			-	0.00%		0.00	0.00%	
Legal Fees			-	0.00%		0.00	0.00%	
Accounting Fees			-	0.00%		0.00	0.00%	
Consulting Fees			-	0.00%		0.00		
Other Fees (Explain)			-	0.00%		0.00	0.00%	
Audit			-	0.00%		0.00	0.00%	
Other Misc. (Explain)			-	0.00%		0.00	0.00%	
Total	-	0.00	-	0.00%	0%	0.00	0.00%	
		otal						
Total of all Cost Areas	0.00	0.00	-	0.00%		-	0.00%	
Total Number One Way Trips		0.00	-	0.00%				
Whole Cost per Trip	0.00	0.00	-	0.00%	l	Budgeted Units		Budget
Approved One Way Trip Unit Rate					L	-	J	
					Proposed One			
	Funding Source	e			Way Trips	Calculated Rate	Revenue	
HHS O	AAA - 10 % Matc					-	-	
HHS O	AAA - 25 % Matc	h Required				-	-	
HH	S OAAA - Full Un					-	-	
	Program Incom					-	-	
	cal Funds - Eligibl					-	-	
	Funds - Non-Elig					-	-	
	unds - Required I				NA	-	-	
Local F	unds - Required I				NA	-	-	
	Other Sources				ļ]	-	-	
	Other Sources					-	-	
Tatal Ora	Other Sources					-	-	
Total One	Way Trips by Fu	naing Sourc	e		-	Total Revenue	-	

	Explanation of Variances	
	Inflation Factor 2023 to 2024	2.700%
	Inflation Factor 2024 to 2025	2.400%
	Combined Inflation Factor	5.100%
General Ledger varies from the or more; and 2. An explanation of variance	ce must be provided for each cost area whe e approved budget for the most recent comp must be provided for each cost area where the cactual amount by more than the two year co	bleted year by the proposed b
nit Cost factor.		
0%		
00/		
0%		

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

Transportation BUDGET WORKSHEET CALCULATION OF THE UNIT RATE

4

1.Total Budgeted Expenses for	Contract	t Year				1\$	
2.Total Number of Anticipated HHS OAAA - 10 % Match Required	Jnits to b	Program Income	0	Other Sources 6	0		
HHS OAAA - 25 % Match Required	0	Local Funds - Eligible Trips Other Funds -	0	Other Sources 7	0		
HHS OAAA - Full Unit Rate	0	Non-Eligible Trips	0	Other Sources 8	0	2	
3. Cost per unit (Line 1 divided Reimbursement Calculation for			Match Rec	Juction		3. <u>\$</u>	
<ul> <li>4. Mandatory Local Match of 1</li> <li>** If Applicable, Match Reducti Required Match</li> <li>5.Full Unit Rate Less Required</li> </ul>	on From		ertification fo	orm <u>\$</u>	-	4. <u>\$</u> 5. <u>\$</u>	<u> </u>
<ul> <li>4. Mandatory Local Match of 2</li> <li>** If Applicable, Match Reducti Required Match</li> <li>5.Full Unit Rate Less Required</li> </ul>	on From		ertification f	orm <u>\$</u>	-	4. <u>\$</u> 5. <u>\$</u>	

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

\$ Contractor Initial	AAA Initial	
Contracted Provider	Name of Area Agency on Aging	

Signature

0

Printed/Typed Name of Signer

Signature

0 Printed/Typed Name of Signer

Date

# 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.

Nom	0 of Contro	acted Provider	 0 Printed/Typed Name of Signer
1 (4444)	e of contre		Traced Typed Funce of Signer
		4	 
	Da	te	Signature
Signer Authority:		Sole Proprietor	Association Officer
(check one)		Partner	Board Member
		<b>Corporate Officer</b>	Governmental Official

#### 1/28/25 4:07 PM

AAA Name:

### **Transportation IN-KIND MATCH CERTIFICATION**

Provider:		

In-kind Contribution(s):

\$0

For any item identified below, the provider must maintain monthly supporting documentation.

ITEM	DATE OF RECEIPT	VALUE
	TOTAL	\$0

Note: All contributions must meet the requirements of IRS Publication 561 http://www.irs.gov/pub/irs-pdf/p561.pdf

Examples of Documentation Include:

Rent:

1. Letter of Agreement with Owner

2. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center, based on property value and center participation)

Labor:

- 1. Minimum wage
- 2. Documented prevailing wage in the Area. For prevailing wage information visit the Texas Workforce Commission's website at <a href="https://efte.twc.texas.gov/prevailing\_wage\_issues.html">https://efte.twc.texas.gov/prevailing\_wage\_issues.html</a>

All in-kind labor must be required for the service to be provided. If you would not hire someone to perform the labor if it were not in-kind then you cannot count it.

Utilities:

1. Copy of Bill

2. Agreement of Amount Paid if Partial

0 Name of Contracted Provider 0 Printed/Typed Name of Signer

Date