

7/9/25 3:59 PM
Provider Name: Galveston County
AAA Name: Area Agency on Aging of Houston-Galveston

Congregate Meals
BUDGET WORKSHEET CALCULATION OF THE PER MEAL UNIT RATE

1. Total Budgeted Expenses for Contract Year 1. \$ 478,380.00

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

HHS OAAA	66,250	Other Funds Eligible Meals	350	Other Sources 5	0	
		Other Funds - Non-Eligible Meals	0	Other Sources 6	0	
Program Income	400					2. 67,000

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

3. \$ 7.14

Reimbursement Calculation

4. Projected NSIP per Meal Value	HHS OAAA	0.73
5. Rate Less NSIP per Meal Value	\$	6.41
6. Mandatory Local Match of 10%	\$	0.64

** If Applicable, Match Reduction
From the In-kind Match
Certification form

\$

Required Cash Match

\$ 0.64

7. Proposed Meal Rate (Line 3 minus Line 6)

\$ 6.50

** 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.

Galveston County
Legal Name of Contracted Provider


Signature

Area Agency on Aging of Houston Galveston
Name of Area Agency on Aging

LeAdrian Aldridge-Adeoye
Signature

Mark Henry, County Judge
Printed/Typed Name of Signer

07/21/2025
Date

MARK HENRY
Printed/Typed Name of Signer

Date

7/9/25 3:59 PM
Provider Name: Galveston County
AAA Name: Area Agency on Aging of Houston-Galveston

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.

Galveston County
Name of Contracted Provider

07/21/2025
Date

Mark Henry, County Judge
Printed/Typed Name of Signer


Signature

Signer Authority:
(check one)

- ☐ Sole Proprietor
☐ Partner
☐ Corporate Officer

- ☐ Association Officer
☐ Board Member
☒ Governmental Official

AAA Name: Area Agency on Aging of Houston-Galveston

Congregate Meals

Provider: Galveston County

In-kind Contribution(s): \$0

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

[illegible]

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://sfte.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

Galveston County
Name of Contracted Provider
07/21/2025
Date

MARK HENRY
Printed/Typed Name of Signer


Signature

7/9/25 3:59 PM
Provider Name: Galveston County
AAA Name: Area Agency on Aging of Houston-Galveston

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	0	Income	0	Other Sources 6	0
HHS OAAA - 25 % Match					
Required	0	Local Funds	0	Other Sources 7	0
HHS OAAA - Full Unit Rate	0	Other Funds	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 _____

Galveston County
Legal Name of Contracted Provider

Area Agency on Aging of Houston-Galveston
Name of Area Agency on Aging

Signature

Signature

Printed/Typed Name of Signer

Printed/Typed Name of Signer

Date

Date

7/9/25 3:59 PM

Provider Name: Galveston County

AAA Name: Area Agency on Aging of Houston-Galveston

Participant Assessment
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Galveston County

Name of Contracted Provider

MACK HENRY

Printed/Typed Name of Signer

07/21/2025

Date

[Signature]

Signature

Signer Authority:
(check one)

- ☐ Sole Proprietor
☐ Partner
☐ Corporate Officer

- ☐ Association Officer
☐ Board Member
☐ Governmental Official

AAA Name: Area Agency on Aging of Houston-Galveston

Participant Assessment

IN-KIND MATCH CERTIFICATION

Provider: Galveston County

In-kind Contribution(s): \$0

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

ITEM	DATE OF RECEIPT	VALUE
	TOTAL	\$0

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Examples of Documentation Include:

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Galveston County

Name of Contracted Provider

07/21/2025
Date

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Signature

7/9/25 3:59 PM
Provider Name: Galveston County
AAA Name: Area Agency on Aging of Houston-Galveston

Transportation
BUDGET WORKSHEET CALCULATION OF THE UNIT RATE

1. Total Budgeted Expenses for Contract Year 1. \$ 181,026.00

2. Total Number of Anticipated Units to be Provided

HHS OAAA - 10 % Match	Program			
Required	Income	20	Other Sources 6	0
HHS OAAA - 25 % Match	Local Funds -			
Required	Eligible Trips	620	Other Sources 7	0
	Other Funds -			
HHS OAAA - Full Unit Rate	Non-Eligible			
	Trips	0	Other Sources 8	0

2. 20,340

3. Cost per unit (Line 1 divided by Line 2) - Full Unit Rate 3. \$ 8.90

Reimbursement Calculation for Contracts Requiring Unit Rate Match Reduction

4. Mandatory Local Match of 10%	\$ 0.89	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ -	
Required Match		4. \$ 0.89
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		5. \$ 8.01

4. Mandatory Local Match of 25%	\$ 2.23	
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ -	
Required Match		4. \$ 2.23
5. Full Unit Rate Less Required Match (Line 3 minus Line 4)		5. \$ 6.67

**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

\$ 8.90

Contractor Initial

AAA Initial

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Signature

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Galveston County

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Mark Henry, County Judge

Printed/Typed Name of Signer

07/21/2025

Date



Signature

Signer Authority:
(check one)

☐

Sole Proprietor

☐

Partner

☐

Corporate Officer

☐

Association Officer

☐

Board Member

☒

Governmental Official

AAA Name: Area Agency on Aging of Houston-Galveston

Transportation

Provider: Galveston County

In-kind Contribution(s): \$0

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