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

 Total Budgeted Expenses for Contra 	ict Year			1. \$	478,380.00
2. Total Number of Anticipated Meals to	o be Provided by F	unding Source			
HHS OAAA	Other Funds Eligible Meals	350	Other Sources 5		
Program Income 400	Other Funds - Non-Eligible Meals	0	Other Sources 6	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 0.7	3		
5. Rate Less NSIP per Meal Value		S 6.41			
6. Mandatory Local Match of 10%	\$ 0.64				
** If Applicable, Match Reduction From the In-kind Match Certification form	\$ -				
Required Cash Match		5 0.64			
7 Proposed Meal Rate (Line 3 minus L	ine 6)	\$ 6.50			
If any portion of the required match is	s in-kind, you must o	complete an In-	Gnd Match Certification form.		
By signing below, the provider acknot contract requirements and all applications are contract requirements.			subject to audit in accordance with		
Galveston County			Mark Henry, County Judge	_	
Legal Name of Contracted	Provider		Printed/Typed Name of Signer		
monthe	Com		07/21/2025		
Signature			Mary Harry		
Area Agency on Aging of House Name of Area Agency or	ton Galveston Aging		Printed/Typed Name of Signer	_	
LeAdrian Aldridge-Ade Signature	воуе		Date	-	

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.

	lveston County	Mark Henry, County Judge			
Name	of Contracted Provider	Printed/Typed Name of Signer			
07	a1 2025	Signature Signature			
Signer Authority:	Sole Proprietor	Association Officer			
(check one)	Partner	Board Member			
	Пана	Governmental Official			
	Corporate Officer	Governmental Official			

AAA Name: Area Agency on Aging of Houston-Galveston

Congregate Meals

		IN-KIND MATCH	CERTIFICATION	
Provider:	Galveston County			
In-kind Co	ontribution(s):	\$0		
	For any item identific	ed below, the provider mu	st maintain monthly supporting docum	nentation.
	ITI	EM	DATE OF RECEIPT	VALUE
	ALCOHOLD BY THE PARTY OF		TOTAL	\$0
Examples of	http://www.irs.gov/pub.	/irs-pdf/p561.pdf		
Rent:	2. Adequate		Current Basis (this should be reviewed a value and center participation)	it least every two years
Labor:	Minimum Documen Commissi	ted prevailing wage in the A	rea. For prevailing wage information vis	it the Texas Workforce
	abor must be required for sind, then you cannot cou		If you would not hire someone to perfor	m the labor if it
Utilities:	 Copy of B Agreement 	ill at of Amount Paid if Partial		
	Galveston County		MARK HE	MRY
Nar	ne of Contracted Provide	ler	Printed/Tymed Vo	me of Cinner

Signature

7/9/25 3:59 PN Provider Name:	Galveston County			
	Area Agency on Aging of House			
			sessment	
	BUDGET WORKSHE	ET CALCU	LATION OF THE UNIT RATE	
1.Total Budgeted Expenses f	or Contract Year			1
2. Total Number of Anticipated				
HHS QAAA - 10 % Match Required	Program 0 Income		Other Sources 6 0	
HHS OAAA - 25 % Match			The second secon	
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 divide		- Sástala Dadi	and the second	3\$
Reimbursement Calculation to	or Contracts Requiring Unit Rat	e Match Redi	iction	
4 Mandaland and Match of	400			
Mandatory Local Match of If Applicable, Match Reduce	tion From the In-kind Match C	certification fo	m \$ -	
Required Match				4. \$ -
5.Full Unit Rate Less Require	d Match (Line 3 minus Line 4			5. 3 -
Mandatory Local Match of H Applicable, Match Reduction	25% tion From the In-kind Match C	Certification fo	s - 3 -	
Required Match 5.Full Unit Rate Less Require	d Match (Line 3 minus Line 4			5 \$.
**If any portion of the required	I match is In-Idnd, you must con	nplete an In-K	Ind Match Certification form.	
Contract Reimburged at Ful	Cost Per Unit Pate Match R	oculromente.	Will Be Met Through Provision of	Additional linits
COMBOUNDAM SALE ALL POR	COST PAT DIRE NATE: MALCIT N	adan amones	THE DE WEL THEOLOGIC POSTERIOR	Additional office
5	Contractor Initial		AAA Initial	
	COMURCION HIDDER		AAA IIIIIIIII	
	on County		Area Agency on Aging of Houst	
Legal Name of C	ontracted Provider		Name of Area Agency on	Aging
	ma			
/ Million C	nature		Signature	
Magazi	f-10.1		Oigi ature	
Printed/Typed	Name of Signer		Printed/Typed Name of S	Planer
Printed/Typed	Name of Signer		rimedri yped Name of s	agner
07/2	1/2025			
- Ja	1000			

Provider Name: Galveston County

AAA Name: Area Agency on Aging of Houston-Galveston

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.

	alveston County of Contracted Provider	MACK HENRY Printed/Typed Name of Signer	
07	21/2025 Date	Signature	7
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 -KIND MATCH CERTIFICATE

Provider:	Galveston County	EERIFICATION	
In-kind Co	ontribution(s): \$0		
	For any item identified below, the provider must	maintain monthly supporting docum	entation.
	ITEM	DATE OF RECEIPT	VALUE
	PERSONAL PROPERTY AND ADMINISTRA	TOTAL	\$0
Note:	All contributions must meet the requirements of IRS http://www.irs.gov/pub/irs-pdf/p561.pdf	Publication 561	
Examples of	Documentation Include:		
Rent:	 Letter of Agreement with Owner Adequate Valuation of Property on a C and if senior center, based on property 		least every two years
Labor:	Minimum wage Documented prevailing wage in the Arcommission's website at https://efte.tw.	ea. For prevailing wage information visi c.texas.gov/prevailing_wage_issues.ht	
	abor must be required for the service to be provided. It aind then you cannot count it.	f you would not hire someone to perform	n the labor if it
Utilities:	Copy of Bill Agreement of Amount Paid if Partial		
		4 11	
Nar	Galveston County ne of Contracted Provider	Printed/Typed Nan	ne of Signer
07	21/2025	media	
	Date	Signatur	e _

7/9/25 3:59 PM						
Provider Name:	Galveston C	ounty y on Aging of Hou	sinn-Galvas	ton		
v v manie.	rues rigerio,	An viding or 1100	Transpo			
	BUDGE	ET WORKSHE	ET CALC	JLATION OF THE L	INIT RATE	
1.Total Budgeted Expenses for	or Contract Y	ear				1. \$ 181,026.00
2. Total Number of Anticipated	Units to be I	Provided				
HHS OAAA - 10 % Match Required	0	Program Income	20	Other Sources 6	0	
HHS OAAA - 25 % Match		Local Funds -				
Required		Eligible Trips Other Funds -	620	Other Sources 7	0	
		Non-Eligible			448	200
HHS OAAA - Full Unit Rate _	19,700	Trips	0	Other Sources 8	0	2 20,340
3. Cost per unit (Line 1 divided	d by Line 2) -	Full Unit Rate				3. \$ 8.90
Reimbursement Calculation for	or Contracts F	Requiring Unit Rat	te Match Re	duction		
4. Mandatory Local Match of	109/			s	0.89	
** If Applicable, Match Reduc		e In-kind Match	Certification 1		0.00	
Required Match 5.Full Unit Rate Less Required	d Match /Line	3 minue I inn /				4 \$ 0.89 5 \$ 8.01
on one rate bess require	a mater (Line	5 5 minus cine -				0. 0.01
** If Applicable, Match Reduc Required Match 5.Full Unit Rate Less Required			zeruncation i	orn <u>s</u>		4. \$ 2.23 5. \$ 6.67
**If any portion of the required	match is in-i	kind, you must co	mplete an In	-Kind Match Certificatio	n form.	
Contract Reimbursed at Full	Cost Per U	nit Rate. Match R	equirement	s Will Be Met Through	Provision of Add	ditional Units
\$ 8.90	C	ontractor Initial		AAA Initial		
			-			
Galvesto	n County			Area Agency on Ag	ing of Houston-Ga	alveston
Legal Name of Co		vider			a Agency on Agin	
/		- 0.000				
man Sign	ature	7		-	ignature	
Mark Henry, 9 Printed/Typed I					Aldridge-Adeoye ad Name of Signer	
				/ Tantou/Type	an a same or organ	
07/21/2	2025					
DE	ate				Date	

Provider Name: Galveston County

AAA Name: Area Agency on Aging of Houston-Galveston

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.

Galveston County Name of Contracted Provider		Mark Henry, County Judge		
		Printed/Typed Name of Signer		
07	21 2625 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

Transportation IN-KIND MATCH CERTIFICATION

Provider:	Galveston County			
In-kind C	ontribution(s):	\$0		
	For any item identified below, th	he provider must maint	ain monthly supporting docum	entation.
	ІТЕМ		DATE OF RECEIPT	VALUE
The Section Section 1	MUNICIPAL PROPERTY	6 SUBJECT:	TOTAL	so
Note: Examples o Rent:	All contributions must meet the req http://www.irs.gov/pub/irs-pdf/p56 Documentation Include: 1. Letter of Agreement valuation of and if senior center, be	Lpdf with Owner	Basis (this should be reviewed at	least every two years
Labor:			prevailing wage Information visit gov/prevailing wage issues.ht	
	abor must be required for the service kind then you cannot count it.	to be provided. If you w	ould not hire someone to perform	n the labor if it
Utilities:	Copy of Bill Agreement of Amount	t Paid if Partial		
N/ _m	Galveston County		MARK HE Printed/Typed Nan	nly
148	are of Countracted Frowner		Frinted/Typed Nan	le of Signer

Signature