



SOUTHERN GEORGIA
REGIONAL COMMISSION

Southern Georgia Area Agency on Aging

1725 South Georgia Parkway, West
Waycross, Georgia 31503
Toll-Free: 1-888-732-4464
Phone: (912) 285-6097
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TO: Nutrition Program Contactors

<i>Action Pact, Inc.</i>	<i>City of Ashburn</i>	<i>Lanier County Commission</i>
<i>Atkinson County Commission</i>	<i>City of Ocilla</i>	<i>Ray City</i>
<i>Bacon County Commission</i>	<i>City of Tifton</i>	<i>Ware County</i>
<i>Ben Hill County Commission</i>	<i>City of Willacoochee</i>	
<i>Berrien County Commission</i>	<i>Clinch County Commission</i>	
<i>Brantley County Commission</i>	<i>Coffee County Commission</i>	
<i>Brooks County Commission</i>	<i>Cook County Commission</i>	
<i>Charlton County Commission</i>	<i>Echols County Commission</i>	

FROM: Shawn Taylor, Assistant Director of Aging Services

DATE: February 16, 2026

SUBJECT: Nutrition Contracts for Fiscal Year 2027 Beginning July 1, 2026

The Southern Georgia Regional Commission's Area Agency on Aging appreciates the services you provide for your senior citizens and would like to extend your current nutrition contract through FY27 (July 1, 2026 through June 30, 2027).

The Area Agency on Aging has not received a final allocation issuance for FY27 from the Georgia Department of Human Services, Division of Aging Services. Although we intend to fund your FY27 contract at a level very similar to your original FY26 contract amount, there is a possibility that your FY27 contract funding may be decreased due to funding cuts.

Please review, complete, and sign the enclosed pre-contract package to assist us in the contract preparation process. Also, you will find enclosed a copy of your FY26 budget, which is the basis for your unit cost reimbursement. Please follow the provided instructions to acknowledge the current budget's acceptance or make budget changes if needed.

To prepare your FY26 contract timely, staff will need the completed packet **returned by Friday, April 17, 2026**. Please contact your program manager or me if you have any questions or need assistance.

c: Program Managers
Senior Center/Nutrition Site Managers

Southern Georgia Regional Commission's Area Agency on Aging – Aging and Disability Resource Connection (ADRC)
Serving Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin,
Lanier, Lowndes, Pierce, Tift, Turner and Ware Counties

PRE-CONTRACT REQUIREMENTS

For Cities and Counties that:

Operate a Senior Center with Congregate and Home Delivered Meals

OR

Operate a Home Delivered Meals Program

I. CONTRACTOR DATA

Name of City or County Commission:

Physical Address:

(Street Address of City or County Commission / City, State, and Zip)

Mailing Address (if different than physical address):

(P.O. Box of City or County Commission if applicable / City, State, and Zip)

Individual Authorized to Sign Contract:

(Probably mayor or county commission chair, but possibly city or county manager)

(Phone Number / Fax Number)

(E-mail Address)

Financial Contact:

(Name of individual responsible for financial aspects of the contract- probably city or county clerk)

(Phone Number / Fax Number)

(E-mail Address)

Programmatic Contact:

FY2026 (Proposed FY2027) Nutrition Site Budget - Congregate and/or Home Delivered Meals (HDM)

Contracting Agency Name: **Ben Hill County**

Staff List <i>(Enter Staff Title & Name Below)</i>	Base Wages <i>(Not Including Fringe)</i>	Fringe Benefits <i>(Fringe Costs Only)</i>	Total Base Wages + Fringe Benefits	Weekly Hours Worked	Percentage of Staff Time Charged to Congregate Meals	Percentage of Staff Time Charged to HDM
Senior Center Director	\$ 26,495	\$ 6,546	\$ 33,041	40	75%	25%
Program Assistant	\$ 7,553	\$ 755	\$ 8,308	25	75%	25%
Activity Assistant	\$ 10,421	\$ 2,695	\$ 13,116	20	75%	25%
Kitchen Setup	\$ 1,785	\$ 178	\$ 1,963	10	0%	100%
HDM Worker 1	\$ 5,408	\$ 541	\$ 5,949	12	0%	100%
HDM Worker 2	\$ 962	\$ 92	\$ 1,055	8	0%	100%
Total Staff Budget	\$ 52,625	\$ 10,808	\$ 63,433			

BUDGET LINE ITEM CATEGORIES	CONGREGATE BUDGET AMOUNT	HDM BUDGET AMOUNT	TOTAL SITE BUDGET AMOUNT
Salary/Fringe (Autocalculated from Above Based on Percentage of Staff Time Charged to Each Program)	\$ 40,850	\$ 22,583.43	\$ 63,433
STAFF TRAVEL EXPENSES			
Staff Mileage/Per Diem Reimb.	\$ 225	\$ 75	\$ 300
Volunteer Mileage/Per Diem Reimb.			\$ -
Other Staff Travel Expenses			\$ -
VEHICLE OPERATING EXPENSES			
Vehicle Gas & Oil	\$ -	\$ 3,000	\$ 3,000
Vehicle Insurance	\$ -	\$ 1,067	\$ 1,067
Vehicle Maintenance	\$ -	\$ 1,000	\$ 1,000
Other Vehicle Operating Expenses			\$ -
BUILDING EXPENSES			
Building Depreciation			\$ -
Building Insurance	\$ 1,500	\$ 500	\$ 2,000
Building Maintenance/Janitorial	\$ 750	\$ 250	\$ 1,000
Building Repairs	\$ 750	\$ 250	\$ 1,000
Rent			\$ -
Utilities	\$ 11,250	\$ 3,750	\$ 15,000
Other Space Expenses	\$ -		\$ -
COMPUTER EXPENSES			
Computer Purchase			\$ -
Computer Maintenance			\$ -
Computer Supplies			\$ -
Computer Training			\$ -
CAPITAL EQUIPMENT EXPENSES			
Capital Equipment Depreciation			\$ -
Equipment Maintenance	\$ 750	\$ 250	\$ 1,000
Other Equipment Expenses			\$ -
SUPPLY EXPENSES			
Advertising	\$ -	\$ -	\$ -
Copy/Printing	\$ -		\$ -
Dues/Subscriptions	\$ -		\$ -
Employee Testing			\$ -
Insurance	\$ 1,584	\$ 528	\$ 2,112
Office/Paper Supplies	\$ 525	\$ 175	\$ 700
Postage	\$ 38	\$ 12	\$ 50
Site Supplies	\$ 188	\$ 62	\$ 250
Telephone & Other Telecomm.	\$ 1,500	\$ 500	\$ 2,000
Training/Meeting Expense for Staff			\$ -
Other Supply Expenses			\$ -
SERVICE CONTRACTS			
HDM Delivery Subcontract:			\$ -
OTHER OPERATING COSTS			
Audit/Legal Fees			\$ -
Other Misc. Operating Costs			\$ -
Total Cost of Site Operation (Including Wages & Fringe Benefits)	\$ 59,910	\$ 34,002	\$ 93,912

***By signing below I certify that the budget information submitted is accurate to the best of my knowledge.**

Printed Name/Title: _____
 Signature: _____
 Date: _____