#### COUNTY OF MONTEREY

## ORIGINAL AMENDMENT #2 TO AGREEMENT #A-12770

#### Alliance on Aging

This Amendment is made and entered into by and between the County of Monterey, a political subdivision of the State of California, (hereinafter, "COUNTY"), and Alliance on Aging (hereinafter, "CONTRACTOR").

This Amendment modifies the agreement for the provision of Outreach, Long-Term Care Ombudsman, and Health Insurance Counseling and Advocacy to Monterey County seniors between the parties executed on August 14, 2014, and amended on January 22, 2015 (hereinafter, "Original Agreement") by increasing the Federal share of cost by \$11,231 for additional services to Medicare Improvements for Patients and Providers Act Program (MIPPA), and the Health Insurance Counseling and Advocacy Program (HICAP) increasing the total contract amount to \$438,141. Therefore, the parties agree:

- 1. Section 1.0 GENERAL DESCRIPTION of the Original Agreement is amended to read as follows:
  - 1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in Exhibits AAA, AA-1, AA-2, AA-3, A-4, AA-5, and AA-6 in conformity with the terms of this Agreement. The services are generally described as follows: Provide Outreach, Long Term Care Ombudsman, Health Insurance Counseling and Advocacy (HICAP), and Medicare Improvements for Patients & Providers (MIPPA) services to Monterey County seniors.
- 2. Section 2.0 PAYMENT PROVISIONS of the Original Agreement is amended to read as follows:
  - 2.01 COUNTY shall pay the CONTRACTOR in accordance with the payment provisions set forth in Exhibits AAA, AA-1, AA-2, AA-3, A-4, AA-5 and AA-6, subject to the limitations set forth in this Agreement. The total amount payable by COUNTY to CONTRACTOR under this Agreement shall not exceed the sum of \$438,141.
- 3. Section 4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS of the Original Agreement is amended to read as follows:
  - 4.01 The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

#### Exhibit AAA Scope of Service/ Payment Provisions

AA-1 Title III B, Outreach

AA-2 Title III B, Ombudsman

AA-3 Title VII A, Ombudsman

A-4 Ombudsman Initiative

AA-5 HICAP

#### AA-6 MIPPA

Exhibit B DSS Additional Provisions

**Program Budgets** 

CC-1 Title III B, Outreach CC-2 Title III B, Ombudsman CC-3 Title VII A, Ombudsman

C-4 Ombudsman Initiative

CC-5 HICAP

CC-6 MIPPA

Exhibit D-1 Sample Invoice

Exhibit D-2 Sample Annual Closeout Summary Exhibit D-3 Equipment Acquisition Report

Exhibit D-4 Sample Quarterly Narrative Report

Exhibit D-5 Equipment Purchase Guidelines

Exhibit E HIPAA Certification

Exhibit F Elder Abuse & Neglect Reporting Certification

Exhibit G Lobbying Certification Exhibit H Audit Requirements

- 4. Sections 1.03 and 2.01 of Exhibit B of the Original Agreement are amended to read as follows:
  - 1.03 Allowable Costs: Allowable costs shall be the CONTRACTOR's actual costs of developing, supervising and delivering the services under this Agreement as set forth in the budget, attached hereto as Exhibits CC-1, CC-2, CC-3, C-4, CC-5 and CC-6. Only the costs listed in Exhibits CC-1, CC-2, CC-3, C-4, CC-5, and CC-6 as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of 45 Code of Federal Regulations, Part 74, Sub-Part F and 48 Code of Federal Regulations (CFR), Chapter 1, Part 31.
  - 2.01 Outcome objectives and performance standards: CONTRACTOR shall, for the entire term of this Agreement, provide the service outcomes set forth in Exhibits AAA, AA-1, AA-2, AA-3, A-4, AA-5, and AA-6. CONTRACTOR shall meet the contracted level of service and the specified performance standards described in Exhibits AAA, AA-1, AA-2, AA-3, A-4, AA-5, and AA-6 unless prevented from doing so by circumstances beyond CONTRACTOR's control including, but not limited to, natural disasters, fire, theft and shortages of necessary supplies or materials due to labor disputes.
- 5. Exhibits AA, A-5, A-6, C-5 and C-6 of the Original Agreement are rescinded, and replaced by Exhibits AAA, AA-5, AA-6, CC-5 and CC-6, attached.

If there is any conflict or inconsistency between the provisions of the AGREEMENT, or this AMENDMENT, the provisions of this AMENDMENT shall govern. A copy of this AMENDMENT shall be attached to the original AGREEMENT, as it may have been previously amended.

Except as provided herein, all remaining terms, conditions, provisions, entitlements and obligations of the original AGREEMENT shall remain unchanged and unaffected by this AMENDMENT and shall continue in full force and effect.

IN WITNESS HEREOF, the parties hereby execute this amendment as follows:

COUNTY OF MONTEREY:	CONTRACTOR:
By: Elliott Robinson, Director	Alliance on Aging  By: Decleen Sauger
DSS	Galen Call, President 0
Date: <u>1/9/15</u>	Kathleen Graingel Date: 6/4/2015
Approved as to Form:  June P. Rechtevee  Deputy County Counsel	By: Vearl Gish, Secretary  Date: 6/4/2015
Date: 5/6/15	Date
Approved as to Fiscal Provisions:	
Auditor-Controller's Office	
Date: 6-5-15	

#### SCOPE OF SERVICES/PAYMENT PROVISIONS

#### ALLIANCE ON AGING

#### JULY 1, 2014 - JUNE 30, 2015

#### I. CONTACT INFORMATION

Contact Person:

Teresa Sullivan, Executive Director

(831) 758-4011

Disaster Preparedness Coordinator:

Becky Mann, Director of Operations

(831) 758-4011

County Contract Manager:

Kathleen Murray-Phillips

Area Agency on Aging

Department of Social Services 1000 South Main Street Suite 301

Salinas, CA 93901 (831) 796-3530 Fax: (831) 755-8477

murray-phillipsk@co.monterey.ca.us

#### II. OFFICES

Salinas: 247 Main Street, Salinas

Monterey: 280 Dickman Avenue, Monterey

Days and Hours of Service:

Monday to Friday, 9 a.m. to 5 p.m. Closed from Noon to 1:00 p.m.

#### III. SERVICES TO BE PROVIDED BY CONTRACTOR

CONTRACTOR shall provide the services outlined in Exhibits AA-1, AA-2, AA-3, A-4, AA-5, and AA-6, attached.

#### IV. TARGETING POLICY

Recognizing that resources are limited and not all the needs of older residents can be met through Older Americans' Act funding, CONTRACTOR is required to ensure best efforts and attempts are demonstrated for reaching older adults in greatest social and economic need.

Alliance on Aging, Amendment #2 July 1, 2014 – June 30, 2015

The Older Americans Act, Amendments of 2006 defines the term *Greatest Economic Need* as the need resulting from an income level at or below the poverty line. The term *Greatest Social Need* means the need caused by:

- Physical and mental disabilities
- Language barriers
- Isolation caused by cultural, racial or ethnic status
- Social or geographic isolation

Particular attention is required to serve older individuals that are:

- Low-income minorities
- Native Americans
- Residents in rural areas
- Limited English-speakers
- At risk for institutionalization
- Older adults with disabilities
- Older adults with Alzheimer's disease or related dementias
- Lesbian, Gay, Bisexual and Transgender (LGBT) older adults

#### V. GETCARE LICENSES

COUNTY will pay for two (2) GetCare licenses each month. Any additional licenses shall be the financial responsibility of CONTRACTOR. To obtain additional licenses, contact Alana Hawkins at RTZ, (510) 986-6700 x511, or via e-mail at Alana@GetCare.com. Licenses will be issued to individuals. When there is a change in staff, CONTRACTOR must notify the COUNTY in writing within 15 days.

#### VI. AUDIT PROVISIONS

CONTRACTOR is required to provide an audit as per the terms in Exhibit H. Additionally, CONTRACTOR shall ensure that State-Funded expenditures are displayed along with the related federal expenditures in the Single Audit report "Schedule of Expenditures of Federal Awards" (SEFA) under the appropriate Catalog of Federal Domestic Assistance (CFDA) number as referenced in Exhibits AA-1, AA-2, AA-3, A-4, AA-5, and AA-6.

For expenditures that do not have CFDA numbers, the CONTRACTOR shall ensure that the State-funded expenditures are identified in the SEFA by the appropriate program name, identifying grant/contract number, and as passed-through the County of Monterey.

#### VII. INVOICE/PAYMENT PROVISIONS

Claims for Payment will be submitted electronically through the GetCare system.

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is

Alliance on Aging, Amendment #2 July 1, 2014 – June 30, 2015

identified in Section I, Services to be Provided, and Section II, Performance Reporting.

Ten percent (10%) of the maximum amount of grant funds may be drawn down per month. Amounts greater than 10% may be approved by the County Contract Manager.

COUNTY shall pay CONTRACTOR in accordance with Article 6, Payment Conditions of the Agreement. Claims for payment shall be submitted in the form set forth in Exhibit D-1, Sample Invoice, by the 10<sup>th</sup> of the month for services rendered in the previous month.

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2015.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2015 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. Equipment purchase guidelines are outlined in Exhibit D-5.

#### VIII. PAYMENT SUMMARY

Funding Type	FY 2014-15 TOTALS	7/1/14 – 9/30/14 Maximum Amounts
Title III B, Outreach	\$87,360	\$18,717
Title III B, Ombudsman	\$22,381	\$5,553
Title VII A, Ombudsman	\$28,248	\$6,948
Ombudsman Initiative SDF & SNF	\$28,967	\$7,242
SUB-TOTALS:	\$166,956	\$38,460

The maximum amount to be paid by COUNTY to CONTRACTOR for Outreach and all Ombudsman Services for the period July 1, 2014 through September 30, 2014 shall not exceed thirty-eight thousand, four hundred and sixty dollars (\$38,460). Unused funds will roll-over to the remaining contract period beginning October 1, 2014.

The total amount to be paid for the period July 1, 2014 to June 30, 2015 shall not exceed one hundred sixty-six thousand, nine hundred and fifty-six dollars (\$166,956).

Alliance on Aging, Amendment #2

July 1, 2014 – June 30, 2015

Funding Type	7/1/14 – 3/31/15 Amounts	4/1/15 – 6/30/15 Amounts	FY 2014-15 TOTALS
HICAP Reimbursements	\$78,027	\$26,008	\$104,035
State HICAP Fund	\$39,005	\$13,002	\$52,007
Federal SHIP Funds	\$76,027	\$24,691	\$100,718
SUB-TOTALS:	\$193,059	\$63,701	\$256,760

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2014 through March 31, 2015 shall not exceed one hundred ninety-three thousand, and fifty-nine dollars (\$193,059), AND for the period April 1, 2015 through June 30, 2015 shall not exceed sixty-three thousand, seven hundred and one dollars (\$63,701).

The total HICAP amount for the period July 1, 2014 through June 30, 2015 shall not exceed two hundred fifty-six thousand, seven hundred and sixty dollars (\$256,760).

Funding Type	7/1/14 – 9/29/14 Amounts	2/20/15 - 6/30/15 Amounts	FY 2014-15 TOTALS
AAA MIPPA	\$1,624	\$3,108	\$4,732
HICAP MIPPA	\$3,526	\$6,167	\$9,693
SUB-TOTALS:	\$5,150	\$9,275	\$14,425

The maximum amount to be paid by COUNTY to CONTRACTOR for MIPPA Services for the period July 1, 2014 through September 29, 2014 shall not exceed five thousand, one hundred and fifty dollars (\$5,150) AND for the period February 20, 2015 through June 30, 2015 shall not exceed nine thousand two hundred and seventy-five dollars (\$9,275).

The maximum amount to be paid by COUNTY to CONTRACTOR for MIPPA Services for the period July 1, 2014 through June 30, 2015 shall not exceed fourteen thousand four hundred and twenty-five dollars (\$14,425).

****	
GRAND TOTAL:	\$438,141

The maximum amount to be paid by COUNTY to CONTRACTOR for all services for the period July 1, 2014 through June 30, 2015 shall not exceed four hundred thirty-eight thousand one hundred and forty-one dollars (\$438,141).

This Agreement is funded by the California Department of Aging (CDA) Agreements #AP-1415-32, #HI-1415-32, #MI-1314-32, and MI-1415-32. The terms and conditions of these CDA Agreements are incorporated herein by reference, and on file with County's Department of Social Services. Upon request, County will provide an electronic copy of the Agreement to Contractor.

Alliance on Aging, Amendment #2 July 1, 2014 – June 30, 2015

# HICAP FUND REIMBURSEMENTS (INS FUND), STATE HICAP FUND, FEDERAL SHIP FUNDS (CFDA #93.779) SCOPE OF SERVICES

#### I. SERVICES TO BE PROVIDED

CONTRACTOR shall provide health insurance counseling and advocacy services to (a) Medicare Beneficiaries, including Medicare Beneficiaries by virtue of a disability, and those persons imminent of Medicare eligibility and, (b) the public at large for HICAP community education services. Services shall be provided throughout the County of Monterey. CONTRACTOR must be in compliance with all Program Memoranda issued by the California Department of Aging.

- 1. Estimated Number of finalized intakes for each PSA; Clients Counseled: 1,450 Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.
- 2. Estimated Number of Public and Media Events: 116

  Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.
- 3. Estimated Number of Contacts for all Clients Counseled: 7,200

  Note: This includes all counseling contacts via telephone, inperson at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.
- 4. Estimated Number of Persons Reached at Public and Media Events: 5,100 Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.
- 5. Estimated Number of Contacts with Beneficiaries with Medicare Status Due to a Disability: 1,100

Note: This includes all counseling contacts via telephone, inperson at home, in-person at site, and electronic contacts (e-mail, fax, etc.) duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.

- Estimated Unduplicated Number of Low Income Beneficiaries: 2,200
   Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).
- 7. Estimated Number of Enrollment and Enrollment Assistance Contacts: 6,000 Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes <u>all</u> enrollment assistance, not just Part D.

- 8. Estimated Part D Enrollment and Enrollment Assistance Contacts: 5,500 Note: This is a subset of all enrollment assistance in #7. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.
- 9. Estimated Number of Counselor FTEs in PSA: 26

#### Benchmark of Services Provided:

CONTRACTOR shall provide Twenty-five percent (25%) of services specified in Services 1 through 8 as reported in the CONTRACTOR'S quarterly report. There will be some fluctuation by quarter in the services specified in Services 1 through 8 as driven by customer demand. It is anticipated that by June 30<sup>th</sup>, 100% of specified services will have been provided.

#### II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the CDA SHARP System by the 10<sup>th</sup> of the month following the month of service.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2014, January 10, 2015, April 10, 2015 and July 10, 2015. CONTRACTOR shall attach a copy of CDA SHARP data reports to the quarterly narrative. The Narrative Report shall be in the form of Exhibit D-4.

COUNTY has an expectation that a certain number of services are delivered within each reporting period. The benchmark is determined by dividing the service units into the number of months within the contract term (quarterly if it is a quarterly function). The COUNTY has expectations that CONTRACTOR will deliver the contracted service units within 20% of the benchmark.

If CONTRACTOR falls below the required benchmark percentage for two (2) consecutive quarters, CONTRACTOR will provide a corrective action plan to the AAA describing the reason for the occurrence and a plan to meet the benchmark.

#### III. MATCH REQUIREMENTS

HICAP does not require a local cash/in-kind match.

#### IV. PAYMENT SUMMARY

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2014 through March 31, 2015 shall not exceed one hundred ninety-three thousand and fifty-nine dollars (\$193,059) AND for the period April 1, 2015 through June 30, 2015 shall not exceed sixty-three thousand seven hundred and one dollars (\$63,701).

The total amount to be paid for the period July 1, 2014 to June 30, 2015 shall not exceed two hundred fifty-six thousand seven hundred and sixty dollars (\$256,760).

#### HICAP MIPPA and AAA MIPPA MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (CFDA #93.071)

FUNDING SOURCE: State Agreements MI-1314-32 and MI-1415-32

#### I. SERVICES TO BE PROVIDED BY CONTRACTOR

Services shall be provided in accordance with the California Code of Regulations, Title 22, Social Security, Division 1.8, California Department of Aging.

"ACA MIPPA" funding is contingent on meeting a minimum percent of the individual PSA's total performance benchmarks in FY 2014-15. CDA will evaluate achievement of performance benchmarks for the reporting period ending June 30, 2015.

#### Service:

Medicare Improvements for Patients and Providers Act

Unit of Service Definition & Measurement:

Completed and submitted Low Income Subsidy (LIS) applications and Medicare Savings Plan (MSP) applications.

Estimated Service Units to be delivered:

Benchmark of Service Units to be delivered:

by June 30, 2015

44 Units

(100%)

#### II. PERFORMANCE REPORTING

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2014, January 10, 2015, April 10, 2015 and July 10, 2015. The Narrative Report shall be in the form set forth in Exhibit D-4.

CONTRACTOR shall submit monthly MIPPA reports to the California Department of Aging (CDA) and to the COUNTY. All data reports must be completed in the format required and provided by CDA and available on the CDA website: http://www.aging.ca.gov/ProgramsProviders/AAA/MIPPA/

COUNTY has an expectation that a certain number of services are delivered within each reporting period. The benchmark is determined by dividing the service units into the number of periods within the contract term. The COUNTY has expectations that CONTRACTOR will deliver the contracted service units within 20% of the benchmark.

#### III. MATCH REQUIREMENTS

MIPPA does not require a local cash/in-kind match.

#### IV. INVOICE/PAYMENT PROVISIONS

Claims for payment will be submitted electronically through the GetCare System.

COUNTY shall pay CONTRACTOR in accordance with Article 6, Payment Conditions of the Agreement. Claims for payment shall be submitted in the form set forth in Exhibit D-1, Sample Invoice, by the 10<sup>th</sup> of the month for services rendered in the previous month.

Exhibit D-2, Annual Closeout Summary, shall be submitted by contractor to County no later than July 10, 2015.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2015 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. Equipment purchase guidelines are outlined in Exhibit D-5.

#### V. PAYMENT SUMMARY

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP MIPPA and AAA MIPPA for the period July 1, 2014 to September 29, 2014 shall not exceed five thousand one hundred fifty dollars (\$5,150) and for the period February 20, 2015 to June 30, 2015 shall not exceed nine thousand two-hundred seventy-five dollars (\$9,275).

The maximum amount to be paid for July 1, 2014 to June 30, 2015 shall not exceed fourteen thousand four hundred twenty-five dollars (\$14,425).

Report
ertification
Budget C
County AAA
Monterey (

Alliance on Aging	HICAP Fund		Fiscal Year	2014-2015
ExpCat	Budget Cash	Budget inKind		
Salaries / Vol 1K		G		
Payroli Taxes	1,789	*		
Employee Benefits	4,443	r		
Volunteer Reimbursements				
Travel / Vol Travel	500			
Conference / Trainings / Meetings	400	W		
Professional Fees: Acctg/Legal/DP	500	77		
Equipment Purchase	c			
Equipment Rental / Maintenance	561			
Occupancy	1,739			
Insurance (Not Vech / Occ)	6			
Utilities / Communications	800			
Postage / Shipping	80			
Printing / Publication	300			
Public Relations / Advertising	009	,		
Subs / Membership Dues	200			
Supplies	500			
Food / Food Service	3			
Yorkish Oscartish				
Venicle Operation	8 0			
Overhead (8% limit)	2,889			
Awards / Events	9	)		
Client Support	n	,		
Federal Mental Health	×			
Low Income Subsidy	Č.	Č		
Depreciation				
Nutrition Education	1			
Bank Service Fees	•	•		
Subcontractor	F			
Miscellaneous		<b>(</b> 1		
Expense Totals	39,005		39,005	
AAA Grant NSIP Grant 39,005 -	t OTO Grant			
Project Income CNonMatch	IKNonMatch CashMatch II	IKMatch GRTotal	Required Match	
	ū	- 39,005	1	
I certify that the amounts displayed	~			
are accurate and correct	10112	1	Ravision Data	
accepate alla collecti	of ideas signature		Nevision Date	
7	Forder Signature	- 11/1		
Approved by AAA Fiscal Officer	icer ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Date 5////5		
Approved by		Date		
AAA Management Analyst	ent Analyst			

2014-2015

Fiscal Year

HICAP Reimbursement

Alliance on Aging

AAA Management Analyst

Approved by

Revision Date 76,027 er Signature Provi AAA Fiscal Officer I certify that the amounts displayed are accurate and correct. Approved by

Required Match

GRTotal

CashMatch IKMatch

CNonMatch IKNonMatch

Project Income

NSIP Grant OTO Grant

76,027

**AAA** Grant

5/7/2015

## MONTEREY COUNTY AREA AGENCY ON AGING PLANNING AND SERVICE AREA NO. 32

Apri 1, 2015 thru June 30, 2015

BUDGET PERIOD:

Name of Agency	: ALLIANCE O	N AGING
Address of Agency	: 247 Main Str	eet
	Salinas, CA	93901
Project Name	: Medicare Imp	rovements for Patients and Providers Act (MIPPA)
Funding	Source and	Catalog #
Check one:	Federal Funds	X 93.071 AAA MIPPA
	Federal Funds	X 93.071 HICAP MIPPA
		Budget Version
	Check one:	——————————————————————————————————————
Certification:		
I hereby certify to the reasonable and allow that the amounts disp	vable costs to	nowledge and belief that the Budget reflects the necessary, attain the objectives and goals of this project. I further certify curate and correct.
Preparer's Signature / Date	1000	4/3/2015
John A. Assaad Preparer's Name (Printed)	831.655.426 and telephone nu	mber
1	0	
deusa.	Duele	4/3/2015
Executive Director's Signat	ure// Date	
Teresa Sullivan	831.655.4240	
Executive Director's Name	(Printed) and tele	phone number
Received at Area Agenc	y on Aging:	Reviewed for: completeness and accuracy
		No match requirement  Reviewed for Allowable Costs
		8% Indirect Cost limit
		Budget Approved by Fiscal: MENNA Sentiture 5/7/15
Budget Template Last Updated:		Budget Approved by Program:
4/12/12 By Veronica Renteria		Get Care Updated by Vendor:
		Get Care Verified by Fiscal:

Agency Name: ALLIANCE ON AGING

Medicare Improvements for Patients and Providers Act (MIPPA)

SECTION A:

**BUDGET SUMMARY** 

								Γ
Categories of Expenses	Expenses	¥	AAA MIPPA	HICA	HICAP MIPPA	Total	Total Budget	
Personnel		6	2,171	\$	4,304	\$	6,475	75
Operating Expenses		8	937	\$	1,863	\$	2,800	8
Total		46	3,108	49	6,167	s	9,275	75
		A	AAA MIPPA	HIC/	HICAP MIPPA	Total	Total Budget	
Source of Revenue	evenue	Cash	In-Kind	Cash	in-Kind	Cash	In-Kind	
AAA Grant	ant	\$ 3,108		\$ 6,167		\$ 9,275	49	
Project Income						· •		
	Matching					ا <del>دی</del>	· •Э	
Other Federal Funds	윈					↔	ر جه	
						۱ <del>دی</del>	€ <del>.</del>	
Other State Funds	Non-matching					ι <del>6</del>	· •	١
	Matching					ι	69	
County/City Funds	Non-matching					, ↔	€3	
						\$	\$	
Private Grants	Non-matching					€	± <del>0</del>	
	Matching		- \$		٠	ا <del>دہ</del>	₽	
Net Fundraising	Non-matching					, <del>6</del>	ا ج	
	Matching	<del>.</del>	\$	- \$	ı <del>У</del>	<del>5</del>	\$	
Totals by match	Non-matching	چ	\$	· &	\$	· <del>У</del>	8	
TOTAL		40-	3,108	89	6,167	ь	9,2	9,275

<del>(/)</del>

↔

↔

#### **SECTION B:**

## ALLIANCE ON AGING Medicare Improvements for Patients and Providers Act (MIPPA) SCHEDULE OF PERSONNEL COSTS

		1	1		% on	Pro	gram		
No.	Paid Staff Positions	Anı	nual Salary						Program Cost
				P	AA MIPPA		HICAP MIPPA		
1	HICAP Program Assistant	\$	19,500.00		10%		19%	\$	5,624.00
								Ş	
								\$	
		+-						\$	
						-			
								\$	
		<del>                                     </del>		٠				\$	
								\$	
								\$_	
								\$	_
		1						\$	
		+							
		+						\$	•
								\$	
								\$	
						l		\$	-
					-			\$	
<u> </u>		1						\$	_
	Total Salaries	\$	19,500.00	\$	1,886.00	\$	3,738.00		5,624.00
	Payroll Taxes	\$	1,492.00	\$	144.00	\$	286.00	\$	430.00
	Employee Benefits	\$	3,510.00	\$	141.00	\$	280.00		421.00
	Total Paid Staff	\$	24,502.00	\$	2,171.00	\$	4,304.00	\$	6,475.00
XXXXXX			e <u>r</u> eteretetetetetetetetefefefefe	00000	•		gram	***	
No.	In-Kind: Donated Services	l H	ourly Wage		70 011		gran		Program Cost
140.	AFTANG. Bonated Corrido				AAA MIPPA		HICAP MIPPA		
		+-			7003 (201)			-	
								\$	
		-				-		\$	
		1				<u> </u>		\$	-
		1.						\$	-
								\$	
	Total In-Kind Staff	\$		\$		\$	_	\$	-
2.00	4			<u> </u>		T		1	
	Total Personnel Costs	\$	24,502	\$	2,171	\$	4,304	\$	6,475

Costs reflected on this page must equal subtotal (Personnel Costs) shown on Page 2 (Sec A), column "Total Budget"

# ALLIANCE ON AGING OPERATING EXPENSES / EQUIPMENT AND INDIRECT COSTS

ODEDATING EXDENSE	AA	AAA MIPPA		HIC	HICAP MIPPA	Ą,	Total	Total Budget	
& FOLIPMENT	Cash	-	In-Kind	Cash	-	In-Kind	Cash	n-Kind	힏
to morning of motor in							€:	ۻ:	١,
Volume of the second of the se	Ð	170		¥	330		200	⊢	
ravel/volumeer mavei	9 (	2 6		÷ €	3 3			┿	
Conf/Trainings/Meetings	•	007		<del>p</del>	454				
Occupancy							49	es)	
Professional Fees: Acct/Legal							<del>8</del>	မာ	ı
Equipment Purchase							49	↔	·
Equipment Rental/Maint							\$	€	1
Postage/ Shipping									
Insurance (Excluding Veh. & Occ.)					-		· \$	↔	ı
Utilities/Communications							· \$	s	,
Printing / Publications							+	\$	,
Public Relations /Advertising	\$	311		8	739		\$ 1,050	\$	ı
Sub/Membership Dues							· 69	so	
Supplies		_					, <del>57</del>	ક્ર	
Food/Food Service							\$	69	
Vehicle Operation							\$	69	
Overhead: 8% limit of Grant Funding	<del>.</del>	200		&	300		\$ 500	\$	١
Awards/ Events							\$	49	,
Client Support							€	8	
Depreciation							\$	6	
Bank Service Fees							\$	€9	
Subcontractor							- ج	ક્ક	
Miscellaneous							\$	↔	
Total Operating Expenses		937			1,863	'	2,800	0	t