

## COUNTY OF MONTEREY

### AMENDMENT #1 to AGREEMENT #5010-181 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 the Alliance on Aging (hereinafter, "CONTRACTOR").

**WHEREAS**, The COUNTY and CONTRACTOR entered into an agreement for services, including completion and submission of Low-Income Subsidy (LIS) applications and Medicare Savings Plan (MSP) applications funded through the Medicare Improvements for Patients and Providers Act (MIPPA), and Health Insurance Counseling and Advocacy Program (HICAP) community education services, for the term July 1, 2021 through June 30, 2022 in the amount of **\$587,275** (hereinafter, "Original Agreement").

**WHEREAS**, there are unspent MIPPA funds available in the amount of **\$11,763** that can be spent through August 31, 2021.

**WHEREAS**, the COUNTY received additional MIPPA funds in the amount of **\$28,868** that can be spent for the term September 1, 2021 through June 30, 2022.

**WHEREAS**, there are additional HICAP funds in the amount of **\$5,331** that can be spent for the term July 1, 2021 through June 30, 2022.

**WHEREAS**, The COUNTY and CONTRACTOR entered into a separate Agreement for community outreach engage and encourage seniors 60 years of age or older to use services and benefits available throughout the Coronavirus pandemic, funded through the Coronavirus Aid Relief and Economic Security Act (CARES) for the term November 18, 2020 through June 30, 2021 with a total contract not to exceed amount of **\$208,697**.

**WHEREAS**, there are unspent CARES funds from that agreement in the amount of **\$11,403** that can be spent through September 30, 2021.

**WHEREAS**, The COUNTY wishes to roll over the unspent MIPPA and CARES funding and add the new HICAP and MIPAA funding into the original agreement for a new total contract amount of **\$644,640** and revise the scope of services **to include CARES funded services** with no change to the contract term.


**NOW THEREFORE**, the parties agree to amend the Agreement as follows:

The Agreement is hereby amended on the terms and conditions as set forth in the Original Agreement and in Amendment No. 1, incorporated herein by this reference, except as specifically set forth below.

1. **Section 2.0, “PAYMENT PROVISIONS”** is hereby amended and now reads as follows:  
“County shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibits AA, A-1, A-2, A-3, A-4 and AA-5 through A-7** 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 **\$644,640**”
2. **Exhibit AA**, page 2, Section V, Paragraph titled **“SERVICES TO BE PROVIDED BY CONTRACTOR”** shall be amended to the following: CONTRACTOR shall provide the services outlined in Exhibits **AA, A-1, A-2, A-3, A-4, AA-5, AA-6, and A-7** attached.
3. **Exhibit AA**, page 3, Section VIII, Paragraph titled **“AUDIT PROVISIONS”**, shall be amended to the following: 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, A-1, A-2, A-3, A-4, AA-5, AA-6, and A-7**.
4. **Exhibit AA** reflects the additional MIPPA, HICAP and CARES funding.
5. **Exhibit AA-5** reflects the additional HICAP funding and date by which it is to be expended.
6. **Exhibit AA-6** reflects the additional MIPPA funding and date by which it is to be expended.
7. **Exhibit A-7** has been added to describe the CARES Act funded scope of services and reflects the funding being added and date by which it is to be expended.
8. **Exhibit CC-5** provides budget detail
9. **Exhibit CC-6** and **Exhibit CC-6A** provide budget detail.
10. **Exhibits C-7 and C-7A** provide budget detail.
11. Except as provided herein, all remaining terms, conditions and provisions of the Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the Agreement.
12. A copy of this Amendment No. 1 shall be attached to the Agreement.

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

**COUNTY OF MONTEREY:**

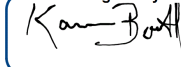
By:   
Lori A. Medina

Date: 8/30/2021 | 8:49 AM PDT

**CONTRACTOR**

Alliance on Aging

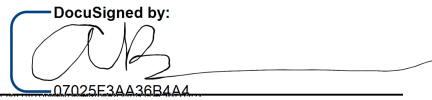
Contractor's Business Name

By:   
(Chair, President, Vice President)

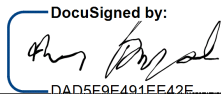
(Print Name & Title)

Date: 8/27/2021 | 1:42 PM PDT

**Approved as to Form:**

  
Deputy County Counsel

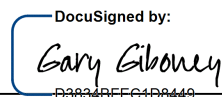
Date: 8/28/2021 | 4:52 PM PDT

By:   
(Secretary, CFO, Treasurer)

(Print Name and Title)

Date: 8/27/2021 | 4:51 PM PDT

**Approved as to Fiscal Provisions:**

  
Auditor-Controller

Date: 8/30/2021 | 8:23 AM PDT

**SCOPE OF SERVICES/PAYMENT PROVISIONS**

**ALLIANCE ON AGING  
JULY 1, 2021 to JUNE 30, 2022**

**I. CONTACT INFORMATION**

Contact Person: Teresa Sullivan, Executive Director  
(831) 758-4011

Disaster Preparedness Coordinator: Tamara McKee, Director of Operations  
(831) 758-4011

County Contract Manager: Ronald Lee, Management Analyst  
Area Agency on Aging  
Department of Social Services  
730 La Guardia Street  
Salinas, CA 93905  
(831) 755-8493  
[leer1@co.monterey.ca.us](mailto:leer1@co.monterey.ca.us)

**II. OFFICES**

Salinas: 247 Main Street, Salinas CA 93901  
Monterey: 280 Dickman Avenue, Monterey CA 93940

Days and Hours of Service:  
Monday to Friday, 9 a.m. to 5 p.m. Closed from noon to 1 p.m.

**III. SUBAWARD INFORMATION**

**Sub-award:** State of California, Department of Aging

**CONTRACTOR DUNS Number:** 024064826

**Federal Award Identification Number (FAIN):** AP-2122-32, HI-2122-32, MI-2021-32, MI-2122-32

**Date County Awarded Funding:** 7/1/2021

**CFDA Pass-through Information and Dollar Amount:** California Department of Aging

Title VII – 93.042 - \$35,694

Title IIIB – 93.044 - 227,241

MIPPA - 93.071 - **\$44,901**

SHIP – 92.324 - \$71,945

**State of California, Department of Aging CARES Act. - \$11,403**

**Federal Award Description:**

**Administration on Aging, Department of Health and Human Services**

1. Special Programs for the Aging – Title VII, Chapter 2 – Long Term Care Ombudsman Services for Older Individuals

2. Special Programs for the Aging – Title III, Part B – Grants for Supportive Services and Senior Centers
3. Medicare Enrollment Assistance Program (MIPPA)

**Department of Health and Human Services Administration for Community Living**

1. State Health Insurance Assistance Program (SHIP)

**Research and Development:** no

**Indirect Cost Rate:** 10%

**IV. COMPLIANCE REQUIREMENTS**

This Agreement is supported with State and Federal funds and requires compliance with all regulations under the following laws:

1. Clean Air Act, as amended. [42 USC 7401]
2. Clean Water Act, as amended. [33 USC 1251]
3. Federal Water Pollution Control Act, as amended. [33 USC 1251, et seq.]
4. Environmental Protection Agency Regulations. [40 CFR, 29] [Executive Order 11738]
5. Public Contract Code Section 10295.3
6. Occupational Safety and Health Administration applicable regulations [OSHA Act].

In addition, there are local requirements of the Monterey County Area Agency on Aging (AA) for all service providers outlined in the AA Service Providers' Handbook. Electronic version available upon request.

**V. SERVICES TO BE PROVIDED BY CONTRACTOR**

CONTRACTOR shall provide the services outlined in Exhibits AA, A-1, A-2, A-3, A-4, AA-5, AA-6, and A-7 attached.

**VI. 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.

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

## **VII. GETCARE LICENSES**

**COUNTY will pay for one (1) GetCare license 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.

## **VIII. 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, A-1, A-2, A-3, A-4, AA-5, AA-6, and A-7.**

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.

## **IX. EQUIPMENT**

CONTRACTOR must receive prior approval from COUNTY in writing for equipment purchases over \$5,000. In addition, any computing devices, regardless of cost, require justification and approval by COUNTY.

Competitive quotations shall be solicited for Equipment purchases and COUNTY will provide guidelines when quotes are required and how many quotes are required.

- 1) Less than \$3,000 – One quote minimum is required.
- 2) More than \$3,000 but less than \$15,000 – A minimum of two quotes is required.
- 3) Greater than \$15,000 but less than \$50,000 – Three quotes are required.

Prices may be obtained from competitive bids, catalogs, price lists, letter, telephone quotation, agreements, multi-user contact or verbally. The names of the businesses submitting quotations, date and amount of each quotation shall be recorded and maintained. The CONTRACTOR will select the quote that is most advantageous to the CONTRACTOR AND COUNTY. The action and results must be documented.

**Exhibit D-3**, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate.

Equipment must be received by June 30, 2021 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 COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. Any equipment no longer needed by CONTRACTOR must be tendered to the COUNTY. Equipment purchase guidelines are outlined in **Exhibit D-5**. A current Inventory Listing of all equipment shall be maintained and updated with each contract and amended contract as needed (**Exhibit D-6**).

#### **X. PROGRAM INCOME**

Program income is defined as revenue generated by CONTRACTOR through contract-support activities and includes:

- Voluntary contributions received from a participant or other party for services rendered (e.g. guest meal fees).
- Income from usage or rental fees of real or personal property acquired with grant funds or funds provided under this Agreement.
- Royalties received on patents and copyrights from contract-supported activities; and
- Proceeds from the sale of items purchased under a AAA agreement (REQUIRES WRITTEN APPROVAL FROM AAA).

It is required that the CONTRACTOR provide each recipient of a AAA funded service with an opportunity to voluntarily contribute. Those funds must be tracked and considered program income for that particular service. There shall be no tracking of recipients regarding contributions or lack of contributions. Estimated contributions are included in attached budgets and shall be used to expand the service.

All other Program Income must be received within the contract term and must be spent by the end of the fiscal year, June 30, 2022.

#### **XI. INVOICE/PAYMENT PROVISIONS (Excludes MIPPA Program)**

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 identified in **Exhibits AA, A-1, A-2, A-3, A-4, AA-5, AA-6 and A-7**, 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.

It is required that the CONTRACTOR provide each recipient of an AA funded service with an opportunity to voluntarily contribute. Those funds must be tracked and considered program income for that particular service. There shall be no tracking of recipients regarding contributions or lack of contributions. Estimated contributions are included in attached budgets and shall be used to expand the service.

COUNTY shall pay CONTRACTOR in accordance with Exhibit B, Section I. **PAYMENT BY COUNTY**. Claims for payment shall be submitted in the form set forth

in Exhibit D-1, Sample Invoice, by the 10th day of the month for services rendered in the previous month, with the final invoice due no later than June 10, 2022. CONTRACTOR acknowledges that all funding under this Agreement will be exhausted by May 31, 2022; however, services will continue through June 30, 2022 with other program funding and will be recorded as Cash Match.

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2022.

## XII. PAYMENT SUMMARY

| <i>Funding Type</i>           | <i>FY 2021-22<br/>TOTALS</i> |
|-------------------------------|------------------------------|
| <b>Title III B, Outreach</b>  | <b>\$87,266</b>              |
| <b>Title III B, Ombudsman</b> | <b>\$139,975</b>             |
| <b>Title VII A, Ombudsman</b> | <b>\$35,694</b>              |
| <b>Ombudsman PHF</b>          | <b>\$3,807</b>               |
| <b>Ombudsman SHF</b>          | <b>\$9,499</b>               |
| <b>Ombudsman SNF</b>          | <b>\$18,083</b>              |
| <b><i>SUB-TOTAL:</i></b>      | <b>\$294,324</b>             |

The total amount payable by COUNTY to CONTRACTOR for Outreach and all Ombudsman Services for the period July 1, 2021 to June 30, 2022 shall not exceed **two hundred ninety-four thousand, three hundred and twenty-four dollars (\$294,324)**.

| <i>Funding Type</i>         | <i>July 1, 2021<br/>Through<br/>March 31, 2022</i> | <i>April 1, 2022<br/>Through<br/>June 30, 2022</i> | <i>FY 2021-22<br/>TOTALS</i> |
|-----------------------------|--|--|------------------------------|
| <b>HICAP Reimbursements</b> |  |  | <b>\$112,502</b>             |
| <b>State HICAP Fund</b>     |  |  | <b>\$56,257</b>              |
| <b>Fund Augmentation</b>    |  |  | <b>\$53,308</b>              |
| <b>Federal SHIP Funds</b>   | <b>\$53,970</b>                                    | <b>\$0</b>   | <b>\$53,970</b>              |
| <b>Federal SHIP Funds</b>   | <b>\$0</b>   | <b>\$17,975</b>                                    | <b>\$17,975</b>              |
| <b><i>SUB-TOTAL:</i></b>    | <b>\$53,970</b>                                    | <b>\$17,975</b>                                    | <b>\$294,012</b>             |

The maximum amount payable by COUNTY to CONTRACTOR for services supported by Federal SHIP Funds for the period July 1, 2021 through March 31, 2022 shall not exceed **fifty-three thousand, nine hundred and seventy dollars (\$53,970)**.

The maximum amount payable by COUNTY to CONTRACTOR for services supported by Federal SHIP Funds for the period April 1, 2022 through June 30, 2022 shall not exceed **seventeen thousand, nine hundred and seventy-five dollars (\$17,975)**.



The total amount payable by COUNTY to CONTRACTOR for services supported by HICAP Reimbursements, State HICAP Fund, HICAP Fund Augmentation and Federal SHIP Funds for the period July 1, 2021 to June 30, 2022 shall not exceed **two hundred ninety-four thousand and twelve dollars (\$294,012)**.

| <i>Funding Type</i>      | <i>7/1/21 – 8/31/21<br/>Amounts</i> | <i>9/1/21 - 6/30/22<br/>Amounts</i> | <i>7/1/21 – 6/30/2022<br/>TOTALS</i> |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <b>MIPPA SHIP</b>        | <b>\$11,652</b>                     | <b>\$20,239</b>                     | <b>\$31,891</b>                      |
| <b>MIPPA AAA</b>         | <b>\$4,381</b>                      | <b>\$8,629</b>                      | <b>\$13,010</b>                      |
| <b><i>SUB-TOTAL:</i></b> | <b>\$16,033</b>                     | <b>\$28,868</b>                     | <b>\$44,901</b>                      |

The maximum amount payable by COUNTY to CONTRACTOR for Medicare Improvements for Patients and Providers (MIPPA) Services for the period **July 1, 2021 through August 31, 2021 shall not exceed sixteen thousand thirty-three dollars (\$16,033)**.

The maximum amount payable by COUNTY to CONTRACTOR for Medicare Improvements for Patients and Providers (MIPPA) Services for the period **September 1, 2021 through June 30, 2022 shall not exceed twenty-eight thousand, eight hundred and sixty-eight dollars (\$28,868)**.

The total amount payable by COUNTY to CONTRACTOR for Medicare Improvements for Patients and Providers (MIPPA) Services for the period **July 1, 2021 through June 30, 2022 shall not exceed forty-four thousand, nine hundred and one dollars (\$44,901)**.

| <i>Funding Type</i>               | <i>July 1, 2021 through September 30, 2021<br/>TOTALS</i> |
|-----------------------------------|---|
| <b>Title III-B CARES Outreach</b> | <b>\$10,724</b>   |
| <b>Title VII-A CARES</b>          | <b>\$ 679</b>   |
| <b><i>SUB-TOTAL:</i></b>          | <b>\$11,403</b>   |

The total amount payable by COUNTY to CONTRACTOR for CARES services for the period **July 1, 2021 through September 30, 2021 shall not exceed eleven thousand four hundred and three dollars (\$11,403)**.

**Allocation for CARES Outreach must be spent by September 30, 2021.**

|                    |                  |
|--------------------|------------------|
| <b>GRAND TOTAL</b> | <b>\$644,640</b> |
|--------------------|------------------|

The maximum amount payable by COUNTY to CONTRACTOR for all services under this Agreement for the period July 1, 2021 through June 30, 2022 shall not exceed **six hundred forty-four thousand six hundred and forty dollars (\$644,640)**.

This Agreement is funded by the California Department of Aging (CDA) Agreements #AP-2122-32, #HI-2122-32, MI-2021-32, **MI-2122-32** and #CARES-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 Agreements to CONTRACTOR.

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**TITLE III-B (CFDA #93.044)**  
**OUTREACH**  
**SCOPE OF SERVICES**

**I. SERVICES TO BE PROVIDED**

CONTRACTOR shall provide outreach to Seniors 60 years of age or older. Services shall be provided in accordance with the California Code of Regulations, Title 22, Social Security, Division 1.8, California Department of Aging.

Outreach services will be provided throughout all four regions of Monterey County by a bilingual/bicultural (English/Spanish) staff person, who will provide one-on-one contact through regular and predictable presence at identified sites. This staff person will be dedicated exclusively to outreach activities. Printed materials for all senior service programs will be regularly distributed by staff. An all-agency flyer and outreach schedule will be developed and distributed in English and Spanish. It will include names, contact numbers and websites for senior service programs. Outreach staff will participate in local community groups and events in order to identify potential clients. Although staff will maintain the strong partnerships developed over the years, emphasis will be placed on seeking out new and non-traditional partners and strategies for reaching this hard to serve population. Ties will be strengthened between faith communities, local businesses, law enforcement, neighborhood watch groups and the schools. Staff will develop closer and more regular contacts with rural community newspapers and radio stations.

1. Service:

Outreach (NAPIS 14)

Unit of Service Definition:

Interventions (one-on-one contacts) with individuals initiated by an agency or provider for the purpose of identifying potential clients (or their age 60+ caregivers) and encouraging their use of existing services and benefits.

Unit of Service Measurement:

1 Contact

Estimated Service Units to be delivered: 7,500

Benchmark of Service Units to be delivered:

|                                 |             |        |
|---------------------------------|-------------|--------|
| by September 30 <sup>th</sup> : | 1,500 Units | (25%)  |
| by December 31 <sup>st</sup> :  | 4,000 Units | (50%)  |
| by March 31 <sup>st</sup> :     | 6,000 Units | (75%)  |
| by June 30 <sup>th</sup> :      | 7,500 Units | (100%) |

2. Service:

Outreach (National Aging Program Information System [NAPIS] 14) Senior Benefit Clinics

Unit of Service Definition:

One-on-one contact with individuals at Senior Benefit Clinics. Individuals are screened, determined eligible for services, and enrollment assistance is provided when needed.

Unit of Service Measurement:

1 Contact

Estimated Service Units to be delivered: 500

Benchmark of Service Units to be delivered:

|                                 |           |       |
|---------------------------------|-----------|-------|
| by September 30 <sup>th</sup> : | 125 Units | (25%) |
| by December 31 <sup>st</sup> :  | 250 Units | (50%) |
| by March 31 <sup>st</sup> :     | 375 Units | (75%) |

- by June 30<sup>th</sup>: 500 Units (100%)
3. Service: Distribution of Monterey Salinas Transit bus passes.
- Unit of Service Definition: Provide resources to older adults that meet pre-determined criteria and use provided signature logs for tracking purposes. Follow prescribed procedures as established.
- Unit of Service Measurement: 1 Bus Pass
- Estimated Service Units to be delivered: 250
- Benchmark of Service Units to be delivered:
- |                                 |           |        |
|---------------------------------|-----------|--------|
| by September 30 <sup>th</sup> : | 62 Units  | (25%)  |
| by December 31 <sup>st</sup> :  | 125 Units | (50%)  |
| by March 31 <sup>st</sup> :     | 187 Units | (75%)  |
| by June 30 <sup>th</sup> :      | 250 Units | (100%) |

## II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the AA GetCare System by the 10th day of the month following the month of service. This is a non-registered service.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services rendered in the previous quarter by the 10th day of the following month. The Narrative Report shall be in the form of Exhibit D-4.

CONTRACTOR shall provide participant signature logs to COUNTY from the distribution of Monterey Salinas Transit bus passes monthly or as needed by the County Contract Manager.

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. 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, if requested a corrective action plan to the COUNTY describing the reason for the occurrence and a plan to meet the benchmark.

## III. MATCH REQUIREMENTS

Title III-B requires a local cash/in-kind match of 10.53%. The required match is calculated by taking the total budgeted costs less program income and non-matching contributions, multiplied by the matching requirement percentage.

If in-kind match is applied, sub-contractor must provide written documentation explaining how the in-kind was determined and valued. Sub-contractor is required to maintain proper documentation supporting cash/ in-kind claimed and must be available upon request.

## IV. PAYMENT SUMMARY

The total amount payable by COUNTY to CONTRACTOR for Title III-B-Outreach for the period July 1, 2021 to June 30, 2022 shall not exceed **eighty-seven thousand, two hundred and sixty-six dollars (\$87,266)**.

**TITLE III-B (CFDA #93.044)  
OMBUDSMAN  
SCOPE OF SERVICES**

**I. SERVICES TO BE PROVIDED**

CONTRACTOR shall investigate, verify, mediate and resolve complaints and problems on behalf of Monterey County residents of long-term care facilities involving their health, welfare, safety and rights. Services shall be provided throughout the County of Monterey. Services shall be provided in accordance with the California Code of Regulations, Title 22, Social Security, Division 1.8, California Department of Aging.

1. Service and Definition:

Complaint Resolution Satisfaction Rate that is based on percentage of number of completed complaint investigations divided by total number of complaints.

Benchmark is to achieve 90% completion.

2. Service and Definition:

Work with Resident Councils at facilities. Begins with initial contact of appropriate staff/volunteers through continued participation at meetings.

Unit of Service Measurement: Each Council

Estimated Service Units to be delivered: Benchmark of 20 by June 30<sup>th</sup>

3. Service and Definition:

Consultation to facilities by providing information to staff at facilities.

Unit of Service Measurement: Each occurrence

Estimated Service Units to be delivered: Benchmark of 400 by June 30<sup>th</sup>

4. Service and Definition:

Information/consultation to individuals (residents, family members, and others that support residents -- not employed by facility).

Unit of Service Measurement: Each occurrence

Estimated Service Units to be delivered: Benchmark of 700 by June 30<sup>th</sup>

**II. PERFORMANCE REPORTING**

CONTRACTOR shall report program data as required in the Ombudsman Data Integration Network (ODIN) Reporting System.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2021, January 10, 2022, April 10, 2022 and July 10, 2022. CONTRACTOR to attach copy of ODIN 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 Area Agency on Aging (AA) upon request describing the reason for the occurrence and a plan to meet the benchmark.

**III. MATCH REQUIREMENTS**

Title III-B requires a local cash/in-kind match of 10.53%. The required match is calculated by taking the total program costs less program income and non-matching contributions, multiplied by the matching requirement percentage.

If in-kind match is applied, sub-contractor must provide written documentation explaining how the in-kind was determined and valued. Sub-contractor is required to maintain proper documentation supporting cash/ in-kind claimed and must be available upon request.

**IV. PAYMENT SUMMARY**

The total amount payable by COUNTY to CONTRACTOR for Title III-B-Ombudsman for the period July 1, 2021 to June 30, 2022 shall not exceed **one hundred and thirty-nine thousand, nine hundred seventy-five dollars (\$139,975)**.

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**TITLE VII-A (CFDA #93.042)**  
**OMBUDSMAN**  
**SCOPE OF SERVICES**

**I. SERVICES TO BE PROVIDED**

CONTRACTOR shall investigate, verify, mediate and resolve complaints and problems on behalf of Monterey County residents of long-term care facilities involving their health, welfare, safety and rights. Services shall be provided throughout the County of Monterey. Services shall be provided in accordance with the California Code of Regulations, Title 22, Social Security, Division 1.8, California Department of Aging.

1. Service and Definition:

Community education events where Ombudsman volunteers and/or staff participates in local health fairs, public gatherings, public meetings, or similar events.

Unit of Service Measurement: Each event

Estimated Service Units to be delivered: Benchmark of 10 by June 30<sup>th</sup>

**II. PERFORMANCE REPORTING**

CONTRACTOR shall report program data as required in the ODIN reporting system.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2021 January 10, 2022, April 10, 2022 and July 10, 2022. CONTRACTOR shall attach a copy of ODIN 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**

Title VII-A does not require a local cash/in-kind match.

**IV. PAYMENT SUMMARY**

The maximum amount payable by COUNTY to CONTRACTOR for Title VII-A Ombudsman for the period July 1, 2021 through June 30, 2022 shall not exceed **thirty-five thousand, six hundred and ninety-four dollars (\$35,694)**.

**OMBUDSMAN INITIATIVE  
SCOPE OF SERVICES**

**I. SERVICES TO BE PROVIDED**

CONTRACTOR shall provide advocacy services for residents in long-term care facilities in Monterey County. CONTRACTOR is federally mandated to do complaint investigation and resolution on behalf of these vulnerable residents and their families or representatives.

Funding under this Agreement will be used to increase the number of Ombudsman volunteers working in skilled nursing facilities (SNFs). This project is part of the Governor's Long-Term Care Consumer Protection Initiative.

1. Service and Definition:

Facility coverage at skilled nursing residential care facilities where Ombudsman volunteers visit the facility and engage with residents and/or staff (other than response to a complaint).

Benchmark is the percentage of facilities visited out of the total number in the County. The goal is to visit 100% of the facilities each quarter.

**II. PERFORMANCE REPORTING**

CONTRACTOR shall report program data as required in the ODIN Reporting System.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2021, January 10, 2022, April 10, 2022 and July 10, 2022. CONTRACTOR shall attach a copy of ODIN data report 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 COUNTY/AA describing the reason for the occurrence and a plan to meet the benchmark.

**III. MATCH REQUIREMENTS**

The Ombudsman Initiative requires no local cash/in-kind match.

**IV. PAYMENT SUMMARY**

| <i>Funding Type</i>     | <i>FY 2021-22<br/>TOTALS</i> |
|-------------------------|------------------------------|
| <b>Ombudsman PHF</b>    | <b>\$3,807</b>               |
| <b>Ombudsman SHF</b>    | <b>\$9,499</b>               |
| <b>Ombudsman SNF</b>    | <b>\$18,083</b>              |
| <b><i>SUB-TOTAL</i></b> | <b>\$31,389</b>              |



The maximum amount payable by COUNTY to CONTRACTOR for Ombudsman Initiative – Senior Nursing Facilities (SNF) Quality and Accountability, State Health Facilities Citation Penalties Account (SHF) and Public Health Licensing & Certification Program Fund (PHF) for the period July 1, 2021 through June 30, 2022 shall not exceed **thirty-one thousand, three hundred and eighty-nine dollars (\$31,389)**.

*(remainder of this page intentionally left blank)*

**HICAP FUND  
REIMBURSEMENTS (INS FUND), STATE HICAP FUND, HICAP AUGMENTATION FUND,  
FEDERAL SHIP FUNDS (CFDA #92.324)  
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 Health Insurance Counseling and Advocacy Program (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 Public Service Area (PSA); Clients Counseled: 1,728  
Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.
2. Estimated Number of Public and Media Events: 162  
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: 2,648  
Note: This includes all counseling contacts via telephone, in-person 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: 4,676  
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 and printed outreach materials.
5. Estimated Number of Contacts with Beneficiaries with Medicare Status Due to a Disability: 180  
Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.). Results are duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.
6. Estimated Unduplicated Number of Low-Income Beneficiaries: 772  
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 Unduplicated number of English as Second Language Contacts: 629  
Note: This is the number of unduplicated English Second Language (ESL) where The Medicare beneficiary's Primary Language is not English.
8. Estimated Number of Enrollment and Enrollment Assistance Contacts: 1787  
Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

**Benchmark of Services Provided:**

CONTRACTOR shall provide Twenty-five percent (25%) of services specified in Services 1 through 8 quarterly, 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>, 2021 100% of specified services will have been provided.

CONTRACTOR shall use the State HICAP fund augmentation to provide for the equivalent of at least 1.0 full-time Volunteer Coordinator.

**II. PERFORMANCE REPORTING**

CONTRACTOR shall enter data monthly into the CDA Statewide HICAP Automated Reporting System (SHARP) System by the 10th day 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, 2021, January 10, 2022, April 10, 2022 and July 10, 2022. 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 payable by COUNTY to CONTRACTOR for services supported by Federal SHIP Funds for the period July 1, 2021 through March 31, 2022 shall not exceed **fifty-three thousand, nine hundred and seventy dollars (\$53,970)**.

The maximum amount payable by COUNTY to CONTRACTOR for services supported by Federal SHIP Funds for the period April 1, 2022 through June 30, 2022 shall not exceed **seventeen thousand, nine hundred and seventy-five dollars (\$17,975)**.

The total amount payable by COUNTY to CONTRACTOR for services supported by HICAP Reimbursements, State HICAP Fund and HICAP Fund Augmentation for the period July 1, 2021 to June 30, 2022 shall not exceed **two hundred twenty-two thousand and sixty-seven dollars (\$222,067)**.

The total amount payable by COUNTY to CONTRACTOR for services supported by HICAP Reimbursements, State HICAP Fund, HICAP Fund Augmentation and Federal SHIP Funds for the period July 1, 2021 to June 30, 2022 shall not exceed **two hundred ninety-four thousand and twelve dollars (\$294,012)**.

**MIPPA SHIP and MIPPA AA  
MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (CFDA #93.071)**

**FUNDING SOURCE: State Agreement MI-2021-32 and MI-2122-32**

**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.

“Affordable Care Act (ACA) MIPPA” funding is contingent on meeting a minimum percent of the individual PSA’s total performance benchmarks in FY 2020-21. CDA will evaluate achievement of performance benchmarks for the reporting period ending September 29, 2021.

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 17 Service Units by September 29<sup>th</sup>

**II. PERFORMANCE REPORTING**

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2021, January 10, 2022, April 10, 2022 and July 10, 2022. 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/AA/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. PAYMENT SUMMARY**

The maximum amount payable by COUNTY to CONTRACTOR for Medicare Improvements for Patients and Providers (MIPPA) Services for the period **July 1, 2021 through August 31, 2021 shall not exceed sixteen thousand thirty-three dollars (\$16,033).**

The maximum amount payable by COUNTY to CONTRACTOR for Medicare Improvements for Patients and Providers (MIPPA) Services for the period **September 1, 2021 through June 30, 2022 shall not exceed twenty-eight thousand, eight hundred and sixty-eight dollars (\$28,868).**

The total amount payable by COUNTY to CONTRACTOR for Medicare Improvements for Patients and Providers (MIPPA) Services for the period **July 1, 2021 through June 30, 2022 shall not exceed forty-four thousand, nine hundred and one dollars (\$44,901).**

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## OUTREACH – Emergency COVID-19 Response SCOPE OF SERVICES

### I. SERVICES TO BE PROVIDED

CONTRACTOR shall provide community outreach designed to engage seniors 60 years of age or older and encourage them to use services and benefits still available throughout the Coronavirus pandemic. Services shall be provided in accordance with the California Code of Regulations, Title 22, Social Security, Division 1.8, California Department of Aging.

Outreach services will be provided throughout all four regions of Monterey County by a bilingual/bicultural (English/Spanish) staff person when needed. This specialized outreach is to be done through a variety of media platforms and specifically targeted to isolated, frail, and low income seniors. Messaging shall focus on the services still available throughout the Coronavirus pandemic and will direct them to call for one-on-one service consultations.

1. Service:

Outreach (NAPIS 14)

Unit of Service Definition:

Interventions (one-on-one contacts) with individuals initiated by an agency or provider for the purpose of identifying potential clients (or their age 60+ caregivers) and encouraging their use of existing services and benefits.

Unit of Service Measurement: 1 Contact

Number of contacts will be based on readership, listenership, visit counts, and similar tracking methods available.

Secondary method to count contacts received by promoted phone numbers.

Estimated Service Units to be delivered: 1,200

Benchmark of Service Units to be delivered:

by September 30<sup>th</sup>: 1,200 Units (100%)

### II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the AA GetCare System by the 10th day of the month following the month of service. This is a non-registered service.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services rendered in the previous quarter by the 10th day of the following month. The Quarterly Narrative Report shall be in the form of Exhibit D-2.

CONTRACTOR shall provide participant signature logs to COUNTY from the distribution of Monterey Salinas Transit bus passes monthly or as needed by the County Contract Manager.

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. 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, if requested a corrective action plan to the COUNTY describing the reason for the occurrence and a plan to meet the benchmark.

**III. MATCH REQUIREMENTS**

CARES Act funding programs do not require a local cash/in-kind match.

**IV. PAYMENT SUMMARY**

The total amount payable by COUNTY to CONTRACTOR for Title III-B-Outreach for Emergency COVID-19 Response for the period July 1, 2021 through September 30, 2021 shall not exceed **ten thousand seven hundred and twenty-four dollars (\$10,724)**.

**OMBUDSMAN – Emergency COVID-19 Response  
SCOPE OF SERVICES**

**I. SERVICES TO BE PROVIDED**

CONTRACTOR shall investigate, verify, mediate, and resolve complaints and problems on behalf of Monterey County residents of long-term care facilities involving their health, welfare, safety, and rights. Services shall be provided throughout the County of Monterey. Services shall be provided in accordance with the California Code of Regulations, Title 22, Social Security, Division 1.8, California Department of Aging.

1. Enhanced services due to Coronavirus Pandemic Definition:

Provide additional support to residents and facilities so that the impacts of the Coronavirus Pandemic are minimized as much as possible.

**II. PERFORMANCE REPORTING**

CONTRACTOR shall report program data as required in the Ombudsman Data Integration Network (ODIN) Reporting System.

COUNTY has an expectation that a certain number of services are delivered within each reporting period. Due to the uniqueness and need to be flexible, there is no benchmark set for this special service. Instead, increased narrative reporting is required as outlined above.

**III. MATCH REQUIREMENTS**

CARES Act funding programs do not require a local cash/in-kind match.

**IV. PAYMENT SUMMARY**

The total amount payable by COUNTY to CONTRACTOR for Title VII-A Ombudsman Emergency COVID-19 Response Services for the period July 1, 2021 through September 30, 2021 shall not exceed **six hundred and seventy-nine dollars (\$679)**.

**Allocation for CARES Outreach and Ombudsman must be spent by September 30, 2021.**

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

HICAP BUDGET

BUDGET PERIOD: JULY 1, 2021 - JUNE 30, 2022

Name of Agency: Alliance on Aging

Address of Agency: 247 Main St  
Salinas, CA 93901

Project Name: Health Insurance and Counseling Advocacy Program  
HICAP Fund Augmentation

Funding Source and Catalog #  
State Funds  N/A

Budget Version  
Check one: Original   
Revision  7/1/2021

If agency is applying for more than one funding source, multiple budgets are required.

Certification:

I hereby certify to the best of my knowledge and belief that the Budget reflects the necessary, reasonable and allowable costs to attain the objectives and goals of this project. I further certify that the amounts displayed are accurate and correct.

Preparer's Signature / Date

Anthony McFarlane - 831-655-1334 ext 1330  
Preparer's Name (Printed) and telephone number

Executive Director's Signature / Date

Executive Director's Name (Printed) and telephone number

For Area Agency on Aging Use Only

Reviewed for:

- Completeness and Accuracy
- Reviewed for Allowable Costs
- Required Match of 10.53%
- Indirect Cost limit 10%

Date Budget Received: 8/17/21

Budget Approved by Fiscal Officer: Veronica Renteria 8/17/21  
Budget Approved by Program: \_\_\_\_\_  
Get-Care Updated by Vendor: \_\_\_\_\_  
Get-Care Verified by Fiscal Officer: \_\_\_\_\_  
Budget Template Last Updated: 5/13/21 By Veronica Renteria



JULY 1, 2021 - JUNE 30, 2022

## MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

|                 |                         |
|-----------------|-------------------------|
| <b>Agency:</b>  | Alliance on Aging       |
| <b>Project:</b> | HICAP Fund Augmentation |

## SECTION A:

## LINE ITEM BUDGET

| (1) Category                              | (2) Cash             | (3) In-Kind      |
|---|----------------------|------------------|
| Salaries                                  | 38,861               | -                |
| Payroll Taxes                             | 2,973                |                  |
| Employee Benefits                         | 6,144                |                  |
| <b>SUBTOTAL (Personnel Costs):</b>        | <b>47,978</b>        | <b>-</b>         |
|   |                      |                  |
| Volunteer Reimbursement                   |                      |                  |
| *Travel/Volunteer Travel                  |                      |                  |
| Conference/Training/Meetings              | -                    |                  |
| Professional Fees: Acct/ Legal            |                      |                  |
| Equipment Purchase                        |                      |                  |
| Equipment Rental and Maintenance          |                      |                  |
| Occupancy                                 |                      |                  |
| Insurance (Excluding Vehicle & Occupancy) |                      |                  |
| Utilities/Communications                  |                      |                  |
| Postage/Shipping                          | -                    |                  |
| Printing / Publications                   |                      |                  |
| Public Relations /Advertising             |                      |                  |
| Membership Dues and Subscriptions         | -                    |                  |
| Supplies                                  | -                    |                  |
| Food/ Food Service                        |                      |                  |
| Vehicle Operation                         |                      |                  |
| Overhead: 10% limit of Grant Funding      | 5,330                |                  |
| Awards/ Recognition/ Events               |                      |                  |
| Client Support                            |                      |                  |
| Depreciation                              |                      |                  |
| Nutrition Education                       |                      |                  |
| Bank Services Fees                        |                      |                  |
| Subcontractor                             |                      |                  |
| <b>Miscellaneous: (List Separately)</b>   |                      |                  |
|   |                      |                  |
|   |                      |                  |
|   |                      |                  |
| Column Totals:                            | 53,308               | -                |
|   | <b>Total Budget:</b> | <b>\$ 53,308</b> |

\*Eligible expenses shall be reimbursed per the County's Travel and Business Expense Reimbursement Policy available at: <http://www.co.monterey.ca.us/auditor/policies.htm> CONTRACTOR must provide a detailed breakdown of authorized expenses.



**SECTION C:****Funding Source Summary**

|                                   |           | Cash             | In-Kind     | Total<br>Budgeted<br>Amount |
|-----------------------------------|-----------|------------------|-------------|-----------------------------|
| Project Income                    | Section D | -                |             | \$ -                        |
| Contributions (+)<br>Non-Matching | Section E |                  |             | \$ -                        |
| Contributions (+)<br>Matching     | Section F |                  |             | \$ -                        |
| AAA Grant Funds                   |           | 53,308           |             | \$ 53,308                   |
| <b>Total Funding</b>              |           | <b>\$ 53,308</b> | <b>\$ -</b> | <b>\$ 53,308</b>            |

**SECTION D:****Program Income**

|               | Amount        |
|---------------|---------------|
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |
| <b>Total:</b> | <b>\$0.00</b> |

Program Income Definition: Program Income is defined as earnings by a service provider realized from grant supported activities.

- A. The following types of income comprise "Program Income."
1. Participant donations from persons who participate or benefit from such activities.
  2. Usage or rental fees.
  3. Sales of assets purchased with grant funds.
  4. Royalties, patents, and copyrights.

Not to be included are:

1. Revenues from non-activity related fundraisers.
2. Gifts from philanthropic organizations or individuals.
3. Rebates, discounts, and recoveries on losses which should be treated as "applicable credits."

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

**MIPPA BUDGET**

**BUDGET PERIOD:** **JULY 1, 2021 - AUGUST 31, 2021**

Name of Agency: ALLIANCE ON AGING

Address of Agency: 247 Main Street

Salinas CA 93901

Project Name: Medicare Improvements for Patients and Providers Act (MIPPA)

**Funding Source and Catalog #**

|            |               |          |        |                              |
|------------|---------------|----------|--------|------------------------------|
| Check one: | Federal Funds | <b>X</b> | 93.071 | MIPPA: Priority Area 1 SHIPs |
|            | Federal Funds | <b>X</b> | 93.071 | MIPPA: Priority Area 2 AAAs  |

**Budget Version**

|                   |          |          |          |
|-------------------|----------|----------|----------|
| <b>Check one:</b> | Original |          |          |
|                   | Revision | <b>X</b> | 7/1/2021 |

**Certification:**

I hereby certify to the best of my knowledge and belief that the Budget reflects the necessary, reasonable and allowable costs to attain the objectives and goals of this project. I further certify that the amounts displayed are accurate and correct.

\_\_\_\_\_  
Preparer's Signature / Date

**Anthony McFarlane - 831-655-1334 ext 1300**  
\_\_\_\_\_  
Preparer's Name (Printed) and telephone number

\_\_\_\_\_  
Executive Director's Signature / Date

\_\_\_\_\_  
Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:

Reviewed for: completeness and accuracy  
No match requirement  
Reviewed for Allowable Costs  
10% Indirect Cost limit

Budget Template Last Updated:  
6/18/20 By Veronica Renteria

Budget Approved by Fiscal: *Veronica Renteria 8/16/21*  
\_\_\_\_\_  
Budget Approved by Program:  
\_\_\_\_\_  
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**

| Categories of Expenses   | MIPPA: Priority Area 1 SHIPs |         |                 | MIPPA: Priority Area 2 AAAs |         |      | Total Budget     |                  |
|--------------------------|------------------------------|---------|-----------------|-----------------------------|---------|------|------------------|------------------|
|                          | Cash                         | In-Kind |                 | Cash                        | In-Kind |      | Cash             | In-Kind          |
| Personnel                | \$ 2,161                     |         |                 | \$ 2,161                    |         |      | \$ 2,161         | \$ 4,321         |
| Operating Expenses       | \$ 9,491                     |         |                 | \$ 2,220                    |         |      | \$ 2,220         | \$ 11,711        |
| <b>Total</b>             | <b>\$ 11,652</b>             |         |                 | <b>\$ 4,381</b>             |         |      | <b>\$ 4,381</b>  | <b>\$ 16,032</b> |
| <b>Source of Revenue</b> |                              |         |                 |                             |         |      |                  |                  |
| AAA Grant                |                              |         |                 |                             |         |      |                  |                  |
|                          | \$ 11,652                    |         |                 | \$ 4,381                    |         |      | \$ 16,033        | \$ -             |
| <b>Project Income</b>    |                              |         |                 |                             |         |      |                  |                  |
| Other Federal Funds      |                              |         |                 |                             |         |      |                  |                  |
|                          | Matching                     |         |                 |                             |         |      | \$ -             | \$ -             |
| Other State Funds        |                              |         |                 |                             |         |      |                  |                  |
|                          | Matching                     |         |                 |                             |         |      | \$ -             | \$ -             |
| County/City Funds        |                              |         |                 |                             |         |      |                  |                  |
|                          | Matching                     |         |                 |                             |         |      | \$ -             | \$ -             |
| Private Grants           |                              |         |                 |                             |         |      |                  |                  |
|                          | Matching                     |         |                 |                             |         |      | \$ -             | \$ -             |
| Net Fundraising          |                              |         |                 |                             |         |      |                  |                  |
|                          | Matching                     |         |                 |                             |         |      | \$ -             | \$ -             |
| Totals by match          |                              |         |                 |                             |         |      |                  |                  |
|                          | Non-matching                 | \$ -    | \$ -            | \$ -                        | \$ -    | \$ - | \$ -             | \$ -             |
| <b>TOTAL</b>             | <b>\$ 11,652</b>             |         | <b>\$ 4,381</b> | <b>\$ 16,033</b>            |         |      | <b>\$ 16,033</b> |                  |

\$ 1 1 \$ 1 1 \$ 1

**SECTION B: ALLIANCE ON AGING  
Medicare Improvements for Patients and Providers Act (MIPPA)  
SCHEDULE OF PERSONNEL COSTS**

| No. | Paid Staff Positions         | Annual Salary        | % on Program                 |                             | Program Cost       |
|-----|------------------------------|----------------------|------------------------------|-----------------------------|--------------------|
|     |                              |                      | MIPPA: Priority Area 1 SHIPs | MIPPA: Priority Area 2 AAAs |                    |
| 1   | Marketing Director           | \$60,320.00          | 3%                           | 3%                          | \$ 3,378.00        |
| 1   | Outreach Specialist          | \$43,680.00          | 0%                           | 0%                          | \$ 262.00          |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     | Total Salaries               | \$ 104,000.00        | \$ 1,820.00                  | \$ 1,820.00                 | \$ 3,640.00        |
|     | Payroll Taxes                | \$ 7,956.00          | \$ 305.50                    | \$ 305.50                   | \$ 611.00          |
|     | Employee Benefits            | \$ 15,600.00         | \$ 35.00                     | \$ 35.00                    | \$ 70.00           |
|     | <b>Total Paid Staff</b>      | <b>\$ 127,556.00</b> | <b>\$ 2,160.50</b>           | <b>\$ 2,160.50</b>          | <b>\$ 4,321.00</b> |
| No. | In-Kind: Donated Services    | Hourly Wage          | % on Program                 |                             | Program Cost       |
|     |                              |                      | MIPPA: Priority Area 1 SHIPs | MIPPA: Priority Area 2 AAAs |                    |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     |                              |                      |                              |                             | \$ -               |
|     | <b>Total In-Kind Staff</b>   | \$ -                 | \$ -                         | \$ -                        | \$ -               |
|     | <b>Total Personnel Costs</b> | <b>\$ 127,556</b>    | <b>\$ 2,161</b>              | <b>\$ 2,161</b>             | <b>\$ 4,321</b>    |

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

SECTION C:

ALLIANCE ON AGING  
OPERATING EXPENSES / EQUIPMENT  
AND INDIRECT COSTS

| OPERATING EXPENSE<br>& EQUIPMENT     | MIPPA: Priority Area 1 SHPs |         | MIPPA: Priority Area 2 AAAs |         | Total Budget |         |
|--------------------------------------|-----------------------------|---------|-----------------------------|---------|--------------|---------|
|                                      | Cash                        | In-Kind | Cash                        | In-Kind | Cash         | In-Kind |
| Volunteer Reimbursement              |                             |         |                             |         | \$ -         | \$ -    |
| *Travel/Volunteer Travel             |                             |         |                             |         | \$ -         | \$ -    |
| Conf/Trainings/Meetings              |                             |         |                             |         | \$ -         | \$ -    |
| Occupancy                            |                             |         |                             |         | \$ -         | \$ -    |
| Professional Fees: Acct/Legal        |                             |         |                             |         | \$ -         | \$ -    |
| Equipment Purchase                   |                             |         |                             |         | \$ -         | \$ -    |
| Equipment Rental/Maint               |                             |         |                             |         | \$ -         | \$ -    |
| Postage/ Shipping                    |                             |         |                             |         | \$ -         | \$ -    |
| Insurance (Excluding Veh. & Occ.)    |                             |         |                             |         | \$ -         | \$ -    |
| Utilities/Communications             |                             |         |                             |         | \$ -         | \$ -    |
| Printing / Publications              |                             |         |                             |         | \$ -         | \$ -    |
| Public Relations /Advertising        | \$ 8,326                    |         | \$ 1,782                    |         | \$ 10,108    | \$ -    |
| Sub/Membership Dues                  |                             |         |                             |         | \$ -         | \$ -    |
| Supplies                             |                             |         |                             |         | \$ -         | \$ -    |
| Food/Food Service                    |                             |         |                             |         | \$ -         | \$ -    |
| Vehicle Operation                    |                             |         |                             |         | \$ -         | \$ -    |
| Overhead: 10% limit of Grant Funding | \$ 1,165                    |         | \$ 438                      |         | \$ 1,603     | \$ -    |
| Awards/ Events                       |                             |         |                             |         | \$ -         | \$ -    |
| Client Support                       |                             |         |                             |         | \$ -         | \$ -    |
| Depreciation                         |                             |         |                             |         | \$ -         | \$ -    |
| Bank Service Fees                    |                             |         |                             |         | \$ -         | \$ -    |
| Subcontractor                        |                             |         |                             |         | \$ -         | \$ -    |
| Miscellaneous                        |                             |         |                             |         | \$ -         | \$ -    |
| <b>Total Operating Expenses</b>      | 9,491                       | -       | 2,220                       | -       | 11,711       | -       |

\*Eligible expenses shall be reimbursed per the County's Travel and Business Expense Reimbursement Policy available at:  
<http://www.co.monterey.ca.us/auditor/policies.htm> CONTRACTOR must provide a detailed breakdown of authorized expenses.

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

**MIPPA BUDGET**

**BUDGET PERIOD:**                      **SEPTEMBER 1, 2021 - JUNE 30, 2022**

Name of Agency: ALLIANCE ON AGING

Address of Agency: 247 Main Street

Salinas CA 93901

Project Name: Medicare Improvements for Patients and Providers Act (MIPPA)

**Funding Source and Catalog #**

|            |               |                                     |        |                              |
|------------|---------------|-------------------------------------|--------|------------------------------|
| Check one: | Federal Funds | <input checked="" type="checkbox"/> | 93.071 | MIPPA: Priority Area 1 SHIPs |
|            | Federal Funds | <input checked="" type="checkbox"/> | 93.071 | MIPPA: Priority Area 2 AAAs  |

**Budget Version**

|                   |          |                                     |          |
|-------------------|----------|-------------------------------------|----------|
| <b>Check one:</b> | Original | <input checked="" type="checkbox"/> | 9/1/2021 |
|                   | Revision |                                     |          |

**Certification:**

I hereby certify to the best of my knowledge and belief that the Budget reflects the necessary, reasonable and allowable costs to attain the objectives and goals of this project. I further certify that the amounts displayed are accurate and correct.

\_\_\_\_\_  
Preparer's Signature / Date

**Anthony McFarlane - 831-655-1334 ext 1300**  
\_\_\_\_\_  
Preparer's Name (Printed) and telephone number

\_\_\_\_\_  
Executive Director's Signature / Date

\_\_\_\_\_  
Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:

Budget Template Last Updated:  
6/18/20 By Veronica Renteria

Reviewed for: completeness and accuracy  
No match requirement  
Reviewed for Allowable Costs  
10% Indirect Cost limit

Budget Approved by Fiscal: Veronica Renteria 8/17/21

Budget Approved by Program: \_\_\_\_\_

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

| Categories of Expenses   | MIPPA: Priority Area 1 SHIPs |         | MIPPA: Priority Area 2 AAAs |         | Total Budget |         |
|--------------------------|------------------------------|---------|-----------------------------|---------|--------------|---------|
|                          | Cash                         | In-Kind | Cash                        | In-Kind | Cash         | In-Kind |
| Personnel                | \$ 12,756                    |         | \$ 3,827                    |         | \$ 16,582    |         |
| Operating Expenses       | \$ 7,483                     |         | \$ 4,802                    |         | \$ 12,285    |         |
| <b>Total</b>             | \$ 20,239                    |         | \$ 8,629                    |         | \$ 28,867    |         |
| <b>Source of Revenue</b> |                              |         |                             |         |              |         |
| AAA Grant                | \$ 20,239                    |         | \$ 8,629                    |         | \$ 28,868    | \$ -    |
| Project Income           |                              |         |                             |         | \$ -         | \$ -    |
| Other Federal Funds      | Matching                     |         |                             |         | \$ -         | \$ -    |
|                          | Non-matching                 |         |                             |         | \$ -         | \$ -    |
| Other State Funds        | Matching                     |         |                             |         | \$ -         | \$ -    |
|                          | Non-matching                 |         |                             |         | \$ -         | \$ -    |
| County/City Funds        | Matching                     |         |                             |         | \$ -         | \$ -    |
|                          | Non-matching                 |         |                             |         | \$ -         | \$ -    |
| Private Grants           | Matching                     |         | \$ -                        |         | \$ -         | \$ -    |
|                          | Non-matching                 |         |                             |         | \$ -         | \$ -    |
| Net Fundraising          | Matching                     |         | \$ -                        |         | \$ -         | \$ -    |
|                          | Non-matching                 |         |                             |         | \$ -         | \$ -    |
| Totals by match          | Matching                     | \$ -    | \$ -                        | \$ -    | \$ -         | \$ -    |
|                          | Non-matching                 | \$ -    | \$ -                        | \$ -    | \$ -         | \$ -    |
| <b>TOTAL</b>             | \$ 20,239                    |         | \$ 8,629                    |         | \$ 28,868    | \$ -    |

\$ 0 \$ 0 0 0 1



SECTION C:

SEPTEMBER 1, 2021 - JUNE 30, 2021

ALLIANCE ON AGING  
OPERATING EXPENSES / EQUIPMENT  
AND INDIRECT COSTS

| OPERATING EXPENSE & EQUIPMENT        | MIPPA: Priority Area 1 SHIPs |          | MIPPA: Priority Area 2 AAAs |          | Total Budget  |          |
|--------------------------------------|------------------------------|----------|-----------------------------|----------|---------------|----------|
|                                      | Cash                         | In-Kind  | Cash                        | In-Kind  | Cash          | In-Kind  |
| Volunteer Reimbursement              |                              |          |                             |          | \$ -          | \$ -     |
| *Travel/Volunteer Travel             |                              |          |                             |          | \$ -          | \$ -     |
| Conf/Trainings/Meetings              |                              |          |                             |          | \$ -          | \$ -     |
| Occupancy                            |                              |          |                             |          | \$ -          | \$ -     |
| Professional Fees: Acct/legal        |                              |          |                             |          | \$ -          | \$ -     |
| Equipment Purchase                   |                              |          |                             |          | \$ -          | \$ -     |
| Equipment Rental/Maint               |                              |          |                             |          | \$ -          | \$ -     |
| Postage/ Shipping                    |                              |          |                             |          | \$ -          | \$ -     |
| Insurance (Excluding Veh. & Occ.)    |                              |          |                             |          | \$ -          | \$ -     |
| Utilities/Communications             |                              |          |                             |          | \$ -          | \$ -     |
| Printing / Publications              |                              |          |                             |          | \$ -          | \$ -     |
| Public Relations /Advertising        | \$ 5,459                     |          | \$ 3,939                    |          | \$ 9,398      | \$ -     |
| Sub/Membership Dues                  |                              |          |                             |          | \$ -          | \$ -     |
| Supplies                             |                              |          |                             |          | \$ -          | \$ -     |
| Food/Food Service                    |                              |          |                             |          | \$ -          | \$ -     |
| Vehicle Operation                    |                              |          |                             |          | \$ -          | \$ -     |
| Overhead: 10% limit of Grant Funding | \$ 2,024                     |          | \$ 863                      |          | \$ 2,887      | \$ -     |
| Awards/ Events                       |                              |          |                             |          | \$ -          | \$ -     |
| Client Support                       |                              |          |                             |          | \$ -          | \$ -     |
| Depreciation                         |                              |          |                             |          | \$ -          | \$ -     |
| Bank Service Fees                    |                              |          |                             |          | \$ -          | \$ -     |
| Subcontractor                        |                              |          |                             |          | \$ -          | \$ -     |
| Miscellaneous                        |                              |          |                             |          | \$ -          | \$ -     |
| <b>Total Operating Expenses</b>      | <b>7,483</b>                 | <b>-</b> | <b>4,802</b>                | <b>-</b> | <b>12,285</b> | <b>-</b> |

\*Eligible expenses shall be reimbursed per the County's Travel and Business Expense Reimbursement Policy available at: [http://www.allianceonaging.org/contractor\\_mip](#) CONTRACTOR must provide a detailed breakdown of authorized expenses.

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

**SUPPORTIVE SERVICES BUDGET**

**BUDGET PERIOD:** JULY 1, 2021 - SEPTEMBER 30, 2021

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Outreach - 3B CARES

**Funding Source and Federal Catalog #**

| Check one:                          | Title       | Federal Catalog # |
|-------------------------------------|-------------|-------------------|
| <input checked="" type="checkbox"/> | Title III B | 93.044            |
| <input type="checkbox"/>            | Title III D | 93.043            |
| <input type="checkbox"/>            | Title VII A | 93.042            |
| <input type="checkbox"/>            | Title VII B | 93.041            |
| <input type="checkbox"/>            | SNAP-ED     | 10.561            |

**Budget Version**

| Check one:               | Original                            | Revision                 |
|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                          |                                     | 7/1/2021                 |

If agency is applying for more than one funding source, multiple budgets are required.

**Certification:**

I hereby certify to the best of my knowledge and belief that the Budget reflects the necessary, reasonable and allowable costs to attain the objectives and goals of this project. I further certify that the amounts displayed are accurate and correct.

\_\_\_\_\_  
Preparer's Signature / Date

Anthony McFarlane - 831-655-1334 ext 1300  
Preparer's Name (Printed) and telephone number

\_\_\_\_\_  
Executive Director's Signature / Date

Teresa Sullivan 831-655-4240  
Executive Director's Name (Printed) and telephone number

For Area Agency on Aging Use Only

|                              |   |
|------------------------------|---|
| Reviewed for:                | Date Budget Received: <u>8/17/21</u>                                |
| Completeness and Accuracy    | Budget Approved by Fiscal Officer: <u>Veronica Renteria 8/17/21</u> |
| Reviewed for Allowable Costs | Budget Approved by Program: _____                                   |
| Required Match of 10.53%     | Get-Care Updated by Vendor: _____                                   |
| Indirect Cost limit 10%      | Get-Care Verified by Fiscal Officer: _____                          |
|                              | Budget Template Last Updated: <u>4/23/19 By Veronica Renteria</u>   |

JULY 1, 2021 - SEPTEMBER 30, 2021

**MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32****Agency:** Alliance on Aging, Inc.**Project:** Outreach - 3B CARES**SECTION A:****LINE ITEM BUDGET**

| (1) Category                              | (2) Cash             | (3) In-Kind      |
|---|----------------------|------------------|
| Salaries                                  | 4,886                | -                |
| Payroll Taxes                             | 314                  |                  |
| Employee Benefits                         | 869                  |                  |
| <b>SUBTOTAL (Personnel Costs):</b>        | <b>6,069</b>         | <b>-</b>         |
|   |                      |                  |
| Volunteer Reimbursement                   |                      |                  |
| *Travel/Volunteer Travel                  |                      |                  |
| Conference/Training/Meetings              |                      |                  |
| Professional Fees: Acct/ Legal            |                      |                  |
| Equipment Purchase                        |                      |                  |
| Equipment Rental and Maintenance          |                      |                  |
| Occupancy                                 |                      |                  |
| Insurance (Excluding Vehicle & Occupancy) |                      |                  |
| Utilities/Communications                  |                      |                  |
| Postage/Shipping                          |                      |                  |
| Printing / Publications                   |                      |                  |
| Public Relations /Advertising             | 3,583                |                  |
| Membership Dues and Subscriptions         |                      |                  |
| Supplies                                  |                      |                  |
| Food/ Food Service                        |                      |                  |
| Vehicle Operation                         |                      |                  |
| Overhead: 10% limit of Grant Funding      | 1,072                |                  |
| Awards/ Recognition/ Events               |                      |                  |
| Client Support                            |                      |                  |
| Depreciation                              |                      |                  |
| Nutrition Education                       |                      |                  |
| Bank Services Fees                        |                      |                  |
| Subcontractor                             |                      |                  |
| <b>Miscellaneous: (List Separately)</b>   |                      |                  |
|   |                      |                  |
|   |                      |                  |
|   |                      |                  |
| Column Totals:                            | 10,724               | -                |
|   | <b>Total Budget:</b> | <b>\$ 10,724</b> |

\*Eligible expenses shall be reimbursed per the County's Travel and Business Expense Reimbursement Policy available at: <http://www.co.monterey.ca.us/auditor/policies.htm> CONTRACTOR must provide a detailed breakdown of authorized expenses.



**SECTION C:****Funding Source Summary**

|                                   |           | Cash      | In-Kind | Total Budgeted Amount |
|-----------------------------------|-----------|-----------|---------|-----------------------|
| Project Income                    | Section D | -         |         | \$ -                  |
| Contributions (+)<br>Non-Matching | Section E | -         | -       | \$ -                  |
| Contributions (+)<br>Matching     | Section F | -         | -       | \$ -                  |
| AAA Grant Funds                   |           | 10,724    |         | \$ 10,724             |
| <b>Total Funding</b>              |           | \$ 10,724 | \$ -    | \$ 10,724             |

**SECTION D:****Program Income**

|               | Amount |
|---------------|--------|
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |
| <b>Total:</b> | \$0.00 |

Program Income Definition: Program Income is defined as earnings by a service provider realized from grant supported activities.

## A. The following types of income comprise "Program Income."

1. Participant donations from persons who participate or benefit from such activities.
2. Usage or rental fees.
3. Sales of assets purchased with grant funds.
4. Royalties, patents, and copyrights.

## Not to be included are:

1. Revenues from non-activity related fundraisers.
2. Gifts from philanthropic organizations or individuals.
3. Rebates, discounts, and recoveries on losses which should be treated as "applicable credits."

**SECTION E Schedule of Contributions - Non Matching**

| Source of Contributions     |     | Cash | In-Kind | Total |
|-----------------------------|-----|------|---------|-------|
| Donations and Contributions |     |      |         | \$ -  |
| Government Agencies:        | A - |      |         | \$ -  |
| Government Agencies:        | B - |      |         | \$ -  |
| Government Agencies:        | C   |      |         | \$ -  |
| Government Agencies:        | D   |      |         | \$ -  |
| Government Agencies:        | E   |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
| <b>Totals:</b>              |     | \$ - | \$ -    | \$ -  |

Note: Under "**Government Agencies**" please list the agency providing funding and what type of funds were received. (i.e. Government Agencies: City of Seaside, CDBG; list amount in "Cash".)

Cash total should not include Federal Older American's Act Funds. Total of both Cash and In-Kind funds should equal Section C.

**SECTION F Schedule of Contributions - Matching**

| Source of Contributions                              |     | Cash | In-Kind | Total |
|--|-----|------|---------|-------|
| Donations and Contributions (Exclude Project Income) |     |      |         | \$ -  |
| Government Agencies:                                 | A - |      |         | \$ -  |
| Government Agencies:                                 | B   |      |         | \$ -  |
| Government Agencies:                                 | C   |      |         | \$ -  |
| Government Agencies:                                 | D   |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
| <b>Totals:</b>                                       |     | \$ - | \$ -    | \$ -  |

Total of Cash and In-Kind funds should equal Section C.

Program income cannot count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant, supporting the activity giving rise to the income.

There is a 10.53% minimum matching requirement on Title III B funds (Excluding 3B Ombudsman).

Title III-D, VII-A & VII-B funding do not have a match requirement.

To compute amount of match required, take the **Total Funding less Program Income, less non-matching funds**, and multiply by the minimum % matching requirement above. Match may be met by Cash or In-Kind contribution.

See related California Department of Aging matching guidelines.



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

**SUPPORTIVE SERVICES BUDGET**

**BUDGET PERIOD:** July 1, 2021 - September 30, 2021

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Ombudsman - 7A CARES

**Funding Source and Federal Catalog #**

|                               |          |        |
|-------------------------------|----------|--------|
| <b>Check one:</b> Title III B |          | 93.044 |
| Title III D                   |          | 93.043 |
| Title VII A                   | <b>x</b> | 93.042 |
| Title VII B                   |          | 93.041 |
| SNAP-ED                       |          | 10.561 |

**Budget Version**

|                            |          |          |
|----------------------------|----------|----------|
| <b>Check one:</b> Original | <b>x</b> | 7/1/2021 |
| Revision                   |          |          |

If agency is applying for more than one funding source, multiple budgets are required.

**Certification:**

I hereby certify to the best of my knowledge and belief that the Budget reflects the necessary, reasonable and allowable costs to attain the objectives and goals of this project. I further certify that the amounts displayed are accurate and correct.

\_\_\_\_\_  
Preparer's Signature / Date

Anthony McFarlane - 831-655-1334 ext 1300  
Preparer's Name (Printed) and telephone number

\_\_\_\_\_  
Executive Director's Signature / Date

Teresa Sullivan 831-655-4240  
Executive Director's Name (Printed) and telephone number

For Area Agency on Aging Use Only

|                              |   |
|------------------------------|---|
| Reviewed for:                | Date Budget Received: <u>8/17/21</u>                                |
| Completeness and Accuracy    | Budget Approved by Fiscal Officer: <u>Veronica Renteria 8/17/21</u> |
| Reviewed for Allowable Costs | Budget Approved by Program: _____                                   |
| Required Match of 10.53%     | Get-Care Updated by Vendor: _____                                   |
| Indirect Cost limit 10%      | Get-Care Verified by Fiscal Officer: _____                          |
|                              | Budget Template Last Updated: <u>4/23/19 By Veronica Renteria</u>   |

July 1, 2021 - September 30, 2021

**MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32****Agency:** Alliance on Aging, Inc.**Project:** Ombudsman - 7A CARES**SECTION A:****LINE ITEM BUDGET**

| (1) Category                              | (2) Cash             | (3) In-Kind   |
|---|----------------------|---------------|
| Salaries                                  | 558                  | -             |
| Payroll Taxes                             | 41                   |               |
| Employee Benefits                         | 19                   |               |
| <b>SUBTOTAL (Personnel Costs):</b>        | <b>618</b>           | <b>-</b>      |
| Volunteer Reimbursement                   |                      |               |
| *Travel/Volunteer Travel                  |                      |               |
| Conference/Training/Meetings              |                      |               |
| Professional Fees: Acct/ Legal            |                      |               |
| Equipment Purchase                        |                      |               |
| Equipment Rental and Maintenance          |                      |               |
| Occupancy                                 |                      |               |
| Insurance (Excluding Vehicle & Occupancy) |                      |               |
| Utilities/Communications                  |                      |               |
| Postage/Shipping                          |                      |               |
| Printing / Publications                   |                      |               |
| Public Relations /Advertising             |                      |               |
| Membership Dues and Subscriptions         |                      |               |
| Supplies                                  |                      |               |
| Food/ Food Service                        |                      |               |
| Vehicle Operation                         |                      |               |
| Overhead: 10% limit of Grant Funding      | 61                   |               |
| Awards/ Recognition/ Events               |                      |               |
| Client Support                            |                      |               |
| Depreciation                              |                      |               |
| Nutrition Education                       |                      |               |
| Bank Services Fees                        |                      |               |
| Subcontractor                             |                      |               |
| <b>Miscellaneous: (List Separately)</b>   |                      |               |
|   |                      |               |
|   |                      |               |
|   |                      |               |
| Column Totals:                            | 679                  | -             |
|   | <b>Total Budget:</b> | <b>\$ 679</b> |

\*Eligible expenses shall be reimbursed per the County's Travel and Business Expense Reimbursement Policy available at: <http://www.co.monterey.ca.us/auditor/policies.htm> CONTRACTOR must provide a detailed breakdown of authorized expenses.

July 1, 2021 - September 30, 2021

Alliance on Aging, Inc.

**SECTION B:**

**SCHEDULE OF PERSONNEL COSTS**

| No. | Paid Staff Positions     | Annual Salary | % on Program | Program Cost |
|-----|--------------------------|---------------|--------------|--------------|
| 1   | Ombudsman Manager        | \$70,637.00   | 1%           | \$ 558       |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     |                          |               |              | \$ -         |
|     | <b>Total Salaries</b>    | \$ 70,637     |              | \$ 558.00    |
|     | <b>Payroll Taxes</b>     |               |              | \$ 41.00     |
|     | <b>Employee Benefits</b> |               |              | \$ 19.00     |
|     | <b>Total Paid Staff</b>  |               |              | \$ 618.00    |

| No. | In-Kind: Donated Services  | Hourly Wage | Hours on Program | Program Cost |
|-----|----------------------------|-------------|------------------|--------------|
|     |                            |             |                  | \$ -         |
|     |                            |             |                  | \$ -         |
|     |                            |             |                  | \$ -         |
|     |                            |             |                  | \$ -         |
|     |                            |             |                  | \$ -         |
|     |                            |             |                  | \$ -         |
|     |                            |             |                  | \$ -         |
|     |                            |             |                  | \$ -         |
|     | <b>Total In-Kind Staff</b> |             |                  | \$ -         |

|  |                              |  |  |        |
|--|------------------------------|--|--|--------|
|  | <b>Total Personnel Costs</b> |  |  | \$ 618 |
|--|------------------------------|--|--|--------|

Costs reflected on this page must equal subtotal (Personnel Costs) shown on Page 2 (Section A), columns 2 and 3.

**SECTION C:****Funding Source Summary**

|                                   |           | Cash          | In-Kind     | Total<br>Budgeted<br>Amount |
|-----------------------------------|-----------|---------------|-------------|-----------------------------|
| Project Income                    | Section D | -             |             | \$ -                        |
| Contributions (+)<br>Non-Matching | Section E | -             | -           | \$ -                        |
| Contributions (+)<br>Matching     | Section F | -             | -           | \$ -                        |
| AAA Grant Funds                   |           | 679           |             | \$ 679                      |
| <b>Total Funding</b>              |           | <b>\$ 679</b> | <b>\$ -</b> | <b>\$ 679</b>               |

**SECTION D:****Program Income**

|               | Amount        |
|---------------|---------------|
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |
| <b>Total:</b> | <b>\$0.00</b> |

Program Income Definition: Program Income is defined as earnings by a service provider realized from grant supported activities.

## A. The following types of income comprise "Program Income."

1. Participant donations from persons who participate or benefit from such activities.
2. Usage or rental fees.
3. Sales of assets purchased with grant funds.
4. Royalties, patents, and copyrights.

Not to be included are:

1. Revenues from non-activity related fundraisers.
2. Gifts from philanthropic organizations or individuals.
3. Rebates, discounts, and recoveries on losses which should be treated as "applicable credits."

**SECTION E Schedule of Contributions - Non Matching**

| Source of Contributions     |     | Cash | In-Kind | Total |
|-----------------------------|-----|------|---------|-------|
| Donations and Contributions |     |      |         | \$ -  |
| Government Agencies:        | A - |      |         | \$ -  |
| Government Agencies:        | B - |      |         | \$ -  |
| Government Agencies:        | C   |      |         | \$ -  |
| Government Agencies:        | D   |      |         | \$ -  |
| Government Agencies:        | E   |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
|                             |     |      |         | \$ -  |
| <b>Totals:</b>              |     | \$ - | \$ -    | \$ -  |

Note: Under "**Government Agencies**" please list the agency providing funding and what type of funds were received. (i.e. Government Agencies: City of Seaside, CDBG; list amount in "Cash".)

Cash total should not include Federal Older American's Act Funds. Total of both Cash and In-Kind funds should equal Section C.

**SECTION F Schedule of Contributions - Matching**

| Source of Contributions                              |     | Cash | In-Kind | Total |
|--|-----|------|---------|-------|
| Donations and Contributions (Exclude Project Income) |     |      |         | \$ -  |
| Government Agencies:                                 | A - |      |         | \$ -  |
| Government Agencies:                                 | B   |      |         | \$ -  |
| Government Agencies:                                 | C   |      |         | \$ -  |
| Government Agencies:                                 | D   |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
|  |     |      |         | \$ -  |
| <b>Totals:</b>                                       |     | \$ - | \$ -    | \$ -  |

Total of Cash and In-Kind funds should equal Section C.

Program income cannot count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant, supporting the activity giving rise to the income.

There is a 10.53% minimum matching requirement on Title III B funds (Excluding 3B Ombudsman).

Title III-D, VII-A & VII-B funding do not have a match requirement.

To compute amount of match required, take the **Total Funding less Program Income, less non-matching funds**, and multiply by the minimum % matching requirement above. Match may be met by Cash or In-Kind contribution

See related California Department of Aging matching guidelines.