

COUNTY OF MONTEREY

AMENDMENT #1 TO AGREEMENT #A-12531

Alliance on Aging

ORIGINAL

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

This Amendment modifies the agreement for the provision of Outreach, Long-Term Care Ombudsman, and Health Insurance Counseling and Advocacy to Monterey County seniors between the parties executed on August 9, 2013 (hereinafter, "Original Agreement ") by reducing \$56,363 of the Federal share of cost due to Federal Sequestration reductions for a total contract amount of \$325,367. Therefore, the parties agree:

1. Section 1 of the Original Agreement is amended to read as follows:

1. SERVICES TO BE PROVIDED: The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in Exhibits AA, AA-1, AA-2, AA-3, AA-4, and AA-5 in conformity with the terms of this Agreement. The services are generally described as follows: Provide Outreach expanded to include Senior Benefits Clinics; Long-Term Care Ombudsman; and Health Insurance Counseling and Advocacy to Monterey County seniors.

2. Section 2 of the Original Agreement is amended to read as follows:

2. PAYMENTS BY COUNTY: COUNTY shall pay the CONTRACTOR in accordance with the payment provisions set forth in Exhibits AA, AA-1, AA-2, AA-3, AA-4, and AA-5, 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 \$325,367.

3. Section 4 of the Original Agreement is amended to read as follows:

4. SCOPE OF SERVICES AND ADDITIONAL PROVISIONS: The following attached exhibits are incorporated herein by reference and constitute a part of this agreement:

- Exhibit AA Scope of Service/ Payment Provisions
 - AA-1 Title III B, Outreach
 - AA-2 Title III B, Ombudsman
 - AA-3 Title VII A, Ombudsman
 - AA-4 Ombudsman Initiative
 - AA-5 HICAP
- Exhibit B DSS Additional Provisions
 - Program Budgets
 - CC-1 Title III B, Outreach
 - CC-2 Title III B, Ombudsman

CC-3 Title VII A, Ombudsman

C-4 Ombudsman Initiative

CC-5 HICAP

Exhibit D-1 Sample Invoice

Exhibit D-2 Sample Annual Closeout Summary

Exhibit D-3 Equipment Acquisition Report

Exhibit D-4 Sample Quarterly Narrative Report

Exhibit D-5 Equipment Purchase Form

Exhibit E HIPAA Business Associate Agreement

Exhibit F Elder Abuse & Neglect Reporting Certification

Exhibit G Lobbying Certification

Exhibit H Audit Requirements

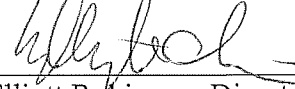
- 4. Exhibits A, A-1, A-2, A-3, A-4, A-5, C-1, C-2, C-3 and C-5 of the Original Agreement are rescinded, and replaced by **Exhibits AA, AA-1, AA-2, AA-3, AA-4, AA-5, CC-1, CC-2, CC-3** and **CC-5** attached. **Exhibit D-5** is added to the Agreement.

Subject to the foregoing amendment, all other terms and conditions of the Original Agreement shall remain in full force and effect.

If there is any conflict or inconsistency between provisions of this amendment and the Original Agreement, the provisions of this amendment shall control in all respects.

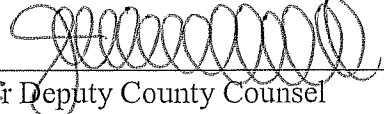
IN WITNESS HEREOF, the parties hereby execute this amendment as follows:

COUNTY OF MONTEREY:

By: 
Elliott Robinson, Director
DSS

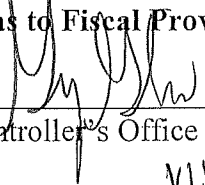
Date: 10/11/13

Approved as to Form:


Senior Deputy County Counsel

Date: 10-9-13

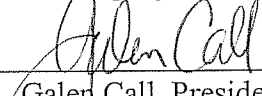
Approved as to Fiscal Provisions:


Auditor-Controller's Office

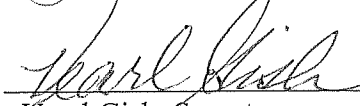
Date: 10/11/13

CONTRACTOR:

Alliance on Aging

By: 
Galen Call, President

Date: 9-25-13

By: 
Vearl Gish, Secretary

Date: 9/25/13

SCOPE OF SERVICES/PAYMENT PROVISIONS

ALLIANCE ON AGING
JULY 1, 2013 to JUNE 30, 2014**I. CONTACT INFORMATION**

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

Disaster Preparedness Coordinator: Becky Mann, Director of Operations
(831) 758-4011

County Contract Manager: Kathleen Murray –Phillips, Planner
Area Agency on Aging
Department of Social Services
1000 South Main Street Suite 301
Salinas, CA 93901
(831) 796-3530
Fax: (831) 755-8477
murrayphillipsk@co.monterey.ca.us

II. OFFICES

Salinas: 247 Main Street

Monterey: 280 Dickman Avenue, Monterey

Days and Hours of Service:

Monday to Friday, 9 a.m. to 5 p.m. Closed from noon to 1 p.m.

III. SERVICES TO BE PROVIDED BY CONTRACTOR

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

IV. TARGETING POLICY

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

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

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

Particular attention is required to serve older individuals that are:

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

V. GETCARE LICENSES

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

VI. AUDIT PROVISIONS

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

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

VII. PAYMENT SUMMARY

<i>Funding Type</i>	<i>7/1/13 – 9/30/13 amounts</i>	<i>10/1/13 – 6/30/14 amounts</i>	<i>FY 2013-14 TOTALS</i>
Title III B, Outreach	\$16,334	\$58,537	\$74,871
Title III B, Ombudsman	\$5,053	\$16,947	\$22,000
Title VII A, Ombudsman	\$6,628	\$20,899	\$27,527
Ombudsman Initiative SDF & SNF	\$7,313	\$21,938	\$29,251
TOTAL:	\$35,328	\$118,321	\$153,649

<i>Funding Type</i>	<i>7/1/13 – 3/31/14 amounts</i>	<i>4/1/14 – 6/30/14 amounts</i>	<i>FY 2013-14 TOTALS</i>
HICAP Reimbursements	\$78,026		
State HICAP Fund	\$39,006		
Federal SHIP Funds	\$54,686		
TOTAL:	\$171,718		

GRAND TOTAL:	\$325,367
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The maximum amount to be paid by COUNTY to CONTRACTOR for Outreach and all Ombudsman Services for the period July 1, 2013 through September 30, 2013 shall not exceed **thirty-five thousand, three hundred and twenty-eight dollars (\$35,328)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **one hundred and eighteen thousand, three hundred and twenty-one dollars (\$118,321)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2013 through March 31, 2014 shall not exceed **one hundred and seventy-one thousand, seven hundred and eighteen dollars (\$171,718)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for all services for the period July 1, 2013 through June 30, 2014 shall not exceed **three hundred and twenty-five thousand, three hundred and sixty-seven dollars (\$325,367)**.

This Agreement is funded by the California Department of Aging (CDA) Agreements #A3-1314-32, #A9-1314-32, #H9-1314-32, and #H3-1314-32. The terms and conditions of CDA Agreements #A3-1314-32, #A9-1314-32, #H9-1314-32, and #H3-1314-32 are incorporated herein by reference, and on file with County's Department of Social Services. Upon request, County will provide an electronic copy of the Agreement to Contractor.

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 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 th :	1,875 Units	(25%)
by December 31 st :	3,750 Units	(50%)
by March 31 st :	5,625 Units	(75%)
by June 30 th :	7,500 Units	(100%)

2. Service:

Outreach (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:
7,500 Contacts
Benchmark of Service Units to be delivered:
by September 30th: 1,875 Units (25%)
by December 31st: 3,750 Units (50%)
by March 31st: 5,625 Units (75%)
by June 30th: 7,500 Units (100%)

II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the AAA GetCare System by the 10th 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 of the following month. 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. 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 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.

IV. INVOICE/PAYMENT PROVISIONS

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

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is identified in Section I, Services to be Provided, and Section II, Performance Reporting.

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

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2014.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2014 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. **Equipment purchase guidelines are outlined in Exhibit D-5.**

The maximum amount to be paid by COUNTY to CONTRACTOR for Title III-B-Outreach for the period July 1, 2013 through September 30, 2013 shall not exceed **sixteen thousand, three hundred and thirty-four dollars (\$16,334)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **fifty-eight thousand, five hundred and thirty-seven dollars (\$58,537)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for the period July 1, 2013 to June 30, 2014 shall not exceed **seventy-four thousand, eight hundred and seventy-one dollars (\$74,871)**.

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:

Complaint Investigation and Resolution

Unit of Service Definition:

Activities related to receiving, analyzing, researching, observing, interviewing or verifying a complaint; activities related to intervention in a complaint on behalf of a client using skills and techniques such as advocacy, facilitation, conciliation, mediation, negotiation, representation, education, follow-up or referral.

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered:

1,112

Benchmark of Service Units to be delivered:*

by September 30th: 278 Units (25%)

by December 31st: 556 Units (50%)

by March 31st: 834 Units (75%)

by June 30th: 1,112 Units (100%)

*There will be some fluctuation between Complaint Investigation/Resolution and Education/Training. It is anticipated that by June 30th, 100% of both Complaint Investigation/Resolution and Education Training will have been provided.

2. Service:

Education/Training

Unit of Service Definition:

Volunteer ombudsman education and training: knowledge and skills training on long term care issues and methods of investigation and intervention.

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered: 141

Benchmark of Service Units to be delivered: *		
by September 30 th :	35 Units	(25%)
by December 31 st :	70 Units	(50%)
by March 31 st :	105 Units	(75%)
by June 30 th :	141 Units	(100%)

*There will be some fluctuation between Complaint Investigation/Resolution and Education/Training. It is anticipated that by June 30th, 100% of both Complaint Investigation/Resolution and Education Training will have been provided.

II. PERFORMANCE REPORTING

CONTRACTOR shall report program data as required in the National Ombudsman Reporting System (NORS).

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. CONTRACTOR to attach copy of NORS 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 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.

IV. INVOICE/PAYMENT PROVISIONS

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

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is identified in Section I, Services to be Provided, and Section II, Performance Reporting.

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

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2014.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2014 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. **Equipment purchase guidelines are outlined in Exhibit D-5.**

The maximum amount to be paid by COUNTY to CONTRACTOR for Title III-B-Ombudsman for the period July 1, 2013 through September 30, 2013 shall not exceed **five thousand and fifty-three dollars (\$5,053)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **sixteen thousand, nine hundred and forty-seven dollars (\$16,947)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for the period July 1, 2013 to June 30, 2014 shall not exceed **twenty-two thousand dollars (\$22,000)**.

**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:

Complaint Investigation and Resolution

Unit of Service Definition:

Activities related to receiving, analyzing, researching, observing, interviewing or verifying a complaint; activities related to intervention in a complaint on behalf of a client using skills and techniques such as advocacy, facilitation, conciliation, mediation, negotiation, representation, education, follow-up or referral.

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered:

1,416

Benchmark of Service Units to be delivered: *

by September 30th: 354 Units (25%)

by December 31st: 708 Units (50%)

by March 31st: 1,062 Units (75%)

by June 30th: 1,416 Units (100%)

*There will be some fluctuation between Complaint Investigation/Resolution and Education/Training. It is anticipated that by June 30th, 100% of both Complaint Investigation/Resolution and Education Training will have been provided.

2. Service:

Education/Training

Unit of Service Definition:

Volunteer ombudsman education and training: knowledge and skills training on long term care issues and methods of investigation and intervention.

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered: 193

Benchmark of Service Units to be delivered:

by September 30 th :	48 Units	(25%)
by December 31 st :	96 Units	(50%)
by March 31 st :	144 Units	(75%)
by June 30 th :	193 Units	(100%)

*There will be some fluctuation between Complaint Investigation/Resolution and Education/Training. It is anticipated that by June 30th, 100% of both Complaint Investigation/Resolution and Education Training will have been provided.

II. PERFORMANCE REPORTING

CONTRACTOR shall report program data as required in the National Ombudsman Reporting System (NORS).

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. CONTRACTOR shall attach a copy of NORS 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. INVOICE/PAYMENT PROVISIONS

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

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is identified in Section I, Services to be Provided, and Section II, Performance Reporting.

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

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2014.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2014 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. **Equipment purchase guidelines are outlined in Exhibit D-5.**

The maximum amount to be paid by COUNTY to CONTRACTOR for Title VII-A Ombudsman for the period July 1, 2013 through September 30, 2013 shall not exceed **six thousand, six hundred and twenty-eight dollars (\$6,628)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **twenty thousand, eight hundred and ninety-nine dollars (\$20,899)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for the period July 1, 2013 to June 30, 2014 shall not exceed **twenty-seven thousand, five hundred and twenty-seven dollars (\$27,527)**.

**OMBUDSMAN INITIATIVE
OMBUDSMAN
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 (SNF's.) This project is part of the Governor's Long-Term Care Consumer Protection Initiative.

Ombudsman Advocates will provide the following specific services:

1. Recruit volunteers from the community to increase the Ombudsman presence in long-term care facilities in Monterey County;
2. Increase the number of volunteers in Medi-Cal facilities **by at least two;**
3. Heighten recruitment efforts in the Latino community to better serve this population;
4. Provide 36-hour certification training **at least once a year;**
5. Provide ongoing training, support and supervision to certified Ombudsman volunteers;
6. Additional number of volunteers in Medi-Cal facilities: **7 or more volunteers;**
7. Additional 36-hour certification training: **1 or more sessions.**

Benchmark of Services Provided: CONTRACTOR shall provide Twenty-five percent (25%) of services specified in No. 1-7, above, as reported in CONTRACTOR's quarterly report. There will be some fluctuation by quarter in the services specified in No. 1-7. It is anticipated that by June 30th, 100% of specified services will have been provided.

II. PERFORMANCE REPORTING

CONTRACTOR shall report program data as required in the National Ombudsman Reporting System (NORS).

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. CONTRACTOR shall attach a copy of NORS 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 AAA 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. INVOICE/PAYMENT PROVISIONS

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

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is identified in Section I, Services to be Provided, and Section II, Performance Reporting.

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

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2014.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2014 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. **Equipment purchase guidelines are outlined in Exhibit D-5.**

The maximum amount to be paid by COUNTY to CONTRACTOR for Ombudsman Initiative – Senior Nursing Facilities (SNF) Quality and Accountability and Special Deposit Fund (SDF) for the period July 1, 2013 through September 30, 2013 shall not exceed **seven thousand, three hundred and thirteen dollars (\$7,313)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **twenty-one thousand, nine hundred and thirty-eight dollars (\$21,938).**

The maximum amount to be paid by COUNTY to CONTRACTOR for the period July 1, 2013 to June 30, 2014 shall not exceed **twenty-nine thousand, two hundred and fifty-one dollars (\$29,251).**

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

I. SERVICES TO BE PROVIDED

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

1. Estimated Number of finalized intakes for each PSA; Clients Counseled: **1,400**
Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.
2. Estimated Number of Public and Media Events: **116**
Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.
3. Estimated Number of Contacts for all Clients Counseled: **5,200**
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: **5,100**
Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.
5. Estimated Number of Contacts with Beneficiaries with Medicare Status Due to a Disability: **800**
Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.
6. Estimated Unduplicated Number of Low Income Beneficiaries: **1,800**
Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).
7. Estimated Number of Enrollment and Enrollment Assistance Contacts: **4,000**
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.

8. Estimated Part D Enrollment and Enrollment Assistance Contacts: **3,500**

Note: This is a subset of all enrollment assistance in #7. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

9. Estimated Number of Counselor FTEs in PSA: **26**

Benchmark of Services Provided:

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

II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the CDA SHARP System by the 10th 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, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. 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. INVOICE/PAYMENT PROVISIONS

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

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is identified in Section I, Services to be Provided, and Section II, Performance Reporting.

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

Exhibit D-2, Annual Closeout Summary, shall be submitted by CONTRACTOR to COUNTY no later than July 10, 2014.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2014 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. **Equipment purchase guidelines are outlined in Exhibit D-5.**

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP services for the period July 1, 2013 through March 31, 2014 shall not exceed **one hundred seventy-one thousand, seven hundred and eighteen dollars (\$171,718).**

MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

Agency:	Alliance on Aging, Inc.
Project:	Outreach 3B

SECTION A:

LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	10,954	1,994
Payroll Taxes	838	
Employee Benefits	1,100	
SUBTOTAL (Personnel Costs):	12,892	1,994
Volunteer Reimbursement		
Travel/Volunteer Travel		
Conference/Training/Meetings		
Professional Fees: Acct/ Legal		
Equipment Purchase		
Equipment Rental and Maintenance	300	
Occupancy	900	
Insurance (Excluding Vehicle & Occupancy)		
Utilities/Communications	231	
Postage/Shipping	25	
Printing / Publications		
Public Relations /Advertising		
Membership Dues and Subscriptions	150	
Supplies	200	
Food/ Food Service		
Vehicle Operation	426	
Overhead: 8% limit of Grant Funding	1,210	
Awards/ Recognition/ Events		
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
Column Totals:	16,334	1,994
	Total Budget:	\$ 18,328

SECTION C:

Funding Source Summary

		Cash	In-Kind	Total Budgeted Amount
Project Income	Section D	-		\$ -
Contributions (+) Non-Matching	Section E	-	-	\$ -
Contributions (+) Matching	Section F	-	1,994	\$ 1,994
AAA Grant Funds		16,334		\$ 16,334
Total Funding		\$ 16,334	\$ 1,994	\$ 18,328

There is a 10.53% minimum matching requirement on Title III B and D funds. 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 contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity giving rise to the income. See related California Department of Aging matching guidelines.

SECTION D:

Schedule of Program Income

	Amount
Total:	\$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			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ -	\$ -

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 SecC.

SECTION F**Schedule of Contributions - Matching**

Source of Contributions		Cash	In-Kind	Total
Donations and Contributions (Excl.Project Income)			1,994	\$ 1,994
Government Agencies:	A -			\$ -
Government Agencies:	B			\$ -
Government Agencies:	C			\$ -
Government Agencies:	D			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ 1,994	\$ 1,994

Total of Cash and In-Kind funds should equal SecC.

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 C funds. To compute amount of match required, take the **Total Funding less Program Income, less non-matching funds, less NSIP funds** and multiply by the minimum % matching requirement above.

Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guidelines.

Matchin req %	GR total	Cash non-match	IK non-match	AAA Claim	Program Income	Cash Match	IK Match	ReqMATC H
#REF!								
Original Amt	18,328	0	0	16,334	0	0	1,994	1,930
Fund increase		0	0	0	0	0	0	0
10.53%	18,328	0	0	16,334	0	0	1,994	1,930
								Difference
Required Match (Orig)	18,328	0	0	16,334	0	0	1,994	match Ok
Required Match (Amend)	18,328	0	0	16,334	0	0	1,994	match Ok

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

SUPPORTIVE SERVICES BUDGET

BUDGET PERIOD: October 1, 2013 THRU June 30, 2014

Name of Agency: Alliance on Aging, Inc.
 Address of Agency: 247 Main street
Salinas, CA 923901
 Project Name: Outreach 3B

Funding Source and Federal Catalog #

Check one: Title III B	<input checked="" type="checkbox"/>	93.044
Title III D		93.043

Budget Version

Check one: Original	<input checked="" type="checkbox"/>	8/8/2013
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.

John A. Assaad 8/8/2013
 Preparer's Signature / Date

John A. Assaad 831.655-4246
 Preparer's Name (Printed) and telephone number

Teresa Sullivan 8/8/2013
 Executive Director's Signature / Date

Teresa Sullivan 831.655-4240
 Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy Required Match of 10.53% Reviewed for Allowable Costs 8% Indirect Cost limit
Budget Template Last Updated: 10/4/12 By Veronica Renteria	Budget Approved by Fiscal Officer: <u>Veronica Renteria 8/15/13</u> Budget Approved by Program: _____ Get-Care Updated by Vendor: _____ Get-Care Verified by Fiscal Officer: _____

MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

Agency:	Alliance on Aging, Inc.
Project:	Outreach 3B

SECTION A:

LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	38,547	6,940
Payroll Taxes	2,949	
Employee Benefits	3,932	
SUBTOTAL (Personnel Costs):	45,428	6,940
Volunteer Reimbursement		
Travel/Volunteer Travel	200	
Conference/Training/Meetings		
Professional Fees: Acct/ Legal	444	
Equipment Purchase		
Equipment Rental and Maintenance	600	
Occupancy	2,670	
Insurance (Excluding Vehicle & Occupancy)		
Utilities/Communications	665	
Postage/Shipping	288	
Printing / Publications	375	
Public Relations /Advertising	1,442	
Membership Dues and Subscriptions	-	
Supplies	900	
Food/ Food Service		
Vehicle Operation	1,275	
Overhead: 8% limit of Grant Funding	4,250	
Awards/ Recognition/ Events		
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
Column Totals:	58,537	6,940
	Total Budget:	\$ 65,477

SECTION C:

Funding Source Summary

		Cash	In-Kind	Total Budgeted Amount
Project Income	Section D	-		\$ -
Contributions (+) Non-Matching	Section E	-	-	\$ -
Contributions (+) Matching	Section F	-	6,940	\$ 6,940
AAA Grant Funds		58,537		\$ 58,537
Total Funding		\$ 58,537	\$ 6,940	\$ 65,477

There is a 10.53% minimum matching requirement on Title III B and D funds. 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 contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity giving rise to the income. See related California Department of Aging matching guidelines.

SECTION D:

Schedule of Program Income

	Amount
Total:	\$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			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ -	\$ -

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 SecC.

SECTION F

Schedule of Contributions - Matching

Source of Contributions		Cash	In-Kind	Total
Donations and Contributions (Excl.Project Income)			6,940	\$ 6,940
Government Agencies:	A -			\$ -
Government Agencies:	B			\$ -
Government Agencies:	C			\$ -
Government Agencies:	D			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ 6,940	\$ 6,940

Total of Cash and In-Kind funds should equal SecC.

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 C funds. To compute amount of match required, take the **Total Funding less Program Income, less non-matching funds, less NSIP funds** and multiply by the minimum % matching requirement above.

Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guidelines.

Matchin req %	GR total	Cash non-match	IK non-match	AAA Claim	Program Income	Cash Match	IK Match	ReqMATC H
#REF!								
Original Amt	65,477	0	0	58,537	0	0	6,940	6,895
Fund increase		0	0	0	0	0	0	0
10.53%	65,477	0	0	58,537	0	0	6,940	6,895
								Difference
Required Match (Orig)	65,477	0	0	58,537	0	0	6,940	match OK
Required Match (Amend)	65,477	0	0	58,537	0	0	6,940	match OK

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

SUPPORTIVE SERVICES BUDGET

BUDGET PERIOD: JULY 1, 2013 THRU SEPTEMBER 30,2013

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main street
Salinas, CA 923901

Project Name: Ombudsman 3B

Funding Source and Federal Catalog #

Check one: Title III B	<input checked="" type="checkbox"/>	93.044
Title III D		93.043

Budget Version

Check one: Original	<input checked="" type="checkbox"/>	8/15/2013
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.

John A. Assaad 08/15/13
Preparer's Signature / Date

John A. Assaad 831.655-4246
Preparer's Name (Printed) and telephone number

Teresa Sullivan 831.655-4240
Executive Director's Signature / Date

Teresa Sullivan 08/15/13
Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy Required Match of 10.53% Reviewed for Allowable Costs 8% Indirect Cost limit
Budget Template Last Updated: 10/4/12 By Veronica Renteria	Budget Approved by Fiscal Officer: <u><i>Veronica Renteria 8/15/13</i></u> Budget Approved by Program: <u><i>[Signature]</i></u> Get-Care Updated by Vendor: _____ Get-Care Verified by Fiscal Officer: _____

MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

Agency:	Alliance on Aging, Inc.
Project:	Ombudsman 3B

SECTION A:

LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	2,806	1,125
Payroll Taxes	217	
Employee Benefits	418	
SUBTOTAL (Personnel Costs):	3,441	1,125
Volunteer Reimbursement	75	
Travel/Volunteer Travel	100	
Conference/Training/Meetings	-	
Professional Fees: Acct/ Legal	75	
Equipment Purchase	-	
Equipment Rental and Maintenance	335	
Occupancy	162	
Insurance (Excluding Vehicle & Occupancy)	-	
Utilities/Communications	125	
Postage/Shipping	23	
Printing / Publications	125	
Public Relations /Advertising	75	
Membership Dues and Subscriptions		
Supplies	100	
Food/ Food Service	176	
Vehicle Operation		
Overhead: 8% limit of Grant Funding	241	
Awards/ Recognition/ Events		
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
Column Totals:	5,053	1,125
	Total Budget:	\$ 6,178

Alliance on Aging, Inc.

SECTION B:

SCHEDULE OF PERSONNEL COSTS

No.	Paid Staff Positions	Annual Salary	% on Prgm	Program Cost
1	Senior Ombudsman	\$33,415.00	2%	\$ 708
1	Staff Ombudsman	\$30,940.00	2%	\$ 656
1	AOA Progrqam Director	\$65,998.00	1%	\$ 700
1	Finance Director	\$59,399.00	1%	\$ 475
1	Administrative Assistant	\$34,632.00	1%	\$ 173
1	Accounting Assistant	\$18,815.00	1%	\$ 94
1				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	Total Salaries	\$ 243,199		\$ 2,806.00
	Payroll Taxes			\$ 217.00
	Employee Benefits			\$ 418.00
	Total Paid Staff			\$ 3,441.00

No.	In-Kind: Donated Services	Hourly Wage	Hrs on Prgm	Program Cost
3	Ombudsman Volunteers	\$25.00	15	\$ 1,125
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	Total In-Kind Staff			\$ 1,125

	Total Personnel Costs			\$ 4,566
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Costs reflected on this page must equal subtotal (Personnel Costs) shown on Page 2 (SecA), columns 2 and 3.

SECTION C:

Funding Source Summary

		Cash	In-Kind	Total Budgeted Amount
Project Income	Section D	-		\$ -
Contributions (+) Non-Matching	Section E	-	-	\$ -
Contributions (+) Matching	Section F	-	1,125	\$ 1,125
AAA Grant Funds		5,053		\$ 5,053
Total Funding		\$ 5,053	\$ 1,125	\$ 6,178

There is a 10.53% minimum matching requirement on Title III B and D funds. 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 contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity giving rise to the income. See related California Department of Aging matching guidelines.

SECTION D:

Schedule of Program Income

	Amount
Total:	\$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			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ -	\$ -

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 SecC.

SECTION F

Schedule of Contributions - Matching

Source of Contributions		Cash	In-Kind	Total
Donations and Contributions (Excl.Project Income)			1,125	\$ 1,125
Government Agencies:	A -			\$ -
Government Agencies:	B			\$ -
Government Agencies:	C			\$ -
Government Agencies:	D			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ 1,125	\$ 1,125

Total of Cash and In-Kind funds should equal SecC.

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 C funds. To compute amount of match required, take the **Total Funding** less Program Income, less non-matching funds, less NSIP funds and multiply by the minimum % matching requirement above.

Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guidelines.

Matchin req %	GR total	Cash non-match	IK non-match	AAA Claim	Program Income	Cash Match	IK Match	ReqMATC H
#REF!								
Original Amt	6,178	0	0	5,053	0	0	1,125	651
Fund increase		0	0	0	0	0	0	0
10.53%	6,178	0	0	5,053	0	0	1,125	651
								Difference
Required Match (Orig)	6,178	0	0	5,053	0	0	1,125	match OK
Required Match (Amend)	6,178	0	0	5,053	0	0	1,125	match OK

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

SUPPORTIVE SERVICES BUDGET

BUDGET PERIOD: OCTOBER 1, 2013 THRU JUNE 30, 2014

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main street
Salinas, CA 923901

Project Name: Ombudsman 3B

Funding Source and Federal Catalog #

Check one: Title III B	<input checked="" type="checkbox"/>	93.044
Title III D		93.043

Budget Version

Check one: Original	<input checked="" type="checkbox"/>	8/15/2013
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.

John A. Assaad 08/15/13
Preparer's Signature / Date

John A. Assaad 831.655-4246
Preparer's Name (Printed) and telephone number

Teresa Sullivan 08/15/13
Executive Director's Signature / Date

Teresa Sullivan 831.655-4240
Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy Required Match of 10.53% Reviewed for Allowable Costs 8% Indirect Cost limit
Budget Template Last Updated: 10/4/12 By Veronica Renteria	Budget Approved by Fiscal Officer: <u><i>Veronica Renteria 8/15/13</i></u> Budget Approved by Program: <u><i>[Signature] 8/15/13</i></u> Get-Care Updated by Vendor: _____ Get-Care Verified by Fiscal Officer: _____

MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

Agency:	Alliance on Aging, Inc.
Project:	Ombudsman 3B

SECTION A:

LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	10,155	2,250
Payroll Taxes	777	
Employee Benefits	1,497	
SUBTOTAL (Personnel Costs):	12,429	2,250
Volunteer Reimbursement	100	
Travel/Volunteer Travel	262	
Conference/Training/Meetings	-	
Professional Fees: Acct/ Legal	200	
Equipment Purchase	-	
Equipment Rental and Maintenance	627	
Occupancy	627	
Insurance (Excluding Vehicle & Occupancy)	-	
Utilities/Communications	325	
Postage/Shipping	67	
Printing / Publications		
Public Relations /Advertising	50	
Membership Dues and Subscriptions	105	
Supplies	300	
Food/ Food Service	600	
Vehicle Operation		
Overhead: 8% limit of Grant Funding	1,255	
Awards/ Recognition/ Events		
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
Column Totals:	16,947	2,250
	Total Budget:	\$ 19,197

Alliance on Aging, Inc.

SECTION B:

SCHEDULE OF PERSONNEL COSTS

No.	Paid Staff Positions	Annual Salary	% on Prgm	Program Cost
1	Senior Ombudsman	\$33,415.00	8%	\$ 2,633
1	Staff Ombudsman	\$30,940.00	8%	\$ 2,438
1	AOA Progrqam Director	\$65,998.00	4%	\$ 2,600
1	Finance Director	\$59,399.00	3%	\$ 1,871
1	Administrative Assistant	\$34,632.00	2%	\$ 519
1	Accounting Assistant	\$18,815.00	1%	\$ 94
1				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	Total Salaries	\$ 243,199		\$ 10,155.00
	Payroll Taxes			\$ 777.00
	Employee Benefits			\$ 1,497.00
	Total Paid Staff			\$ 12,429.00

No.	In-Kind: Donated Services	Hourly Wage	Hrs on Prgm	Program Cost
3	Ombudsman Volunteers	\$25.00	30	\$ 2,250
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	Total In-Kind Staff			\$ 2,250

	Total Personnel Costs			\$ 14,679
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Costs reflected on this page must equal subtotal (Personnel Costs) shown on Page 2 (SecA), columns 2 and 3.

SECTION C:

Funding Source Summary

		Cash	In-Kind	Total Budgeted Amount
Project Income	Section D	-		\$ -
Contributions (+) Non-Matching	Section E	-	-	\$ -
Contributions (+) Matching	Section F	-	2,250	\$ 2,250
AAA Grant Funds		16,947		\$ 16,947
Total Funding		\$ 16,947	\$ 2,250	\$ 19,197

There is a 10.53% minimum matching requirement on Title III B and D funds. 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 contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity giving rise to the income. See related California Department of Aging matching guidelines.

SECTION D:

Schedule of Program Income

	Amount
Total:	\$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			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ -	\$ -

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 SecC.

SECTION F

Schedule of Contributions - Matching

Source of Contributions		Cash	In-Kind	Total
Donations and Contributions (Excl. Project Income)			2,250	\$ 2,250
Government Agencies:	A -			\$ -
Government Agencies:	B			\$ -
Government Agencies:	C			\$ -
Government Agencies:	D			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Totals:		\$ -	\$ 2,250	\$ 2,250

Total of Cash and In-Kind funds should equal SecC.

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 C funds. To compute amount of match required, take the **Total Funding** less Program Income, less non-matching funds, less NSIP funds and multiply by the minimum % matching requirement above. Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guidelines.

Matchin req %	GR total	Cash non-match	IK non-match	AAA Claim	Program Income	Cash Match	IK Match	ReqMATC H
#REF!								
Original Amt	19,197	0	0	16,947	0	0	2,250	2,021
Fund increase		0	0	0	0	0	0	0
10.53%	19,197	0	0	16,947	0	0	2,250	2,021
								Difference
Required Match (Orig)	19,197	0	0	16,947	0	0	2,250	match OK
Required Match (Amend)	19,197	0	0	16,947	0	0	2,250	match OK

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

BUDGET PERIOD: JULY 1, 2013 THRU September 30, 2013

Name of Agency: Alliance On Aging, Inc.

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Ombudsman VII A

Funding Source and Catalog #

Check one:	Title VII A	<input checked="" type="checkbox"/>	93.042
	Title VII B		93.041

Budget Version

Check one:	Original	<input checked="" type="checkbox"/>	8/8/2013
	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.

John A. Assaad 8/8/2013
Preparer's Signature / Date

John A. Assaad 831.655-4246
Preparer's Name (Printed) and telephone number

Teresa Sullivan 8/8/2013
Executive Director's Signature / Date

Teresa Sullivan 831.655-4240
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 8% Indirect Cost limit Budget Approved by Fiscal: <u><i>Veronica Renteria 8/15/13</i></u>
Budget Template Last Updated: 10/4/12 By Veronica Renteria	Budget Approved by Program: _____ Get Care Updated by Vendor: _____ Get Care Verified by Fiscal: _____

Agency Name: Alliance On Aging, Inc.

SECTION A:

BUDGET SUMMARY

Categories of Expenses		Ombudsman VII A		Total Budget	
Personnel		\$	5,004	\$	5,004
Operating Expenses		\$	1,624	\$	1,624
Total		\$	6,628	\$	6,628
Source of Revenue		Ombudsman VII A		Total Budget	
		Cash	In-Kind	Cash	In-Kind
<i>AAA Grant</i>		\$ 6,628	\$ -	\$ 6,628	\$ -
Project Income				\$ -	
Other Federal Funds	<i>Matching</i>			\$ -	\$ -
	<i>Non-matching</i>			\$ -	\$ -
Other State Funds	<i>Matching</i>			\$ -	\$ -
	<i>Non-matching</i>			\$ -	\$ -
County/City Funds	<i>Matching</i>			\$ -	\$ -
	<i>Non-matching</i>			\$ -	\$ -
Private Grants	<i>Matching</i>			\$ -	\$ -
	<i>Non-matching</i>			\$ -	\$ -
Net Fundraising	<i>Matching</i>			\$ -	\$ -
	<i>Non-matching</i>			\$ -	\$ -
Totals by match	<i>Matching</i>	\$ -	\$ -	\$ -	\$ -
	<i>Non-matching</i>	\$ -	\$ -	\$ -	\$ -
TOTAL		\$	6,628	\$	6,628

\$ - \$ -

SECTION C:

Alliance On Aging, Inc.
**OPERATING EXPENSES / EQUIPMENT
 AND INDIRECT COSTS**

OPERATING EXPENSE & EQUIPMENT	Ombudsman VII A		Total Budget	
	Cash	In-Kind	Cash	In-Kind
Volunteer Reimbursement			\$ -	\$ -
Travel	\$ 332		\$ 332	\$ -
Conference/Trainings/Meetings	\$ -		\$ -	\$ -
Professional Fees: Acct/ Legal	\$ 240		\$ 240	\$ -
Equipment Purchase	\$ -		\$ -	\$ -
Equipment Rental and Maintenance	\$ 150		\$ 150	\$ -
Occupancy	\$ 200		\$ 200	\$ -
Insurance (Excluding Veh. & Occ.)	\$ -		\$ -	\$ -
Utilities	\$ 112		\$ 112	\$ -
Postage/ Shipping	\$ 17		\$ 17	\$ -
Printing / Publications	\$ -		\$ -	\$ -
Public Relations /Advertising	\$ 10		\$ 10	\$ -
Membership Dues and Subscriptions	\$ -		\$ -	\$ -
Supplies	\$ 35		\$ 35	\$ -
Food/Food Service	\$ 37		\$ 37	\$ -
Vehicle Operation	\$ -		\$ -	\$ -
Overhead: 8% limit of Grant Funding	\$ 491		\$ 491	\$ -
Awards/ Events			\$ -	\$ -
Client Support			\$ -	\$ -
Federal Mental Health Initiative			\$ -	\$ -
Low Income Subsidy			\$ -	\$ -
Depreciation			\$ -	\$ -
Nutrition Education			\$ -	\$ -
Bank Service Fees			\$ -	\$ -
Subcontractor			\$ -	\$ -
Miscellaneous			\$ -	\$ -
Total Operating Expenses	1,624	-	1,624	-

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

BUDGET PERIOD: October 1, 2013 THRU June 30, 2014

Name of Agency: Alliance On Aging, Inc.

Address of Agency: 247 Main Street
Salinas, CA 93901

Project Name: Ombudsman VII A

Funding Source and Catalog #

Check one:	Title VII A	<input checked="" type="checkbox"/>	93.042
	Title VII B	<input type="checkbox"/>	93.041

Budget Version

Check one:	Original	<input checked="" type="checkbox"/>	8/8/2013
	Revision	<input type="checkbox"/>	

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.

John A. Assaad 8/8/2013
Preparer's Signature / Date

John A. Assaad 831.655-4246
Preparer's Name (Printed) and telephone number

Teresa Sullivan 8/8/2013
Executive Director's Signature / Date

Teresa Sullivan 831.655-4240
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
8% Indirect Cost limit

Budget Approved by Fiscal: *Veronica Renteria 8/15/13*

Budget Template Last Updated:

Budget Approved by Program: _____

10/4/12 By Veronica Renteria

Get Care Updated by Vendor: _____

Get Care Verified by Fiscal: _____

Agency Name: Alliance On Aging, Inc.
SECTION A:

BUDGET SUMMARY

Categories of Expenses		Ombudsman VII A		Total Budget	
Personnel		\$	17,966	\$	17,966
Operating Expenses		\$	2,933	\$	2,933
Total		\$	20,899	\$	20,899
Source of Revenue		Ombudsman VII A		Total Budget	
		Cash	In-Kind	Cash	In-Kind
<i>AAA Grant</i>		\$ 20,899	\$ -	\$ 20,899	\$ -
Project Income				\$ -	
Other Federal Funds	<i>Matching</i>			\$ -	\$ -
	<u>Non-matching</u>			\$ -	\$ -
Other State Funds	<i>Matching</i>			\$ -	\$ -
	<u>Non-matching</u>			\$ -	\$ -
County/City Funds	<i>Matching</i>			\$ -	\$ -
	<u>Non-matching</u>			\$ -	\$ -
Private Grants	<i>Matching</i>			\$ -	\$ -
	<u>Non-matching</u>			\$ -	\$ -
Net Fundraising	<i>Matching</i>			\$ -	\$ -
	<u>Non-matching</u>			\$ -	\$ -
Totals by match	<i>Matching</i>	\$ -	\$ -	\$ -	\$ -
	<u>Non-matching</u>	\$ -	\$ -	\$ -	\$ -
TOTAL		\$	20,899	\$	20,899

\$ - \$ -

SECTION C:

Alliance On Aging, Inc.
OPERATING EXPENSES / EQUIPMENT
AND INDIRECT COSTS

OPERATING EXPENSE & EQUIPMENT	Ombudsman VII A		Total Budget	
	Cash	In-Kind	Cash	In-Kind
Volunteer Reimbursement			\$ -	\$ -
Travel	\$ 350		\$ 350	\$ -
Conference/Trainings/Meetings	\$ -		\$ -	\$ -
Professional Fees: Acct/ Legal	\$ 169		\$ 169	\$ -
Equipment Purchase	\$ -		\$ -	\$ -
Equipment Rental and Maintenance	\$ 200		\$ 200	\$ -
Occupancy	\$ 408		\$ 408	\$ -
Insurance (Excluding Veh. & Occ.)	\$ -		\$ -	\$ -
Utilities	\$ 124		\$ 124	\$ -
Postage/ Shipping	\$ 17		\$ 17	\$ -
Printing / Publications	\$ -		\$ -	\$ -
Public Relations /Advertising	\$ 50		\$ 50	\$ -
Membership Dues and Subscriptions	\$ -		\$ -	\$ -
Supplies	\$ 100		\$ 100	\$ -
Food/Food Service	\$ 50		\$ 50	\$ -
Vehicle Operation	\$ -		\$ -	\$ -
Overhead: 8% limit of Grant Funding	\$ 1,465		\$ 1,465	\$ -
Awards/ Events			\$ -	\$ -
Client Support			\$ -	\$ -
Federal Mental Health Initiative			\$ -	\$ -
Low Income Subsidy			\$ -	\$ -
Depreciation			\$ -	\$ -
Nutrition Education			\$ -	\$ -
Bank Service Fees			\$ -	\$ -
Subcontractor			\$ -	\$ -
Miscellaneous			\$ -	\$ -
Total Operating Expenses	2,933	-	2,933	-

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

HEALTH INSURANCE AND COUNSELING ADVOCACY PROGRAM

BUDGET PERIOD: JULY 1, 2013 THRU March 31, 2014

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: HEALTH INSURANCE AND COUNSELING ADVOCACY PROGRAM (HICAP)

Funding Source and Catalog #

Check one:	Federal Funds	<input checked="" type="checkbox"/>	93.779
	State Funds	<input checked="" type="checkbox"/>	HICAP

Budget Version

Check one:	Original	<input checked="" type="checkbox"/>	8/15/2013
	Revision #	<input type="checkbox"/>	

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.

John A. Assaad 8/15/2013
Preparer's Signature / Date

John A. Assaad 831.655-4246
Preparer's Name (Printed) and telephone number

Teresa Sullivan 8/15/2013
Executive Director's Signature / Date

Teresa Sullivan 831.655-4240
Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:

Reviewed for: completeness and accuracy
No matching requirement
Reviewed for Allowable Costs
8% Indirect Cost limit

Budget Approved by Fiscal Officer: *[Signature]* 8/15/13
Budget Approved by Program: *[Signature]*
Mis.Mdb updated by Fiscal Officer: *[Signature]*
New Mis.Mdb sent to provider: _____

Agency Name: Alliance on Aging, Inc.

SECTION A:

BUDGET SUMMARY

Categories of Expenses		Fed Ship Fund		HICAP Fund		HICAP Reimb		Fed Ship Rural Fund		Total Budget	
Personnel		\$ 30,716		\$ 29,900		\$ 58,131		\$ -		\$ 118,747	
Operating Expenses		\$ 23,970		\$ 9,106		\$ 19,895		\$ -		\$ 52,971	
Total		\$ 54,686		\$ 39,006		\$ 78,026		\$ -		\$ 171,718	
Source of Revenue		Fed Ship Fund		HICAP Fund		HICAP Reimb		Fed Ship Rural Fund		Total Budget	
		Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
<i>AAA Grant</i>		\$ 54,686		\$ 39,006		\$ 78,026				\$ 171,718	
Project Income											
Other Federal Funds	Matching									\$ -	\$ -
	Non-matching									\$ -	\$ -
Other State Funds	Matching									\$ -	\$ -
	Non-matching									\$ -	\$ -
County/City Funds	Matching									\$ -	\$ -
	Non-matching									\$ -	\$ -
Private Grants										\$ -	\$ -
	Non-matching									\$ -	\$ -
Net Fundraising	Matching		\$ -		\$ -					\$ -	\$ -
	Non-matching									\$ -	\$ -
Totals by match	Matching	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Non-matching	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 54,686		\$ 39,006		\$ 78,026		\$ -		\$ 171,718	

\$ - \$ - \$ - \$ - \$ -

SECTION C:

Alliance on Aging, Inc.
 OPERATING EXPENSES / EQUIPMENT
 AND INDIRECT COSTS

OPERATING EXPENSE & EQUIPMENT	Fed Ship Fund		HICAP Fund		HICAP Reimb		Fed Ship Rural Fund		Total Budget	
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Volunteer Reimbursement									\$ -	\$ -
Travel	\$ 700		\$ 250		\$ 400				\$ 1,350	\$ -
Conference/Trainings/Meetings	\$ 1,000		\$ 250		\$ 799				\$ 2,049	\$ -
Professional Fees: Acct/ Legal	\$ 1,000		\$ 500		\$ 831				\$ 2,331	\$ -
Equipment Purchase									\$ -	\$ -
Equipment Rental and Maintenance	\$ 2,103		\$ 561		\$ 841				\$ 3,505	\$ -
Occupancy	\$ 4,745		\$ 1,739		\$ 4,645				\$ 11,129	\$ -
Insurance (Excluding Veh. & Occ.)									\$ -	\$ -
Utilities	\$ 1,141		\$ 600		\$ 1,600				\$ 3,341	\$ -
Postage/ Shipping	\$ 100		\$ 80		\$ 150				\$ 330	\$ -
Printing / Publications	\$ 730		\$ 100		\$ 400				\$ 1,230	\$ -
Public Relations /Advertising	\$ 1,697		\$ 600		\$ 1,600				\$ 3,897	\$ -
Membership Dues and Subscriptions	\$ 1,214		\$ 313		\$ 600				\$ 2,127	\$ -
Supplies	\$ 1,050		\$ 874		\$ 1,500				\$ 3,424	\$ -
Food/Food Service	\$ 500		\$ -		\$ -				\$ 500	\$ -
Vehicle Operation	\$ 902		\$ 350		\$ 750				\$ 2,002	\$ -
Overhead: 8% limit of Grant Funding	\$ 4,050		\$ 2,889		\$ 5,779				\$ 12,718	\$ -
Awards/ Events									\$ -	\$ -
Client Support									\$ -	\$ -
Federal Mental Health Initiative	\$ 3,038								\$ 3,038	\$ -
Low Income Subsidy									\$ -	\$ -
Depreciation									\$ -	\$ -
Nutrition Education									\$ -	\$ -
Bank Service Fees									\$ -	\$ -
Subcontractor									\$ -	\$ -
Miscellaneous									\$ -	\$ -
Total Operating Expenses	23,970	-	9,106	-	19,895	-	-	-	52,971	-

SECTION D:

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)]:	
<input type="checkbox"/> Yes	Amount Budgeted:
At least 5% of HICAP Ship funds used for mental health dual beneficiary with health disabilities:	
<input checked="" type="checkbox"/> Yes	Amount Budgeted: \$3,038

EQUIPMENT PURCHASES

- A. Unless otherwise provided for in this Article, property refers to all assets used in operation of this Agreement.
1. Property includes land, buildings, improvements, machinery, vehicles, furniture, tools, and intangibles, etc.
 2. Property does not include consumable office supplies such as paper, pencils, toner, file folders, etc.
- B. Property meeting all of the following criteria are subject to the reporting requirements:
1. Has a normal useful life of at least 1 year
 2. Has a unit acquisition cost of at least \$500 (a desktop or laptop setup, including all peripherals is considered a unit, if purchased as a unit)
 3. Is used to conduct business under this Agreement
- C. Intangibles are property which lack physical substance but give valuable rights to the owner. Examples of intangible property include patents, copyrights, leases, and computer software. By contrast, hardware consists of tangible equipment (e.g., computer printer, terminal, etc.).
- Costs include all amounts incurred to acquire and to ready the intangible asset for its intended use. Typical intangible property costs include the purchase price, legal fees, and other costs incurred to obtain title to the asset.
- D. The Contractor shall submit the *Equipment Acquisition Report*, **Exhibit D-3**, with the Contractor's invoice to the County as appropriate. Equipment must be received by June 30 for expenses to be claimed against this agreement. Any equipment or physical assets obtained by Contractor utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the County, and tendered to the County upon termination of services by Contractor.
- E. The Contractor shall keep track of property purchased with *AAA or Matching funds*, and submit to the County annually with the Closeout, a cumulative inventory of all property furnished or purchased by the Contractor with funds awarded under the terms of this Agreement or any predecessor agreement for the same purpose.
- F. Disposal of Property
1. Prior to disposal of any property purchased by the Contractor with funds from this Agreement or any predecessor Agreement, the Contractor must obtain approval from the County. Disposition, which includes sale, trade-

in, discarding, or transfer to another agency may not occur until approval is received from the County. The Contractor shall e-mail to the County a request to dispose of equipment and a list of item(s). Once approval for disposal has been received from CDA, the County will notify the Contractor and the item(s) shall be removed from the Contractor's inventory report.

2. Contractor must remove all confidential, sensitive, or personal information from CDA property prior to disposal, including removal or destruction of data on computing devices with digital memory and storage capacity. This includes, but is not limited to magnetic tapes, flash drives, personal computers, personal digital assistants (PDAs), cell or smart phones, multi-function printers, and laptops.
- G. The Contractor shall immediately investigate and within five (5) days fully document the loss, destruction, or theft of such property.
- H. The State reserves title to all State-purchased or financed property not fully consumed in the performance of this Agreement, unless otherwise required by federal law or regulations or as otherwise agreed by the parties.
- I. The Contractor shall exercise due care in the use, maintenance, protection, and preservation of such property during the period of the project, and shall assume responsibility for replacement or repair of such property during the period of the project, or until the Contractor has complied with all written instructions from the County regarding the final disposition of the property.
- J. In the event of the Contractor's dissolution or upon termination of this Agreement, the Contractor shall provide a final property inventory to the County. The County reserves the right to require the Contractor to transfer such property to another entity, or to the State.
- K. The Contractor shall use the property for the purpose for which it was intended under the Agreement. When no longer needed for that use, the Contractor shall use it, if needed, and with written approval of the County for other purposes in this order:
1. Another program providing the same or similar service
 2. Another program
- L. The Contractor may share use of the property and equipment or allow use by other programs, upon written approval of the County. As a condition of the approval, the County may require reimbursement under this Agreement for its use.
- M. The Contractor shall not use equipment or supplies acquired under this Agreement with federal and/or State monies for personal gain or to usurp the competitive advantage of a privately-owned business entity.
- N. If purchase of equipment is a reimbursable item, the equipment to be purchased will be specified in the budget.