

COUNTY OF MONTEREY

ORIGINAL

Alliance on Aging

AMENDMENT #1 to AGREEMENT #A-12895

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 services to Monterey County seniors between the parties executed on July 28, 2015 (hereinafter, "Original Agreement ") by **increasing the Federal Share of cost by \$75,757, effective February 1, 2016, increasing the total contract amount to \$443,610.** Therefore, the parties agree:

- 1. Section 1.0 GENERAL DESCRIPTION of the Original Agreement is amended to read as follows:

- 1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibits AA, A-1, AA-2, AA-3, AA-4, AA-5, and AA-6** in conformity with the terms of this Agreement. The services are generally described as follows: Provide Outreach, Long Term Care Obudsman, Health Insurance Counseling and Advocacy (HICAP), and Medi-Care Improvements for Patients & Providers (MIPPA) services to Monterey County seniors.

- 2. Section 2.0 PAYMENT PROVISIONS of the Original Agreement is amended to read as follows:

- 2.01 COUNTY shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibits AA, A-1, AA-2, AA-3, AA-4, AA-5, and AA-6**, subject to the limitations set forth in this Agreement. The total amount payable by COUNTY to CONTRACTOR under this agreement shall not exceed the sum of **\$443,610.**

- 3. Section 4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS of the Original Agreement is amended to read as follows:

- 4.01 The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

- Exhibit AA Scope of Service/ Management Information System Data/Budget/Payment Provisions/Reporting Requirements**
 - A-1 Title III B, Outreach**
 - AA-2 Title III B, Ombudsman**
 - AA-3 Title VII A, Ombudsman**
 - AA-4 Ombudsman Initiative**

ORIGINAL

	AA-5 HICAP
	AA-6 MIPPA
Exhibit B	DSS Additional Provisions
	Program Budgets
	C-1 Title III B, Outreach
	CC-2 Title III B, Ombudsman
	CC-3 Title VII A, Ombudsman
	CC-4 Ombudsman Initiative
	CC-5 HICAP
	CC-6 MIPPA
Exhibit D-1	Sample Invoice
Exhibit D-2	Sample Annual Closeout Summary
Exhibit D-3	Equipment Acquisition Report
Exhibit D-4	Sample Quarterly Narrative Report
Exhibit D-5	Equipment Purchase Guidelines
Exhibit E	HIPAA Certification
Exhibit F	Elder Abuse & Neglect Reporting Certification
Exhibit G	Lobbying Certification
Exhibit H	Audit Requirements

4. Sections 1.03 and 2.01 of Exhibit B of the Original Agreement are amended to read as follows:

1.03 Allowable Costs: Allowable costs shall be the CONTRACTOR's actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the budget, attached hereto as Exhibits C-1, **CC-2, CC-3, CC-4, CC-5 and CC-6**. Only the costs listed in Exhibits C-1, **CC-2, CC-3, CC-4, CC-5 and CC-6** as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of 45 Code of Federal Regulations, Part 74, Sub-Part F and 48 Code of Federal Regulations (CFR), Chapter 1, Part 31.

2.01 Outcome objectives and performance standards: CONTRACTOR shall for the entire term of this Agreement provide the service outcomes set forth in **Exhibits AA, A-1, AA-2, AA-3, AA-4, AA-5 and AA-6**. CONTRACTOR shall meet the contracted level of service and the specified performance standards described in **Exhibits AA, A-1, AA-2, AA-3, AA-4, AA-5, and AA-6** unless prevented from doing so by circumstances beyond CONTRACTOR's control, including but not limited to, natural disasters, fire, theft, and shortages of necessary supplies or materials due to labor disputes.

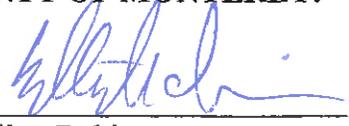
5. Exhibits A, A-2, A-3, A-4, A-5, A-6, C-2, C-3, C-4, C-5 and C-6 of the Original Agreement are rescinded, and replaced by Exhibits **AA, AA-2, AA-3, AA-4, AA-5, AA-6, CC-2, CC-3, CC-4, CC-5 and CC-6**, attached.

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

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

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

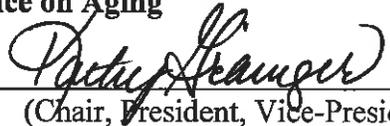
COUNTY OF MONTEREY:

By: 
Elliott Robinson
Director, DSS

Date: 4/19/16

CONTRACTOR:

Alliance on Aging

By: 
(Chair, President, Vice-President

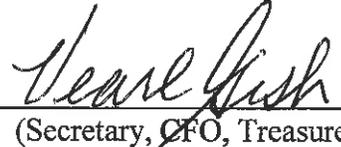
Chair
(Print Name & Title)

Date: 3/3/16

Approved as to Form:


Deputy County Counsel

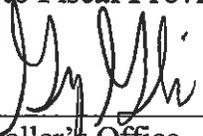
Date: 3/10/16

By: 
(Secretary, CFO, Treasurer)

Secretary
(Print Name and Title)

Date: 3/3/16

Approved as to Fiscal Provisions:


Auditor-Controller's Office

Date: 3/11/16

SCOPE OF SERVICES/PAYMENT PROVISIONS

**ALLIANCE ON AGING
JULY 1, 2015 to JUNE 30, 2016**

I. CONTACT INFORMATION

Contact Person: Teresa Sullivan, Executive Director
(831) 758-4011
tsullivan@allianceonaging.org

Disaster Preparedness Coordinator: Becky Mann, Director of Operations
(831) 758-4011
bmenn@allianceonaging.org

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 A-1, AA-2, AA-3, AA-4, AA-5 and AA-6.

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 A-1, AA-2, AA-3, AA-4, AA-5 and AA-6.

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

VII. INVOICE/PAYMENT PROVISIONS

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

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

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

COUNTY shall pay CONTRACTOR in accordance with Article 6, Payment Conditions of the Agreement. Claims for payment shall be submitted in the form set forth in Exhibit D-1, Sample Invoice, by the 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, 2016.

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.

VIII. PAYMENT SUMMARY

<i>Funding Type</i>	<i>FY 2015-16 TOTALS</i>	<i>7/1/15- 9/30/15 Maximum Amounts</i>
Title III B, Outreach	\$74,871	\$18,718
Title III B, Ombudsman	\$32,286	\$5,518
Title VII A, Ombudsman	\$28,238	\$6,948
Ombudsman Initiative SDF & SNF	\$37,283	\$7,178
Ombudsman Initiative Public Health L&C	\$4,070	\$0
<i>SUB-TOTALS:</i>	\$176,748	\$38,362

The maximum amount to be paid by COUNTY to CONTRACTOR for Outreach and all Ombudsman Services for the period July 1, 2015 through September 30, 2015 shall not exceed thirty-eight thousand, three hundred and sixty-two dollars (\$38,362). Unused funds will roll-over to the remaining contract period beginning October 1, 2015.

The total amount to be paid for the period July 1, 2015 to June 30, 2016 shall not exceed one hundred seventy-six thousand seven hundred and forty-eight dollars (\$176,748).

<i>Funding Type</i>	<i>7/1/15 – 3/31/16 Amounts</i>	<i>4/1/16 – 6/30/16 Amounts</i>	<i>FY 2015-16 TOTALS</i>
HICAP Reimbursements	\$77,999	\$26,001	\$104,000
State HICAP Fund	\$38,992	\$12,998	\$51,990
Federal SHIP Funds	\$73,656	\$24,332	\$97,988
<i>SUB-TOTALS:</i>	\$190,647	\$63,331	\$253,978

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2015 through March 31, 2016 shall not exceed **one hundred ninety thousand, six hundred and forty-seven dollars (\$190,647)** and for the period April 1, 2016 through June 30, 2016 shall not exceed **sixty-three thousand, three hundred and thirty-one dollars (\$63,331)**.

The total amount payable by COUNTY to CONTRACTOR for the period July 1, 2015 through June 30, 2016 shall not exceed **two hundred fifty-three thousand, nine hundred and seventy-eight dollars (\$253,978)**.

<i>Funding Type</i>	<i>7/1/15– 9/29/15 Amounts</i>	<i>02/01/16 – 6/30/16 Amounts</i>	<i>FY 2015-16 TOTALS</i>
AAA MIPPA	\$1,332	\$2,977	\$4,309
HICAP MIPPA	\$2,644	\$5,931	\$8,575
<i>SUB-TOTALS:</i>	\$3,976	\$8,908	\$12,884

The maximum amount payable by COUNTY to CONTRACTOR for MIPPA Services for the period July 1, 2015 through September 29, 2015 shall not exceed three thousand, nine hundred and seventy-six dollars (\$3,976), and for the period February 1, 2016 through June 30, 2016 shall not exceed eight thousand nine hundred and eight dollars (\$8,908).

The maximum amount to be paid by COUNTY to CONTRACTOR for MIPPA Services for the period July 1, 2015 through June 30, 2016 shall not exceed **twelve thousand eight hundred and eighty-four dollars (\$12,884)**.

GRAND TOTAL:	\$443,610
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The total amount payable by COUNTY to CONTRACTOR for all services under this Agreement for the period July 1, 2015 through June 30, 2016 shall not exceed **four hundred forty-three thousand, six hundred and ten dollars (\$443,610)**.

This Agreement is funded by the California Department of Aging (CDA) Agreements #AP-1516-32, #HI-1516-32, #MI-1516-32 and #MI-1517-32. The terms and conditions of these CDA Agreements are incorporated herein by reference, and on file with County's Department of Social Services. Upon request, County will provide an electronic copy of the Agreement to Contractor.

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 30 th :	278 Units	(25%)
by December 31 st :	556 Units	(50%)
by March 31 st :	834 Units	(75%)
by June 30 th :	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 ODIN reporting system.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2015, January 10, 2016, April 10, 2016 and July 10, 2016. 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 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.

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 maximum amount to be paid by COUNTY to CONTRACTOR for Title III-B-Ombudsman for the period July 1, 2015 through September 30, 2015 shall not exceed five thousand, five hundred and eighteen dollars (\$5,518). Unused funds will roll-over to the remaining contract period beginning October 1, 2015.

The total amount to be paid for the period July 1, 2015 to June 30, 2016 shall not exceed **thirty-two thousand two hundred and eighty-six dollars (\$32,286)**.

**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 ODIN reporting system.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2015, January 10, 2016, April 10, 2016 and July 10, 2016. 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.

V. PAYMENT SUMMARY

The maximum amount to be paid by COUNTY to CONTRACTOR for Title VII-A Ombudsman for the period July 1, 2015 through September 30, 2015 shall not exceed six thousand, nine hundred and forty-eight dollars (\$6,948). Unused funds will roll-over to the remaining contract period beginning October 1, 2015.

The total amount to be paid for the period July 1, 2015 to June 30, 2016 shall not exceed **twenty-eight thousand, two hundred and thirty-eight dollars (\$28,238)**.

**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 ODIN reporting system.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2015, January 10, 2016, April 10, 2016 and July 10, 2016. 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 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. PAYMENT SUMMARY

The maximum amount payable by COUNTY to CONTRACTOR for Ombudsman Initiative – Senior Nursing Facilities (SNF) Quality and Accountability and Special Deposit Fund (SDF) for the period July 1, 2015 through September 30, 2015 shall not exceed seven thousand, one hundred and seventy-eight dollars (\$7,178). Unused funds will roll-over to the remaining contract period beginning October 1, 2015.

The Special Deposit Fund has changed to the State Health Facilities Citation Penalties Account. The name will change in the next fiscal year.

The maximum amount payable by COUNTY to CONTRACTOR for the above services for the period July 1, 2015 – June 30, 2016 shall not exceed thirty-seven thousand two hundred and eighty-three dollars (\$37,283).

The Public Health Licensing & Certification Program Fund (PHLC) is a new funding source. The maximum amount payable by COUNTY to CONTRACTOR for Ombudsman Initiative – PHLC for the period February 1, 2016 through June 30, 2016 shall not exceed four thousand and seventy dollars (\$4,070).

The total amount payable by COUNTY to CONTRACTOR for Ombudsman Initiative SDF, SNF and PHLC for the period July 1, 2015 to June 30, 2016 shall not exceed forty-one thousand, three hundred and fifty-three dollars (\$41,353).

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

I. SERVICES TO BE PROVIDED

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

1. Estimated Number of finalized intakes for each PSA; Clients Counseled: 1,821
Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.
2. Estimated Number of Public and Media Events: 126
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: 2,779
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: 2,787
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: 309
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: 1,569
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: 2,242
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: 1,387
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 FTE hours: 1,420

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, 2015, January 10, 2016, April 10, 2016 and July 10, 2016. CONTRACTOR shall attach a copy of CDA SHARP data reports to the quarterly narrative. The Narrative Report shall be in the form of Exhibit D-4.

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

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

III. MATCH REQUIREMENTS

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

IV. PAYMENT SUMMARY

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2015 through March 31, 2016 shall not exceed **one hundred ninety thousand six hundred and forty-seven dollars (\$190,647)**, and for the period **April 1, 2016 through June 30, 2016 shall not exceed sixty three thousand three hundred and thirty-one dollars (\$63,331)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2015 through June 30, 2016 shall not exceed two hundred fifty-three thousand, nine hundred and seventy-eight dollars (\$253,978).

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

FUNDING SOURCE: State Agreements MI-1516-32 and MI-1517-32

I. SERVICES TO BE PROVIDED BY CONTRACTOR

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

“ACA MIPPA” funding is contingent on meeting a minimum percent of the individual PSA’s total performance benchmarks in FY 2015-16. CDA will evaluate achievement of performance benchmarks for the reporting period ending September 29, 2014.

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: 17

Benchmark of Service Units to be delivered:
by September 29th 17 Units (100%)

II. PERFORMANCE REPORTING

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

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

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

III. MATCH REQUIREMENTS

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

IV. INVOICE/PAYMENT PROVISIONS

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

COUNTY shall pay CONTRACTOR in accordance with Article 6, Payment Conditions of the Agreement. Claims for payment shall be submitted in the form set forth in Exhibit D-1, Sample Invoice, by the 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, 2016.

Exhibit D-3, Equipment Acquisition Report, shall accompany CONTRACTOR's invoice to COUNTY as appropriate. Equipment must be received by June 30, 2016 for expenses to be claimed against this Agreement. Any equipment or physical assets obtained by CONTRACTOR utilizing funds pursuant to the terms of this Agreement shall be inventoried and considered the property of the COUNTY and tendered to the COUNTY upon termination of services by CONTRACTOR. Equipment purchase guidelines are outlined in Exhibit D-5.

V. PAYMENT SUMMARY

The maximum amount to be paid by COUNTY to CONTRACTOR for MIPPA for the period July 1, 2015 to September 29, 2015 shall not exceed three thousand, nine hundred and seventy-six dollars (\$3,976), and for the period February 1, 2016 through June 30, 2016 shall not exceed eight thousand nine hundred and eight dollars (\$8,908).

The maximum amount to be paid by COUNTY to CONTRACTOR for MIPPA Services for the period July 1, 2015 through June 30, 2016 shall not exceed twelve thousand eight hundred and eighty-four dollars (\$12,884).

Monterey County AAA Budget Certification Report

EXHIBIT CC-2

Fiscal Year 2015-2016

Title III-B Ombudsman

Alliance on Aging

ExpCat	Budget Cash	Budget InKind
Salaries / Vol IK	20,000	2,800
Payroll Taxes	1,530	-
Employee Benefits	2,916	-
Volunteer Reimbursements	-	-
Travel / Vol Travel	1,600	-
Conference / Trainings / Meetings	-	-
Professional Fees: Acctg/Legal/DP	-	-
Equipment Purchase	-	-
Equipment Rental / Maintenance	800	-
Occupancy	2,000	-
Insurance (Not Vech / Occ)	-	-
Utilities / Communications	400	-
Postage / Shipping	200	-
Printing / Publication	200	-
Public Relations / Advertising	150	-
Subs / Membership Dues	150	-
Supplies	400	-
Food / Food Service	600	-
Vehicle Operation	-	-
Overhead (8% limit)	1,340	-
Awards / Events	-	-
Client Support	-	-
Federal Mental Health	-	-
Low Income Subsidy	-	-
Depreciation	-	-
Nutrition Education	-	-
Bank Service Fees	-	-
Subcontractor	-	-
Miscellaneous	-	-
Expense Totals	32,266	2,800

Required Match 3,695

GRTotal 35,086

IKMatch 2,800

CashMatch -

IKNonMatch -

NSIP Grant -

OTO Grant 10,216

AAA Grant 22,070

Revision Date 3/2/2016

Leesa Sullivan 3/2/2016
Provider Signature

Date 1/20/16

Veronica Kuntz
AAA Fiscal Officer

Date 2/1/16

Bethany Hargis
AAA Management Analyst

I certify that the amounts displayed are accurate and correct.

Monterey County AAA Budget Certification Report

Fiscal Year 2015-2016

Title 7A Ombudsman

Alliance on Aging

ExpCat	Budget Cash	Budget InKind
Salaries / Vol IK	17,182	-
Payroll Taxes	1,314	-
Employee Benefits	2,062	-
Volunteer Reimbursements	-	-
Travel / Vol Travel	1,800	-
Conference / Trainings / Meetings	-	-
Professional Fees: Accgl/Legal/DP	-	-
Equipment Purchase	800	-
Equipment Rental / Maintenance	1,700	-
Occupancy	-	-
Insurance (Not Vech / Occ)	900	-
Utilities / Communications	247	-
Postage / Shipping	-	-
Printing / Publication	-	-
Public Relations / Advertising	-	-
Subs / Membership Dues	-	-
Supplies	500	-
Food / Food Service	-	-
Vehicle Operation	-	-
Overhead (8% limit)	1,733	-
Awards / Events	-	-
Client Support	-	-
Federal Mental Health	-	-
Low Income Subsidy	-	-
Depreciation	-	-
Nutrition Education	-	-
Bank Service Fees	-	-
Subcontractor	-	-
Miscellaneous	-	-
Expense Totals	28,238	28,238

AAA Grant 27,791 NSIP Grant - OTO Grant 447

Project Income - CNonMatch - IKNonMatch - CashMatch - IKMatch - GRTotal 28,238 Required Match -

I certify that the amounts displayed are accurate and correct.

Lissa Quirk
Provider Signature

Date 1/20/16

Revision Date 3/2/2016

Approved by *Monica Kuntz*
AAA Fiscal Officer

Approved by *Bertha Gonzalez*
AAA Management Analyst

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

BUDGET PERIOD: JULY 1, 2015 THRU JUNE 30, 2016

Name of Agency: ALLIANCE ON AGING

Address of Agency: 247 Main Street
Salinas, CA 93901

Project Name: Ombudsman Volunteer Recruitment Initiative

Funding Source and Catalog #

Check one:	State Funds	<input checked="" type="checkbox"/>	Special Deposit Fund (SDF) / State Health Facilities Citation Penalties Account
	State Funds	<input checked="" type="checkbox"/>	SNF Quality & Accountability Fund
	State Funds	<input checked="" type="checkbox"/>	Public Health L & C Program Fund

Budget Version

Check one:	Original	<input type="checkbox"/>	
	Revision	<input checked="" type="checkbox"/>	1/19/2016

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 831-655-4246 1/19/2016
Preparer's Signature / Date

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

Teresa Sullivan
Executive Director's Signature / Date

Teresa Sullivan 831.655.4240 1/19/2016
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 Template Last Updated:
12/10/15 By Veronica Renteria

Budget Approved by Fiscal: Veronica Renteria 1/20/16
Budget Approved by Program: Bertha Gonzales 3/2/16
Get Care Updated by Vendor: 00
Get Care Verified by Fiscal: _____

Agency Name: ALLIANCE ON AGING Ombudsman Volunteer Recruitment Initiative

SECTION A:

BUDGET SUMMARY											
Categories of Expenses	Special Deposit Fund (SDF) / State Health Facilities Citation Penalties Account		SNF Quality & Accountability Fund		Public Health L & C Program Fund		Total Budget				
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind			
Personnel	\$ 12,843		\$ 15,993		\$ 4,070		\$ 32,906				
Operating Expenses	\$ 5,105		\$ 3,342				\$ 8,447				
Total	\$ 17,948		\$ 19,335		\$ 4,070		\$ 41,353				
Source of Revenue	SDF) / State Health Facilities Citation		Quality & Accountability Fund		Public Health L & C Program Fund		Total Budget				
AAA Grant	\$ 17,948		\$ 19,335		\$ 4,070		\$ 41,353				
Project Income											
Other Federal Funds											
<i>Matching</i>											
Non-matching											
Other State Funds											
<i>Matching</i>											
Non-matching											
County/City Funds											
<i>Matching</i>											
Non-matching											
Private Grants											
<i>Matching</i>											
Non-matching											
Net Fundraising											
<i>Matching</i>											
Non-matching											
Totals by match											
TOTAL	\$ 17,948		\$ 19,335		\$ 4,070		\$ 41,353				

\$ 0 \$ (0) \$ 0 \$ 0 \$ 0

SECTION C:

ALLIANCE ON AGING
OPERATING EXPENSES / EQUIPMENT
AND INDIRECT COSTS

OPERATING EXPENSE & EQUIPMENT	Fund (SDF) / State Health Facilities Citation		SNF Quality & Accountability Fund		Public Health L & C Program Fund		Total Budget	
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Occupancy	\$ 1,800		\$ 680				\$ 2,480	\$ -
Volunteer Reimbursement							\$ -	\$ -
Travel/Volunteer Travel	\$ 700		\$ 544				\$ 1,244	\$ -
Conf/Trainings/Meetings	-						\$ -	\$ -
Professional Fees: Acct/Legal							\$ -	\$ -
Equipment Purchase							\$ -	\$ -
Equipment Rental/Maint	\$ 100		\$ 212				\$ 312	\$ -
Insurance (Excluding Veh. & Occ.)							\$ -	\$ -
Utilities/Communications	\$ 425		\$ 544				\$ 969	\$ -
Postage/ Shipping	\$ 150						\$ 150	\$ -
Printing / Publications	\$ 100						\$ 100	\$ -
Public Relations /Advertising							\$ -	\$ -
Sub/Membership Dues							\$ -	\$ -
Supplies	\$ 500		\$ 195				\$ 695	\$ -
Food/Food Service							\$ -	\$ -
Vehicle Operation							\$ -	\$ -
Overhead: 8% limit of Grant Funding	\$ 1,330		\$ 1,167				\$ 2,497	\$ -
Awards/ Events							\$ -	\$ -
Client Support							\$ -	\$ -
Depreciation							\$ -	\$ -
Bank Service Fees							\$ -	\$ -
Subcontractor							\$ -	\$ -
Miscellaneous							\$ -	\$ -
Total Operating Expenses	5,105	-	3,342	-	-	-	8,447	-

Monterey County AAA Budget Certification Report

Alliance on Aging HICAP Fund July 1, 2015 - March 31, 2016 Fiscal Year 2015-2016

ExpCat	Budget Cash	Budget InKind
Salaries / Vol IK	22,139	-
Payroll Taxes	1,694	-
Employee Benefits	4,206	-
Volunteer Reimbursements	-	-
Travel / Vol Travel	1,066	-
Conference / Trainings / Meetings	400	-
Professional Fees: Acctg/Legal/DP	500	-
Equipment Purchase	-	-
Equipment Rental / Maintenance	561	-
Occupancy	2,438	-
Insurance (Not Vech / Occ)	-	-
Utilities / Communications	1,000	-
Postage / Shipping	80	-
Printing / Publication	300	-
Public Relations / Advertising	600	-
Subs / Membership Dues	300	-
Supplies	500	-
Food / Food Service	-	-
Vehicle Operation	319	-
Overhead (8% limit)	2,889	-
Awards / Events	-	-
Client Support	-	-
Federal Mental Health	-	-
Low Income Subsidy	-	-
Depreciation	-	-
Nutrition Education	-	-
Bank Service Fees	-	-
Subcontractor	-	-
Miscellaneous	-	-
Expense Totals	38,992	38,992

AAA Grant	NSIP Grant	OTO Grant	Project Income	CNonMatch	IKNonMatch	CashMatch	IKMatch	GRTotal	Required Match
38,992	-	-	-	-	-	-	-	38,992	-

I certify that the amounts displayed are accurate and correct. Jesus a Queen Revision Date 3/2/2016

Approved by Yvonica Renteria Date 1/20/16
 AAA Fiscal Officer

Approved by Bertha Gonzales Date 3/2/16
 AAA Management Analyst

Monterey County AAA Budget Certification Report

Alliance on Aging HICAP Reimbursement July 1, 2015 - March 31, 2016 Fiscal Year 2015-2016

ExpCat	Budget Cash	Budget InKind
Salaries / Vol IK	43,000	-
Payroll Taxes	3,289	-
Employee Benefits	4,275	-
Volunteer Reimbursements	-	-
Travel / Vol Travel	1,500	-
Conference / Trainings / Meetings	387	-
Professional Fees: Acctg/Legal/DP	1,000	-
Equipment Purchase	2,617	-
Equipment Rental / Maintenance	2,766	-
Occupancy	6,000	-
Insurance (Not Vech / Occ)	-	-
Utilities / Communications	1,600	-
Postage / Shipping	200	-
Printing / Publication	1,700	-
Public Relations / Advertising	1,734	-
Subs / Membership Dues	1,300	-
Supplies	579	-
Food / Food Service	-	-
Vehicle Operation	666	-
Overhead (8% limit)	5,386	-
Awards / Events	-	-
Client Support	-	-
Federal Mental Health	-	-
Low Income Subsidy	-	-
Depreciation	-	-
Nutrition Education	-	-
Bank Service Fees	-	-
Subcontractor	-	-
Miscellaneous	-	-
Expense Totals	77,999	77,999

AAA Grant NSIP Grant OTO Grant

Project Income CNonMatch IKNonMatch CashMatch IKMatch GRTotal Required Match

I certify that the amounts displayed are accurate and correct. Jeana Suer Provider Signature Date 2/16/14 Revision Date 3/2/2014

Approved by Monica Venturi AAA Fiscal Officer Date 2/16/14

Approved by Bertha Gonzalez AAA Management Analyst Date 3/2/16

Monterey County AAA Budget Certification Report

Alliance on Aging HICAP Ship Fund July 1, 2015 - March 31, 2016 Fiscal Year 2015-2016

ExpCat	Budget Cash	Budget InKind
Salaries / Vol IK	38,185	-
Payroll Taxes	2,921	-
Employee Benefits	4,940	-
Volunteer Reimbursements	-	-
Travel / Vol Travel	1,500	-
Conference / Trainings / Meetings	1,150	-
Professional Fees: Acctg/Legal/DP	1,000	-
Equipment Purchase	1,309	-
Equipment Rental / Maintenance	2,103	-
Occupancy	4,712	-
Insurance (Not Vech / Occ)	-	-
Utilities / Communications	1,300	-
Postage / Shipping	350	-
Printing / Publication	1,000	-
Public Relations / Advertising	900	-
Subs / Membership Dues	600	-
Supplies	700	-
Food / Food Service	-	-
Vehicle Operation	500	-
Overhead (8% limit)	5,486	-
Awards / Events	-	-
Client Support	-	-
Federal Mental Health	5,000	-
Low Income Subsidy	-	-
Depreciation	-	-
Nutrition Education	-	-
Bank Service Fees	-	-
Subcontractor	-	-
Miscellaneous	-	-
Expense Totals	73,656	73,656

AAA Grant	NSIP Grant	OTO Grant	Project Income	CNonMatch	IKNonMatch	CashMatch	IKMatch	GRTotal	Required Match
73,656	-	-	-	-	-	-	-	73,656	-

I certify that the amounts displayed are accurate and correct. Leona Suen Revision Date 3/2/2016
Provider Signature

Approved by Valencia Renteria Date 2/10/16
AAA Fiscal Officer

Approved by Bertha Gonzales Date 3/2/16
AAA Management Analyst

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

HEALTH INSURANCE AND COUNSELING ADVOCACY PROGRAM

BUDGET PERIOD: April 1, 2016 THRU June 30, 2016

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"/>	1/14/2016
	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 8/2/16
Preparer's Signature / Date

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

Teresa Sullivan 3/2/2016
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: <u><i>Veronica</i></u> <u>1/20/16</u>
Budget Approved by Program: <u><i>Bertha Gonzales</i></u> <u>3/2/16</u>	
Mis.Mdb updated by Fiscal Officer: _____	
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	
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Personnel	\$ 17,543		\$ 9,356		\$ 18,380		\$ -		\$ 45,279	
Operating Expenses	\$ 6,789		\$ 3,642		\$ 7,621		\$ -		\$ 18,052	
Total	\$ 24,332		\$ 12,998		\$ 26,001		\$ -		\$ 63,331	
Source of Revenue	Fed Ship Fund		MMA FUND		HICAP Reimb		Fed Ship Rural Fund		Total Budget	
AAA Grant	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
	\$ 24,332		\$ 12,998		\$ 26,001		\$ 63,331		\$ 63,331	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 24,332		\$ 12,998		\$ 26,001		\$ -		\$ 63,331	

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

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	\$ 400		\$ 300		\$ 400				\$ 1,100	\$ -
Conference/Trainings/Meetings	\$ 400		\$ 300		\$ 500				\$ 1,200	\$ -
Professional Fees: Acct/ Legal	\$ -		\$ -		\$ -				\$ -	\$ -
Equipment Purchase									\$ -	\$ -
Equipment Rental and Maintenance	\$ 400		\$ 200		\$ 700				\$ 1,300	\$ -
Occupancy	\$ 837		\$ 792		\$ 1,700				\$ 3,329	\$ -
Insurance (Excluding Veh. & Occ.)									\$ -	\$ -
Utilities	\$ 400		\$ 300		\$ 500				\$ 1,200	\$ -
Postage/ Shipping	\$ 100		\$ -		\$ 200				\$ 300	\$ -
Printing / Publications	\$ 300		\$ -		\$ 400				\$ 700	\$ -
Public Relations /Advertising	\$ 900		\$ 600		\$ 1,200				\$ 2,700	\$ -
Membership Dues and Subscriptions	\$ -		\$ 200		\$ 321				\$ 721	\$ -
Supplies	\$ 200		\$ -		\$ -				\$ -	\$ -
Food/Food Service									\$ -	\$ -
Vehicle Operation	\$ -		\$ 950		\$ 1,700				\$ 4,150	\$ -
Overhead: 8% limit of Grant Funding	\$ 1,500		\$ -		\$ -				\$ -	\$ -
Awards/ Events									\$ -	\$ -
Client Support									\$ -	\$ -
Federal Mental Health Initiative	\$ 1,352								\$ 1,352	\$ -
Low Income Subsidy									\$ -	\$ -
Depreciation									\$ -	\$ -
Nutrition Education									\$ -	\$ -
Bank Service Fees									\$ -	\$ -
Subcontractor									\$ -	\$ -
Miscellaneous									\$ -	\$ -
Total Operating Expenses	6,789	-	3,642	-	7,621	-	-	-	18,052	-

SECTION D:

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)]:

[] Yes Amount Budgeted:

At least 5% of HICAP Ship funds used for mental health dual beneficiary with health disabilities:

[X] Yes Amount Budgeted: **\$1,352**

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

BUDGET PERIOD: February 1, 2016 thru June 30, 2016

Name of Agency: ALLIANCE ON AGING, Inc.

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 AAA MIPPA
	Federal Funds	<input checked="" type="checkbox"/>	93.071 HICAP MIPPA

Budget Version

Check one:	Original	<input checked="" 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

2/19/2016

Preparer's Signature / Date

John A. Assaad 831.655.4246
Preparer's Name (Printed) and telephone number

Teresa Sullivan 2/13/16
Executive Director's Signature / Date

Teresa Sullivan 831.655.4240
Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging: Budget Template Last Updated: 4/12/12 By Veronica Renteria	Reviewed for: completeness and accuracy No match requirement Reviewed for Allowable Costs 8% Indirect Cost limit Budget Approved by Fiscal: <u>Veronica Renteria 2/19/16</u> Budget Approved by Program: <u>Bertha Gonzalez 3/2/16</u> Get Care Updated by Vendor: _____ Get Care Verified by Fiscal: _____
--	---

Agency Name: ALLIANCE ON AGING, Inc. Medicare Improvements for Patients and Providers Act (MIPPA)

BUDGET SUMMARY

SECTION A:

Categories of Expenses	AAA MIPPA		HICAP MIPPA		Total Budget
	Cash	In-Kind	Cash	In-Kind	
Personnel	\$	458	\$	942	1,400
Operating Expenses	\$	2,519	\$	4,989	7,508
Total	\$	2,977	\$	5,931	8,908
Source of Revenue	AAA MIPPA		HICAP MIPPA		Total Budget
	Cash	In-Kind	Cash	In-Kind	
AAA Grant	\$	2,977	\$	5,931	\$ 8,908
Project Income					\$ -
Other Federal Funds					\$ -
Other State Funds					\$ -
County/City Funds					\$ -
Private Grants					\$ -
Net Fundraising					\$ -
Totals by match	\$	-	\$	-	\$ -
TOTAL	\$	2,977	\$	5,931	8,908

\$ 0 \$ (0) \$ (0)

SECTION C:

**ALLIANCE ON AGING, Inc.
OPERATING EXPENSES / EQUIPMENT
AND INDIRECT COSTS**

OPERATING EXPENSE & EQUIPMENT	AAA MIPPA		HICAP MIPPA		Total Budget	
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Volunteer Reimbursement					\$ -	\$ -
Travel/Volunteer Travel	\$ 170		\$ 330		\$ 500	\$ -
Conf/Trainings/Meetings	\$ 669		\$ 1,331		\$ 2,000	\$ -
Occupancy					\$ -	\$ -
Professional Fees: Acct/Legal					\$ -	\$ -
Equipment Purchase	\$ 170		\$ 338		\$ 508	\$ -
Equipment Rental/Maint					\$ -	\$ -
Postage/ Shipping					\$ -	\$ -
Insurance (Excluding Veh. & Occ.)					\$ -	\$ -
Utilities/Communications					\$ -	\$ -
Printing / Publications					\$ -	\$ -
Public Relations /Advertising	\$ 1,510		\$ 2,990		\$ 4,500	\$ -
Sub/Membership Dues					\$ -	\$ -
Supplies					\$ -	\$ -
Food/Food Service					\$ -	\$ -
Vehicle Operation					\$ -	\$ -
Overhead: 8% limit of Grant Funding					\$ -	\$ -
Awards/ Events					\$ -	\$ -
Client Support					\$ -	\$ -
Depreciation					\$ -	\$ -
Bank Service Fees					\$ -	\$ -
Subcontractor					\$ -	\$ -
Miscellaneous					\$ -	\$ -
Total Operating Expenses	2,519	-	4,989	-	7,508	-