



STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD. 213 A (Rev. 6/03)

AGREEMENT NUMBER 14F-3027	AMENDMENT NUMBER 3
REGISTRATION NUMBER eP 1333082.3	

1. This Agreement is entered into between the State Agency and the Contractor named below
 STATE AGENCY'S NAME
Department of Community Services and Development
 CONTRACTOR'S NAME
Monterey County Community Action Partnership
2. The term of this Agreement is : **January 1, 2014 through December 31, 2014**
3. The maximum amount of this Agreement is: **\$ 525,111.00**
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - A. The maximum amount of this Agreement payable to Contractor by the State has changed from \$465,111.00 to \$525,111.00, reflecting an increase of \$60,000.00.
 - B. A new Exhibit A, Attachment I, CSBG Drought Water Assistance Program Pilot, CSBG Programmatic Data Client Characteristics Report, and Drought Water Assistance Program Pilot Intake Form, is attached and hereby incorporated by this reference.
 - C. Exhibit B, Attachment I, is deleted in its entirety and replaced with the attached Exhibit B, Attachment I: CSBG Contract Budget Summary, CSBG Budget Support Personnel Costs, CSBG Budget Non-Personnel Costs, CSBG Budget Support Other, Agency Operating Funds, and CSBG Contract Budget Narrative, all of which are hereby incorporated by this reference.
 - D. A new Exhibit B, Attachment II, CSBG/NPI Workplan Supplemental to NPI 6.2 and Exhibit B, Attachment II, CSBG/NPI Programs Report Supplemental to NPI 6.2m which are attached and hereby incorporated by this reference.

All other terms and conditions shall remain unchanged.
 IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Monterey County Community Action Partnership	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 6/16/14
PRINTED NAME AND TITLE OF PERSON SIGNING Elliott C. Robinson, Director	
ADDRESS 1000 South Main Street, Suite 301, Salinas, CA 93901	
STATE OF CALIFORNIA	
AGENCY NAME Department of Community Services and Development	
BY (Authorized Signature) 	DATE SIGNED (Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING Cindy Halverstadt, Deputy Director, Administrative Services	
ADDRESS 2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833	

"I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval."

Exempt per _____

(2014 CSBG)
AMENDMENT 3 -- Drought Water Assistance Program (DWAP) Pilot

EXHIBIT A
(Standard Agreement)

ATTACHMENT I

CSBG DROUGHT WATER ASSISTANCE PROGRAM PILOT PROGRAM

CSBG Programmatic Data Client Characteristics Report CSD 295.D-CCRDWAP

Drought Water Assistance Program Pilot Intake Form CSD 818

**EXHIBIT A – ATTACHMENT I
(Standard Agreement)**

CSBG DROUGHT WATER ASSISTANCE PROGRAM PILOT PROGRAM

1. **PROGRAM PURPOSE, APPLICABLE LAWS, AND SCOPE OF WORK**

A. Purpose

In response to severe drought conditions in California, CSD has established a Drought Water Assistance Program (DWAP) Pilot for purposes of providing water bill assistance and water conservation education to eligible participants and families residing in pilot program service areas. The DWAP Pilot supports the overall mission and purpose of CSBG to assist low-income families and individuals in obtaining assistance to meet immediate and urgent household needs.

B. Applicable Laws and Contractual Requirements

The DWAP Pilot shall be administered in accordance with all applicable state, federal and local laws. Unless otherwise specified by this Program Attachment (Attachment) and/or subsequent DWAP Pilot Guidance (Guidance), the provisions, terms, and conditions of the standard CSBG Agreement shall apply to the DWAP program. In the event that any provisions of this Attachment or subsequent Guidance conflict with provisions of the CSBG Agreement, the provision(s) of this Attachment and/or the Guidance be controlling for purposes of the DWAP Pilot.

C. Scope of Work

- 1) *Service Area.* Contractors participating in the initial DWAP Pilot shall provide services, either directly or through procurement of subcontractor(s), to drought-impacted participants eligible for CSBG-funded services in their respective service areas per Exhibit A.2) of the CSBG Agreement.
- 2) *DWAP Pilot Services.* Basic services shall include: outreach to inform impacted communities of the program, intake and eligibility screening of participants, coordination with local water utilities to facilitate bill payment assistance, providing cash benefits for water utility expenses, and education of participants on applicable water conservation practices to increase the household's water usage efficiency and minimize waste.
- 3) *Effective Date.* The effective date of this Amendment for the DWAP Pilot is June 1, 2014. CSD shall issue additional DWAP Pilot Guidance

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if determined necessary to provide Contractors with further information relevant to operating the program. Contractors shall begin offering direct program services to eligible participants as soon as practicable after execution of the CSBG 2014 Amendment incorporating this Attachment.

2. BUDGET, FISCAL, AND REPORTING REQUIREMENTS

A. DWAP Pilot Budget

For purposes of the DWAP Pilot, Contractor shall complete and submit the CSBG Fiscal Data forms as required by Exhibit B, section 2.A. of the CSBG Agreement [see page B1].

B. Allowable Program Costs

1) *Administrative Costs.* DWAP Pilot administrative costs shall not exceed ten percent (10%) of total DWAP Pilot budget and expenditures. Contractor shall use DWAP administrative funds exclusively for the DWAP Pilot. No DWAP funds may be used to supplement or cover expenses under any other CSBG program.

2) *Program Costs*

a. Direct services – water bill assistance

Expenses directly related to water bill assistance payment shall not be less than 80% of total DWAP Pilot budget and expenditures. Contractors are encouraged to maximize funds available for water bill payment assistance by limiting outreach and intake expenditures when feasible.

b. Support Costs

i. Support costs for Outreach, Intake and Water Conservation Education shall be limited, in the aggregate, to 10% of the total DWAP Pilot budget and shall be reasonably apportioned as Contractor deems necessary and appropriate.

ii. Outreach and Intake shall be leveraged with existing programs and services. Reimbursement shall be limited to actual expenditures utilized for such purposes.

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- iii. Water conservation education expenditures shall be for the dissemination of educational materials and related activities.

C. Work Plan and Reporting Requirements

- 1) *Work Plan.* With Contractor's executed copy of CSBG 2014 Amendment incorporating this Attachment, Contractor shall submit a completed CSD 801 W, Supplemental to NPI 6.2, describing Contractor's projected outcomes for the term of the DWAP Pilot. This information will be used to monitor the outcome of the identified National Performance Indicators (NPI) relevant to the DWAP Pilot, NPI 6.2 – Emergency Assistance.
- 2) *Annual Programmatic Report.* For purposes of the DWAP Pilot, Contractor shall complete a CSBG/NPI Programs Report (CSD 801) Supplemental to NPI 6.2 for the program period from June 1 through December 31, 2014. The NPI Programs Report must be submitted via email no later than January 20, 2015, to CSBGReports@csd.ca.gov. This report must be completed in addition to all other reporting requirements set forth in the CSBG Agreement.
- 3) *Monthly and Bimonthly Reporting.* In accordance with Contractor's current elected billing cycle [see Exhibit B, Section A.1) of the CSBG Agreement, p. B4], Contractor shall submit a monthly or bimonthly CSBG Programmatic Data Client Characteristics Report for Drought Water Assistance Program (CSD 295 D-CCRDWAP).

3. PROGRAMMATIC REQUIREMENTS

A. Coordination with Water Utilities/Providers

- 1) Contractor shall coordinate with the water utility company(-ies) (Water Utilities) within its service area to establish the most secure methods for payment of DWAP Pilot participants' water bills.
- 2) *Direct Payment Arrangements.* Whenever possible, Contractor should arrange with Water Utilities to make payments directly to the Water Utility on the participants' behalf. Forthcoming DWAP Pilot Guidance will include a sample Memorandum of Understanding (MOU) template for optional use if Contractor has not previously established MOUs with utility companies in other programs.

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- 3) *Issuance of Dual-Party Checks.* When an MOU or other agreement with Water Utility(-ies) for direct payment is infeasible, Contractor shall issue dual-party checks to participants, made payable both to the participant and to the Water Utility company.
- 4) *Verification of Credit to Customer's Account.* Contractors' MOU or other agreement with a Water Utility shall include provisions for obtaining verification that DWAP payments on participants' water accounts are properly credited.

B. Participant Intake and Eligibility Requirements

- 1) *Income Eligibility.* Individuals or households wishing to participate in the DWAP Pilot must meet CSBG income eligibility requirements. Income verification must cover a period of at least one (1) month prior to date of application.
- 2) *Water Utility Bills.* In support of the application, the applicant must provide copies of water bill(s) and/or shutoff notice(s) for the current month, plus water bills for up to two previous months (if applicant is requesting assistance with previous months), in accordance with section D.2) below.
- 3) *Priority Services.* Contractor shall give first priority for services to those households whose water has been shut off or who are at risk of imminent shutoff as indicated in written notice(s) from the Water Utility.

C. Appeals Process

- 1) *Right to Appeal.* In accordance with Exhibit E, section 8 of the CSBG Agreement and state CSBG regulations, any person denied assistance under the DWAP Pilot has the right to request the Contractor's impartial review of the denial, provided that DWAP Pilot funds/services are currently available and the applicant reasonably believes that he/she can prove that he/she meets eligibility criteria.
- 2) *Contractor Review Procedures.* Contractor shall inform all applicants of the procedures for requesting review of the denial of a DWAP Pilot application. Contractor shall ensure that its review/appeal procedures include the following provisions:

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- a. Notification of applicant in writing of the reasons for denial of assistance, and right to request a review/submit additional information that would support a favorable determination;
 - b. Internal process for review of denied applications, and identification of a senior level official or designated staff person who did not participate in the initial determination to conduct the review.
 - c. Policies/procedures to ensure that the applicant is informed of Contractor's decision promptly and in the appropriate language if the applicant does not comprehend English.
- 3) *Request for CSD Fair Hearing.* Any applicant who is unsatisfied with the outcome of Contractor's review may file a written appeal to CSD, along with all other supportive documentation, within twenty (20) calendar days of Contractor's decision on the review. Contractor's notice of the decision should inform the applicant of his or her right to request a hearing with CSD and shall provide the following contact information for requesting the hearing:

Dept. of Community Services and Development
ATTN: Carol Forrest, Fair Hearings Assistant
2389 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833

D. Allowable Amount of Assistance and Payment Methods

- 1) Assistance under the DWAP Pilot may be used to pay for participants' current amount due, to offset account balances in arrears, and/or to pay amount(s) necessary to prevent imminent shutoff up to the maximum available benefit.
- 2) The maximum amount of any water bill assistance benefit provided shall not exceed three (3) months of the participant's monthly water payment, whether billing is fixed/balanced or based on actual monthly usage, whichever is greater.

E. Water Conservation Education

Contractor shall provide all recipients of the DWAP with applicable water conservation education information. Water conservation education information

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shall be in writing describing water saving behavioral adjustments that will decrease the water consumption of the household.

F. Additional Programmatic Guidance

CSD shall release additional Guidance as determined necessary to provide further instructions to Contractors participating in the DWAP Pilot. The purpose of such Guidance will be to clarify requirements set forth in this Attachment and facilitate Contractors' efficient and successful operation of the program for the benefit of low-income households impacted by drought. Any such Guidance shall be incorporated by reference into this Attachment.

1 Contractor Name:		Contract #:	
Prepared By (name):		Report Period:	
Phone Number:		Email address:	

Demographic data should be collected on ALL clients receiving services under any program administered by the designated CAA.

Yellow Highlighted Sections represent demographics collected on INDIVIDUALS

2 Total unduplicated number of persons about whom one or more characteristics were obtained

3 Total unduplicated number of persons about whom the characteristics were obtained.

Blue Highlighted Sections represent demographics collected on FAMILIES

4 Total unduplicated number of families about whom one or more characteristics were obtained

5 Total unduplicated number of families about whom one or more characteristics were obtained.

6. Gender		Number of Persons*	
a. Male			
b. Female			
*Total		0	

7. Age		Number of Persons*	
a. 0-5			
b. 6-11			
c. 12-17			
d. 18-23			
e. 24-44			
f. 45-54			
g. 55-69			
h. 70+			
Sum of 7e thru 7h =		0	
*Total		0	

8. Ethnicity/Race		Number of Persons*	
I. Ethnicity			
a. Hispanic, Latino or Spanish Origin			
b. Not Hispanic, Latino or Spanish Origin			
*Total		0	
II. Race			
a. White			
b. Black or African American			
c. American Indian and Alaskan Native			
d. Asian			
e. Native Hawaiian and Other Pacific Islander			
f. Other			
g. Multi-Race (any 2 or more of the above)			
*Total		0	

9. Education Level of Adults		Number of Persons 24+**	
a. 0-8			
b. 9-12/Non-Graduate			
c. High School Graduate/GED			
d. 12+ Some Post Secondary			
e. 2 or 4 yr. College Graduates			
** Total		0	

10. Other Characteristics		Number of Persons*	
a. Health Insurance	Yes	No	Total *
b. Disabled			0

11. Family Types		Number of Families	
Single Person/Single			
Single Person/Multi			
Two Person/Household			
Single Person			
Two adults - No children			
Other			
Total		0	

* The sum in this category should not exceed the value of Section 2.
 ** The sum in this category should not exceed the value of Section 4.
 *** The sum in this category should not exceed the value of Section 4.

12. Family Size		Number of Families	
One			
Two			
Three			
Four			
Five			
Six			
Seven			
Eight or more			
Total		0	
13. Source of Family Income		Number of Families	
Total Unduplicated Families			
Reporting One or More Sources of Income			
Unreported or Families Reporting No Income			
Total UNDF Families who reported as having income		0	
Report the sources of each family income as reported in 13a above.			
Wages			
Salaries			
Social Security			
Pension			
Grants/Assistance			
Unemployment Insurance			
Employment - Other/Other			
Employment only			
Other			
Total (6 through 13)		0	
14. Level of Family Income to CHES guideline		Number of Families	
0-6%			
7-10%			
11-15%			
16-20%			
21-30%			
31-40%			
41-50%			
51-60%			
61-70%			
71-80%			
81-90%			
91-100%			
Total		0	
15. Housing		Number of Families	
Own			
Rent			
Total		0	
16. Other Family Characteristics		Number of Families	
Partner			
Midnight worker			
Seasonal/Part Worker			
17. Food Directly Impacted by the Drought		Number of Families	
Yes/No			
Yes/No Cultural or Water Related Issues			
Other			
18. Water Bill Status		Number of Families	
Paid			
Not Paid			
Total		0	

CSD 295.D-CCRWAP INSTRUCTIONS

Purpose: To assist in the completion of the CSD 295—Client Characteristic Report.

- The 295 is designed to collect demographics on all clients served by the agency.
 - ✓ *Non-Profit Agencies: data is to be collected for all clients served by any of the programs administered by the Community Action Agency.*
 - ✓ *Local Government Agencies: data is to be collected for all clients served by the CSBG program. Additionally, client data is to be captured for all clients served by all programs administered external to CSBG.*

Retrieving the form:

- This form can be downloaded from the CSD Web Page at www.csd.ca.gov.
- The correct form should have the date of (2014)
- Use the form as is – do not recreate or alter the form in any way. Any form that has been altered or recreated will not be accepted.

Completing the CSD 295:

- Use the Tab key to navigate to the next data entry cell, using Shift & Tab will send you to the previous data entry cell.
- Do not use characters such as N/A, if the data is unavailable or not applicable to your agency, leave the cell blank.
- Please note that zero's should not be used to indicate that you do not collect that information, but rather used to indicate the null value (0).

Printing the form for your records:

- When printing the 295 for your records, the form should be already formatted. However some printers, have different defaults that can alter the settings set by CSD. Therefore if you are experiencing the following problems here are some solutions to try:
 - *One or more columns are printing on a separate page:*
 1. Go to view,
 2. Click Page Break Preview. (This will show where the page is breaking with either blue solid lines and/or blue broken lines.)
 3. Click and grab the blue line that is breaking the columns and drag to the last column. (This should reformat the page to one page wide.)
 4. Select print and the problem should be corrected.

Submitting the forms:

- Please do not send hard copies of the CSD 295, CSD only wants the electronic copy.
- Submit the report via e-mail to CSBGReports@csd.ca.gov by January 20.
- Please do not send the reports directly to your Field Representative or Field Operations managers. Please only send a copy to CSBGReports@csd.ca.gov.

CSD 295 –General Hints:

- Make sure to use the correct CSD 295 reporting form. This form has a revision date of 2011.
- The cells that show a red triangle in the right corner are cells that have a comment/reminder to assist in the completion of the form. To see the comment place the mouse in that cell and the message will pop up. Another option is to right click in the cell with a comment and choose *show comment* and the comment will appear permanently. To hide the comment, right click in the cell again and choose *hide comment* and it will disappear.
- If any of the TOTAL boxes turn red in any section, then you will need to check the footnotes to verify that the values were entered correctly. The value must be corrected prior to submitting this form to CSD. Below is the list of footnotes that are on the CSD 295 form.
 - ✓ * The sum in this category should not exceed the value of Section 2.
 - ✓ ** The sum in this category should not exceed the value of Section 7e-h.
 - ✓ *** The sum in this category should not exceed the value of Section 4.
 - ✓ **** The sum in this category should be greater than or equal to Section 13.a.
 - ✓ ***** Reminder, September 30, 2010 was the cutoff date for reporting CSBG clients served up to 200% of the Federal Poverty Guidelines.

Sections 2, 3, and 6-10 collect INDIVIDUAL demographic data.

Sections 4, 5 and 11-16 collect FAMILY demographic data.

Both Individual AND Family demographic data should be collected on all clients.

1 client = 1 individual and 1 family.

4 clients from same family = 4 Individuals and 1 family.

"Family" is self-defined by the client(s) being served.

Section 1:

- Enter contractor name, preparer's name, phone number, contract number, reporting period, and email address.

Section A - Total number of households receiving water assistance bill payment for this reporting period

- Enter the number of households receiving water bill assistance for the this reporting period only.

Section B - Total dollars reported for water assistance bill payment for this reporting period

- Enter total dollars reported in EARS under section 25 through assistance program for water assistance bill payment for this reporting period.

Section C - Average monthly cost of water bill for all households served for this reporting period

- Enter the average monthly cost of water bill for all households served for the reporting period. (Example: if 100 families monthly bills were \$60,000, \$70,000, \$80,000, \$90,000 - total of \$300,000 divided by 4 = \$75,000 would be the average for this reporting period.)

Sections 2, 3 and 6 – 10 Collects Demographics on INDIVIDUALS

Section 2- Total unduplicated number of persons about whom one or more characteristics were obtained:

- To the extent possible, agencies should attempt to report unduplicated counts.
- To obtain unduplicated counts, an agency will need to have a system to distinguish each individual so the number of services the individual is provided can be assigned to that individual.
 - ✓ For example: if a person enters an agency and receives seven different services, an unduplicated count would record one person, not seven services.

Section 3 – Total unduplicated number of persons about whom no characteristics were obtained:

- Enter the total number of persons for whom characteristics were not obtained.
 - ✓ Please note: This would include any clients that were served, however demographics were not collected.

Section 6 – Gender:

- Report the Gender on individuals receiving services.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the bottom of CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 7—Age:

- Report the age of the individuals receiving services.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 8 – Ethnicity and Race:

- Report one ethnicity AND one race for each individual receiving services.
- Ethnicity and Race are determined by self-identification: *Ethnicity and Race shall not be limited to being biologically or genetically determined, it can also be thought of in terms of social and cultural characteristics as well as ancestry.*
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 9 – Education Level of Individuals 24 years or older:

- Only collect the education level of those individuals receiving services that are 24 years or older.
- The total of this section cannot exceed the sum of Section 7e-7h. See Asterisk Note ** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 10 – Other Characteristics:

- Report the number of individuals receiving services that were surveyed about their health insurance or disability. All individuals that are asked about each of the two items should be reported in the # Surveyed column. Of those surveyed, the number that report having no health insurance and/or disabled should be reported in the # of Persons column. If an individual receiving services has any form of health insurance, including Medicare or Medicaid, they should be included in the # surveyed column only. Do not count any other family members.
- The definition of "disabled" used in this form is taken from the Americans With Disabilities Act of 1990: "The term disability means, with respect to an individual (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (b) a record of such an impairment, (c) being regarded as having such an impairment." Any individual who responded to this question but is not disabled should be included in the # Surveyed column only.
- The number reported under the column # of Persons should not exceed the number reported under # Surveyed for that line item.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Sections 4, 5 and 11-16 Collects Demographics on FAMILIES

Section 4 – Total Unduplicated number of families about whom one or more characteristics were obtained:

- To the extent possible the numbers reported here should be unduplicated.
- This requires that a similar system of unique identifiers be in place, which, in addition to identifying an individual, also identifies a family.
 - ✓ For example: If a family member comes in and receives four services and another family member comes in and receives six services, an unduplicated count would record one family, and two individuals.

Section 5 – Total unduplicated number of families about whom no characteristics were obtained:

- Enter the total number of families for whom characteristics were not obtained. Please note: This number would include clients that were served, but demographics were not collected on the family.
- To the extent possible the numbers reported here should be unduplicated.

Section 11 – Family Type:

- Based on the clients, family composition, report the type of family. If the family type of the recipient is not reflected in one of these types please mark "other."
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 12 – Family Size:

- Report the number of persons in the client's family.
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 13 – Source of Family Income:

- 13.a: Enter the total number of families reporting one or more sources of income
- 13.b: Enter the total number of families reporting NO income
- Please enter the type or types of income received by all persons in the family.
- Food Stamps, Medicaid and other in-kind benefits (LIHEAP, WAP, etc.) will not be included in these calculations.
 - ✓ Item 13.a: Unduplicated # of Families Reporting One or More Sources of Income: With this Section we are attempting to collect an unduplicated count of families who indicated that the household receives one or more sources of income.
 - ✓ Item 13.b: Unduplicated # of Families Reporting No Income: This section attempts to collect an unduplicated count of families who indicate that the household has no income.
 - ✓ Item 13.c: TANF: Enter the unduplicated number of families who receive funds from the HHS Temporary Assistance for Needy Families program.
 - ✓ Item 13.d: SSI - Supplemental Security Income: This is federal assistance usually provided to persons whose Social Security payments are inadequate. Please enter the unduplicated number of families who receive SSI benefits.
 - ✓ Item 13.e: Social Security: Enter the unduplicated number of families who receive Social Security benefits.
 - ✓ Item 13.f: Pension: Any type of income earned from private pensions, e.g., company retirement, IRA income or 401(k). Please enter the number of families who receive Pension benefits.

- ✓ Item 13.g: General Assistance: This is usually a state-funded program available for emergencies and in some instances becomes a regular source of income for single clients. It has a variety of names, for instance, in some states it is called General Relief. Please enter the unduplicated number of families that receive General Assistance.
 - ✓ Item 13.h: Unemployment insurance payments: Enter the unduplicated number of families that receive Unemployment Insurance payments.
 - ✓ Item 13.i: Employment plus any other sources: Enter the unduplicated number of families that have income from employment and from any other sources such as those included in this list.
 - ✓ Item 13.j: Employment only: Please enter the unduplicated number of families for whom employment is the only source of income. Employment is considered wages and salaries before deductions and self-employed income less operating expenses. Sections 13.i and 13.h are mutually exclusive.
 - ✓ Item 13.k: Other: Enter the unduplicated number of families that report other sources of income, including investments, rent, etc.
- Make sure the values reported in Item 13.a and 13.b do not exceed the value in Section 4. See Asterisk Note *** on the CSD 295
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.
 - The value in items 13.c-k should be greater than or equal to the value reported in item 13.a. See Asterisk Note **** on the CSD 295
 - For all the items you will report the number of families receiving that source, not the number of individuals in the family receiving the source.
 - ✓ For example: A family of four, where both parents are employed and the mother is receiving SSI, and the father and mother has 2 types of investments would be reported as follows:

- Item 13.a = 1
- Item 13.d = 1
- Item 13.i = 1
- Item 13.k = 1

Each item they have would be reported as 1, even though both parents are working because they are 1 family.

Section 14 – Level of Family Income % of HHS Guidelines:

- Section refers to income levels of the families served compared to the current HHS Poverty Income Guidelines, published annually in the Federal Register.
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 15 – Housing:

- Report the housing situation of the family:
 - ✓ Item 15.a: Own: Enter the number of families that own their home.
 - ✓ Item 15.b: Rent: Enter the number of families that rent their housing. Rent can be considered as money or services exchanged for housing and payment of a portion of rent in units shared with others.

✓ Item 15.c: Homeless: Enter the number of families that were homeless. The definition of the term "Homeless" used for this form, taken from the Stewart B. McKinney Homeless Assistance Act, follows: "Homeless" or "homeless individual" includes: (1) An individual who lacks a fixed, regular, and adequate nighttime residence; and (2) An individual who has a primary nighttime residence that is: A supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); An institution that provides a temporary residence for individuals intended to be institutionalized; A temporary, makeshift arrangement in the accommodations of other persons or A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

✓ Item 15.d: Other: If neither Items 15.a, 15.b nor 15.c describe the family's housing situation record them here.

• Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.

✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 16 – Other Family Characteristics:

• Report families that are farmworkers in the categories below:

✓ Item 16.a: Farmer: Enter the number of families served who are farmers. The value of this item should not exceed the value in Section 4.

✓ Item 16.b: Migrant Farmworker: Enter the number of families served who are migrant farm workers. The value of this item should not exceed the value in Section 4.

✓ Item 16.c: Seasonal Farmworker: Enter the number of families served who are seasonal farm workers. The value of this item should not exceed the value in Section 4.

• Make sure that the value of each item in this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.

Section 17 – Clients directly impacted by the drought:

• Select how the clients were directly impacted by the drought for this reporting period (note: select all that apply)

Section 18 – Water Bill Status:

• Enter the water bill status of the clients that were assisted for this reporting period

If you need further training and technical assistance, please contact your assigned Field Representative.

(2014 CSBG)

AMENDMENT 3 – Drought Water Assistance Program (DWAP) Pilot

EXHIBIT B
(Standard Agreement)

ATTACHMENT I

CSBG FISCAL DATA

CSBG Contract Budget Summary	CSD 425. S
CSBG Budget Support Personnel Costs	CSD 425.1.1
CSBG Budget Support Non-Personnel Costs	CSD 425.1.2
CSBG Budget Support Other Agency Operating Funds	CSD 425.1.3
CSBG Contract Budget Narrative	CSD 425.1.4

ATTACHMENT I CSBG CONTRACT BUDGET SUMMARY

Contractor Name: Monterey County Community Action Partnership	Contract Number: 14F-3027	Amendment Number: #3
Prepared By: Shirley Soratos	Contract Term: 01/01/14 - 12/31/14	
Telephone Number: (831) 755-4428	Contract Amount: \$525,111	
Date: 6/4/2014	E-mail Address: soratos@co.monterey.ca.us	

SECTION 10: ADMINISTRATIVE COSTS

Line Item	CSBG Funds (rounded to the nearest dollar)
1 Salaries and Wages	\$88,985
2 Fringe Benefits	\$33,831
3 Operating Expenses	\$9,546
4 Equipment	
5 Out-of-State Travel	
6 Contract/Consultant Services	
7 Other Costs	\$28,414
Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total operating budget in Section 80)	
	\$160,776

SECTION 20: PROGRAM COSTS

Line Item	CSBG Funds (rounded to the nearest dollar)
1 Salaries and Wages	
2 Fringe Benefits	
3 Operating Expenses	
4 Equipment	
5 Out-of-State Travel	
6 Subcontractor/Consultant Services	\$364,335
7 Other Costs	
Subtotal Section 20: Program Costs	
	\$364,335

SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20)	\$525,111.00
SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG	\$894,948
SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)	\$1,420,059.00
SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)	11.32%

ATTACHMENT I
CSBG BUDGET SUPPORT -- PERSONNEL COSTS

Contractor Name: Monterey County Community Action	Contract Number: 14F-3027	Amendment Number: #3
Prepared By: Shirley Soratos	Contract Term: 01/01/14 - 12/31/14	
Telephone Number: (831) 755-4428	Contract Amount: \$525,111	
Date: 6/4/2014	E-mail Address: soratoss@co.monterey.ca.us	

Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES					
A No. of Positions	B Position Title	C Total Salary for each position	D Percent (%) of CSBG time allocated for each position	E Number of CSBG months allocated for each position	F Total CSBG Funds budgeted for each position
1	Community Affiliation Manager	\$107,556.00	82.73%	12	\$88,985.38
Total (must match Section 10: Administrative Costs line item 1 on the CSD 425.S Budget Summary form)					\$88,985

SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES					
A No. of Positions	B Position Title	C Total Salary for each position	D Percent (%) of CSBG time allocated for each position	E Number of CSBG months allocated for each position	F Total CSBG Funds budgeted for each position
Total (must match Section 20: Program Costs line item 1 on the CSD 425.S Budget Summary form)					

FRINGE BENEFITS			
Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp., Etc.)	Percentage	Section 10 Administrative Costs (List CSBG funds Budgeted line 2)	Section 20 Program Costs (List CSBG funds Budgeted line 2)
Federal Insurance Contributions Act	6%	\$5,581	
Public Employees Retirement System	11%	\$9,498	
Medicare, Life Ins., Long Term & Short Term Disability	2%	\$1,743	
Dental Ins. Vision Ins., Employee Assistance, Health Ins.	16%	\$14,615	
Unemployment Ins., Workers Compensation Ins., Wellness Plan	3%	\$2,394	
TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY)		\$33,831	

**ATTACHMENT I
CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS**

Contractor Name: Monterey County Community Action	Contract Number: 14F-3027	Amendment Number: #3
Prepared By: Shirley Soratos	Contract Term: 01/01/14 - 12/31/14	
Telephone Number: (831) 755-4428	Contract Amount: 525,111	
Date: 6/4/2014	E-mail Address: soratoss@co.monterey.ca.us	

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

LIST EACH LINE ITEM Totals must match CSD 426.S Budget Summary form Attach additional sheet(s) if necessary	CSBG	
	Section 10: Administrative Costs	Section 20: Program Costs
List all Operating Expenses General Liability, Insurance Unit Allocation, Membership Fee, Mail Handling, Office supplies, Postage, Employee Benefit Unit, Training Chrg, Other Prof & Special Svcs, Commissioners travel/mileage	3 sum should equal total on line item 3 of CSD 426.S Budget Summary form \$9,546	3 sum should equal total on line item 3 of CSD 426.S Budget Summary form
List all Equipment Purchases	4 sum should equal total on line item 4 of CSD 426.S Budget Summary form	4 sum should equal total on line item 4 of CSD 426.S Budget Summary form
List all Out-of-State Travel: Name of conference; Specify location; Cost per trip	5 sum should equal total on line item 5 of CSD 426.S Budget Summary form	5 sum should equal total on line item 5 of CSD 426.S Budget Summary form
List all Contract/Consultant Services	6 sum should equal total on line item 6 of CSD 426.S Budget Summary form	
List all Subcontractor/Consultant Services See attached subcontractor list.		6 sum should equal total on line item 6 of CSD 426.S Budget Summary form \$364,335
Other Costs - List each line item (i - iv). Any additional Other Costs (attach additional sheet if necessary).	Section 10: Administrative Costs	Section 20: Program Cost
i Indirect Costs Per CFL No. 13/14-04	27,020	
ii COWCAP per 2013 - 2014 Countywide Cost Allocation Plan	1,394	
iii		
iv		
Total Other Costs (Sum of i, ii, iii, iv):	7 sum should equal total on line item 7 of CSD 426.S Budget Summary form \$284,414.00	7 sum should equal total on line item 7 of CSD 426.S Budget Summary form

**ATTACHMENT I
 CSBG CONTRACT BUDGET NARRATIVE**

Contractor Name: Monterey County Community Action Partnership	Contract Number: 14F-3027	Contract Amount: \$525,111.00	Date: 6/4/2014
Prepared By: Shirley Soratos	Contract Term: 01/01/14 - 12/31/14	Amendment Number: #3	
Telephone Number: (831) 755-4428	Fax Number: (831) 755-8476	E-mail Address: soratoss@co.monterey.ca.us	

CSBG CAP CY 2013 BUDGET NARRATIVE

Revised 12/04/13

ADMINISTRATIVE COSTS TOTAL		\$160,776
Salaries and Wages	82.73% of a FTE Community Affiliation Manager position. Under the CSBG contract, this position will work on the execution of the state CSBG contract and all amendments, execution of the CSBG subcontracts and all amendments, collection of information and submission of all required state reports, and monitoring of all contracts and subcontracts.	\$88,985
Fringe Benefits	38.02% Employee benefits including Public Employees Retirement System (PERS), Federal Insurance Contributions Act (FICA), Medicare, Life Insurance, Long & Short Term Disability, Dental, Vision, Health Insurance, Employee Assistance Program, Workers Compensation, Unemployment Insurance, and Employee Wellness.	\$33,831
Operating Expenses	Expenses include General Liability, Insurance Unit Allocation, membership fee, mail handling, office supplies, postage, employee benefit unit, training charge, Other Prof & special svcs, and Commissioner travel/milage.	\$9,546
Other Expenses	Costs include the Countywide cost allocation plan and the indirect cost rate as listed on Form CSD 425.1.2. The indirect cost rate and methodology is developed by California Department of Social Services to identify overhead costs associated with support staff that performs activities for non-welfare programs. The approved indirect cost rate for Monterey County for Fiscal Year 2013/2014 is 22% of the overall salary and benefits cost.	\$28,414

PROGRAM COSTS TOTAL		\$364,335
Subcontractor Services		
<u>Agency</u>	<u>Description</u>	<u>Amount</u>
Central Coast Engery Services	Conduct outreach and water conservation education to low-income individuals and families impacted by the drought. Also provide water assistance payments to eligible individuals and families.	\$60,000.00
Central Coast HIV/AIDS Services	Provide housing and supportive services to individuals and families affected by HIV/AIDS, information and referral, and completion of forms.	\$28,449.00
Community Human Services	Provide youth and family counseling, information and referral, and completion of forms.	\$25,254.00
Food Bank for Monterey County	Provide emergency food assistance thru the Emergency Food Assistance Program (EFAP) and Monterey County Family Markets.	\$90,077.00
Housing Resource Center of Monterey County	Provide rental assistance, tenant education, financial literacy, information and referral, and completion of forms.	\$81,716.00
Second Chance Youth Program of Monterey County	Provide gang and drug avoidance guidance through community presentations and workshops, information and referral, and completion of forms.	\$20,060.00
Shelter Outreach Plus	Provide emergency shelter, homeless prevention services, domestic violence counseling services, information and referral, and completion of forms.	\$16,152.00
Sun Street Centers	Provide parental life skills training to provide gang and drug avoidance guidance, information and referral, and completion of forms.	\$25,000.00
The Village Project	Provide youth and family counseling, information and referral, and completion of forms.	\$17,627.00
Total Budget		\$525,111

Monterey County Community Action Partnership

6/4/2014

CAP SUBCONTRACTORS FOR 2014 - Contract 14F-3027

<u>NAME</u>	<u>CSBG Funds</u>
Central Coast Engery Services	60,000.00
Central Coast HIV/AIDS Services	28,449.00
Community Human Services	25,254.00
Housing Resource Center of Monterey Cnty	81,716.00
Food Bank	90,077.00
Second Chance	20,060.00
Shelter Outreach Plus	16,152.00
Sun Street Center	25,000.00
The Village Project	17,627.00
Program Total:	\$ 364,335.00



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

October 1, 2013

COUNTY FISCAL LETTER (CFL) NO. 13/14-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITOR CONTROLLERS
ALL COUNTY PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: COUNTY WELFARE DEPARTMENT (CWD) COUNTY EXPENSE CLAIM (CEC) TIME STUDY AND CLAIMING INSTRUCTIONS FOR THE DECEMBER 2013 QUARTER.

This CFL provides counties time study and claiming instructions for the October through December 2013 quarter, which includes information and reminders regarding the following functions/programs:

	Functions/Programs	Time Study Instructions	Claiming Instructions	General Information	Page Number
I	Social Services				
	A. <u>Peer Quality Case Review (PQCR) Methodology for Fiscal Year (FY) 2013-14</u>	No	No	Yes	3
	B. <u>Foster Youth Credit Reports</u>	No	No	Yes	4
	C. <u>Emancipated Youth Stipends (EYS) Description Update</u>	No	No	Yes	4
II	California Work Opportunity and Responsibility to Kids (CalWORKs)				
	A. <u>Revised Assembly Bill (AB) 98 Subsidized Employment Calculation</u>	No	No	Yes	5
	B. <u>Safety Net and Drug/Fleeing Felon</u>	Yes	Yes	Yes	6

	<u>Population</u> C. <u>Title Change for Support Staff Codes for B19 and B21</u>	No	No	Yes	8
III	Other Public Welfare A. <u>CalFresh Nutrition Education - Get Fresh Project</u>	Yes	Yes	Yes	8
IV	Child Care A. <u>Safety Net and Drug/Fleeing Felon population</u>	Yes	Yes	Yes	9
	B. <u>Title Change for Support Staff Codes D27 and D28</u>	No	No	Yes	11
V	Non Welfare	No	No	No	12
VI	General A. <u>Electronic Data Processing (EDP) Methodology Changes</u>	No	Yes	Yes	12
	B. <u>Indirect Cost Rates (ICRs)</u>	No	No	Yes	13

The PCDs and Support Staff Time Reporting (SSTR) instructions for county use during the October through December 2013 quarter are as follows:

<u>Section</u>	<u>Revised</u>
Social Services	12/13
CalWORKs	12/13
Other Public Welfare	12/13
Child Care	12/10
Non-Welfare	09/05
Staff Development	09/07
Electronic Data Processing	03/01
SSTR Instructions	06/06
Direct-to-Program (DTP)/Function Support Staff Codes	12/13
Direct Service Delivery (DSD) Codes	12/13
General Time Study Instructions	03/09

For the latest version of the PCD manual, please go to the following link:
<http://www.dss.ca.gov/net.gov/letters/notifications/PG959.htm>.

Please note that any changes to the PCDs and/or SSTR Instructions may be shown in an underline, highlight, bold, or strikethrough format.

I. Social Services

A. PQCR Methodology for FY 2013-14

Costs related to PQCR require additional steps to manually allocate the costs to other benefitting programs. To do this, the CDSS calculates the proper ratios annually that will be used for the cost allocation in accordance with the federally approved County Cost Allocation Plan (CCAP) requirements. The ratios are listed below for FY 2013-14. This methodology is effective retroactive to the September 2013 quarter. For more information on the PQCR allocation methodology, please see CFL 11/12-21, dated October 6, 2011.

CODE	PROGRAM NAME	RATIO	PROGRAM
088	Peer Quality Case Review	0.6645	Title IV-E
828	Non IV-E PQCR	0.3355	State General Fund

The CCAP requires the counties to take the following manual steps in allocating and claiming PQCR costs:

1. County social work staff should report PQCR activities to Time Study Code (TSC) 0881
2. Take the total hours reported to TSC 0881 and multiply by the two ratios listed above.
3. Take the resulting split in the time study hours and report them to the corresponding TSCs (0881 for federally eligible hours and 8281 for non-federally eligible hours).
4. Use the ratios to split any direct costs associated with the PQCR by multiplying the total direct costs by the two ratios listed above.
5. Report the results to the appropriate Program Identifier Numbers (PINs) for PC 088 and PC 828.

This supporting documentation must be retained with the county's claim for audit purposes. Please note that in accordance with AB 118 (Chapter 40, Statutes of 2011) and ABX1 16 (Chapter 13, Statutes of 2011), Child Welfare Services (CWS) state funding was realigned to the county Local Revenue

Fund (LRF). The previous state share of cost for PC 828 is now paid from the county LRF using the State Use Only overmatch code.

B. Foster Youth Credit Reports

Pursuant to Senate Bill (SB) 1521 (Chapter 847, Statutes of 2012), the California Department of Social Services (CDSS) implemented a federal mandate to require the county welfare or probation department to request a consumer credit report on behalf of a foster youth age 16 and older who are under the jurisdiction of the juvenile court. The foster youth population eligible for the credit report is defined in All County Letter (ACL) No. 13-31, dated April 19, 2013. As provided in CFL No. 12/13-44, dated June 28, 2013, activities associated with the credit report are now part of regular case management activities.

To further clarify the previously released claiming instructions, activities associated with requesting consumer credit reports on behalf of foster youth or assisting the youth in resolving any errors on the reports should be reported to the appropriate case management PC. This includes Extended Foster Care (EFC) Case Management PC 842.

C. EYS Description Update

The EYS provide assistance to emancipated youth for items such as finding affordable housing, text books for college or vocational training, employment searches, emergency personal needs and bus vouchers. The CFL No. 00/01-46, dated December 4, 2000, established RC 111-Emancipated Youth Stipends to capture costs associated with providing special needs stipends for emancipated foster youth.

Changes to the California Welfare and Instruction Code (W&IC) section 10609.3 no longer limits the use of the EYS solely for emancipated youth. The language now allows flexibility in the use of the stipend to include all eligible youth with independent living needs, including non-minor dependents (NMD). Counties shall maintain a stipend to supplement and not supplant the Independent Living Program.

Effective with the September 2013 quarter, the description for PC 111 has been updated as follows:

PC 111- EMANCIPATED YOUTH STIPENDS

Established to capture the costs that assist non-minor dependents and emancipating foster youth with finding affordable housing, text books for colleges or vocational training, employment searches, emergency personal needs and bus vouchers.

II. CalWORKs

A. Revised AB 98 Subsidized Employment Calculation

In response to SB 1041 (Chapter 47, Statutes of 2012), which restored the Earned Income Disregard (EID) to \$225 for recipients of CalWORKs aid payments, counties will need to use a revised subsidy calculation for participants of the AB 98 Subsidized Employment Program beginning October 1, 2013. Currently \$112 and 50 percent of earned income is disregarded when calculating the CalWORKs aid payment. Under the new rules beginning October 1, 2013, \$225 and 50 percent of earned income is disregarded when calculating the CalWORKs aid payment. In order for CWDs to continue in existing contracts with employers for ongoing participants who started in the AB 98 Program prior to October 1, 2013, funding for the \$57 difference in the AB 98 subsidy calculation is being provided through the Single Allocation. For more information regarding the distribution of this additional funding, please refer to CFL No. 13/14-11, dated September 12, 2013.

The AB 98 subsidy calculation is aligned with the EID calculation in order to be cost neutral to the state budget by offsetting the cost of the subsidy with an equivalent reduction to the CalWORKs cash grant. Additional information regarding the EID restoration can be found in ACL No. 13-42, dated May 23, 2013 and information regarding the new AB 98 subsidy calculation can be found in a future ACL.

Counties are instructed to continue claiming AB 98 Program expenses to the same codes in accordance with CFL No. 10/11-65, dated May 3, 2011 and CFL No. 10/11-65E, dated August 19, 2011, which provides detailed claiming instructions for the AB 98 Program. For any remaining county costs of operating the subsidized employment program, counties may continue to utilize the Single Allocation and/or third party codes.

B. Safety Net and Drug/Fleeing Felon Population

To prevent the Safety Net and Drug/Fleeing Felon population from having a negative impact on the state's Work Participation Rate (WPR), the entire population of Safety Net and Drug/Fleeing Felons is being assigned new non-Maintenance Of Effort (Non-MOE) aid codes (K1 and 3F) instead of 3A, 3C, or 33, which were MOE-eligible.

As a result, PC 370- Safety Net Employment Services Employed Non-MOE and PC 371- Safety Net Employment Services Unemployed Non-MOE were created to replace PC 055-Safe Net Employment Services Case Management Non-Assistance and PC 056- Safe Net Employment Services Case Management Assistance. The PCs 055 and 056 will be deleted effective with the March 2014 quarter.

Time Study Instructions:

CODE 3701 – SAFETY NET EMPLOYMENT SERVICES CASE MANAGEMENT EMPLOYED NON-MOE

Includes case management and related Welfare to Work (WTW) activities (e.g., determining exemptions, arranging for the participant's entry into the WTW component; performing needs assessment, etc.) provided to employed Safety Net individuals.

For additional activities, please refer to the PCDs for WTW caseworker activities and the following time study codes:

- Code 6201 WTW Pre-Assessment
- Code 6211 WTW Post-Assessment: Community Service
- Code 6221 WTW Post-Assessment: Other
- Code 6231 Post-Assessment: Vocational Education
- Code 6231 WTW Assessment

CODE 3711 – SAFETY NET EMPLOYMENT SERVICES CASE MANAGEMENT UNEMPLOYED NON-MOE

Includes case management and related WTW activities (e.g., determining exemptions, arranging for the participant's entry into the WTW component; performing needs assessment, etc.) provided to unemployed Safety Net individuals.

For additional activities, please refer to the PCDs for WTW caseworker activities and the following time study codes:

- Code 6201 WTW Pre-Assessment
- Code 6211 WTW Post-Assessment: Community Service
- Code 6221 WTW Post-Assessment: Other
- Code 6231 Post-Assessment: Vocational Education
- Code 6231 WTW Assessment

Claiming Instructions:

PC	370	Safety Net Employment Services Employed Non-MOE
TSC	3701	Safety Net Employment Services Case Management Employed Non-MOE
PIN	370016	Ancillary-Education (Employed)
	370028	Work-Related Activities and Expenses (Employed)
	370032	Contracted Activities (Employed)
	370088-91	Support Operating*
	370092	Casework OT/CTO Costs
	370093	Support Staff OT/CTO Costs
	370094	Start up/Nonrecurring Costs
	370097	Transportation (Employed)
DTP	B21	Safety Net Employment Services Case Management
Costs will be funded at 00/100/00/00 (Federal/State/Health/County)		

PC	371	Safety Net Employment Services Unemployed Non-MOE
TSC	3711	Safety Net Employment Services Case Management Unemployed Non-MOE
PIN	371003	Transportation (Unemployed)
	371029	Other Supportive Services (Unemployed)
	371031	Contracted Activities (Unemployed)
DTP	B19	Safety Net Employment Services Case Management
Costs will be funded at 00/100/00/00 (Federal/State/Health/County)		

*The County must have a Letter of Intent on file with CDSS to use Support/Operating PIN Codes (88-91).

C. Title Change for Support Staff Codes for B19 and B21

The Safety Net DTP code titles are being changed to omit references to "assistance" and "non-assistance." Counties are reminded that support staff codes may only be used with the certain PCs. The DTP Code B19 may currently be used with PCs 371 and 056 and DTP Code B21 may be used with PCs 370 and 055. Counties should directly charge DTP costs to the appropriate PC for the December 2013 quarter. Beginning with the March 2014 quarter, PCs 055 and 056 will be deleted.

Code	Support Staff Code Title	Support Staff Code New Title
B19	Safety Net Employment Services-- Case Management --Asst	Safety Net Employment Services Case Management
B21	Safety Net Employment Services - Case Management - Non Assistance	Safety Net Employment Services - Case Management

III. Other Public Welfare

A. CalFresh Nutrition Education - Get Fresh Project

The Get Fresh Project replaces two pilot projects within the CalFresh Nutrition Education program, the County Welfare Department/Local Health Department Expansion for Community Nutrition Project (CFL No. 11/12-30, dated November 1, 2011 and CFL No. 11/12-30E, dated December 16, 2011) and the Innovative Ideas Project (CFL No. 11/12-42, dated March 9, 2012 and CFL No. 11/12-42E, dated April 18, 2012), which both end on September 30, 2013. Although the program ended, the codes will still be available in the December 2013 quarter since they are tracked by the Federal Fiscal year. They will then be deleted in March 2014 quarter.

Effective with the December 2013 quarter, PC 362-CalFresh Nutrition Education - Get Fresh and State Use Only (SUO) code 363- SUO CalFresh Nutrition Education - Get Fresh have been established to capture activities/costs associated with the Get Fresh program.

Time Study Instructions:

CODE 3621 - CALFRESH NUTRITION EDUCATION - GET FRESH

Allowable activities include, but are not limited to, conducting activities that

promote nutrition education and obesity prevention, local media outreach and program planning for evaluating neighborhood nutrition factors that will guide strategic and intensive nutrition education efforts with target neighborhood populations.

Claiming Instructions:

Effective with the December 2013 quarter, the following PCs and associated PINs are made available to participating counties to capture costs incurred in the operation of the Get Fresh Project.

PC	362	CF Nutr Ed-Get Fresh
TSC	3621	CF Nutr Ed-Get Fresh
PIN	362031	Contracted Activities-Unemployed
	362032	Contracted Activities-Employed
	362068	Direct Costs
	362088- 91	Support Operating *
	362092	Casework-OT/CTO Costs
	362093	Support Staff-OT/CTO Costs
	362094	Start Up/Nonrecurring Costs
	DTP	C61
Costs will be funded at 100/00/00/00 (Federal/State/Health/County).		

**The County must have a Letter of Intent on file with CDSS to use Support/Operating PIN Codes (88-91).*

Nineteen (19) counties are approved to participate in the Get Fresh Project, namely, Alameda, Colusa, Del Norte, Kern, Lake, Madera, Mendocino, Merced, Nevada, Riverside, San Diego, San Francisco, San Joaquin, Santa Clara, Santa Cruz, Shasta, Sutter, Tehama and Yuba.

Please see CFL No. 13/14-17, dated September 19, 2013, for additional information regarding the Get Fresh Project.

IV. Child Care

A. Safety Net and Drug/Fleeing Felon population

To prevent the Safety Net and Drug/Fleeing Felon population from having a negative impact on the state's WPR, the entire population of Safety Net and Drug/Fleeing Felons is being assigned new non-MOE aid codes (K1 and 3F)

instead of 3A, 3C, or 33, which were MOE-eligible. As a result, PCs 368- Safety Net Child Care Case Management Employed Non-MOE and PC 369-Safety Net Child Care Unemployed Non-MOE were created to replace PC 053-Safety Net Child Care Non-Assistance and PC 054- Safety Net Child Care Assistance. The PCs 053 and 054 will be deleted effective with the March 2014 quarter.

Time Study Instructions:

CODE 3681 – SAFETY NET CHILD CARE - CASE MANAGEMENT - EMPLOYED NON-MOE

Allowable case management and related activities provided to employed Safety Net families include, but are not limited to: determining exemptions; arranging for the participant's entry into the WTW component; referring clients to Tribal TANF for securing child care slots; arranging child care purchase of service contracts; matching participant needs to available services; authorizing/calculating child care payments and registration fees; preparing Notices of Actions (NOAs); coordinating overpayment grant adjustments with the caseworker; fraud referrals; coordinating or consulting with other child care delivery systems; review and verifying of self-certification forms; maintaining records for parental complaints; and referral and verification activities in conjunction with local resource and referral agencies for families who select a license exempt child care provider under CalWORKs.

CODE 3691 – SAFETY NET CHILD CARE - CASE MANAGEMENT - UNEMPLOYED NON-MOE

Allowable case management and related activities provided to unemployed Safety Net families include, but are not limited to: determining exemptions; arranging for the participant's entry into the WTW component; referring clients to Tribal TANF for securing child care slots; arranging child care purchase of service contracts; matching participant needs to available services; authorizing/calculating child care payments and registration fees; preparing NOAs; coordinating overpayment grant adjustments with the caseworker; fraud referrals; coordinating or consulting with other child care delivery systems; review and verifying of self-certification forms; maintaining records for parental complaints; and referral and verification activities in conjunction with local resource and referral agencies for families who select a license exempt child care provider under CalWORKs.

Claiming Instructions:

PC	368	Safety Net Child Care Employed Non-MOE
TSC	3681	Safety Net Child Care Case Management Employed Non-MOE
PIN	368032	Contracted Activities (Employed)
	368082	Child Care Services (Employed)
	368088-091	Support Operating*
	368092	Caseworker OT/CTO Costs
	368093	Support Staff OT/CTO Costs
	368094	Start Up/Nonrecurring Costs
DTP	D27	Safety Net Child Care Case Management
Costs will be funded at 00/100/00/00 (Federal/State/Health/County)		

PC	369	Safety Net Child Care Unemployed Non-MOE
TSC	3691	Safety Net Child Care Case Management Unemployed Non-MOE
PIN	369018	Child Care Services (Unemployed)
	369031	Contracted Activities (Unemployed)
	369048	Timed-Out Child Care Payments/Center
	369088-091	Support Operating*
	369092	Caseworker OT/CTO Costs
	369093	Support Staff OT/CTO Costs
	369094	Start Up/Nonrecurring Costs
DTP	D28	Safety Net Child Care Case Management
Costs will be funded at 00/100/00/00 (Federal/State/Health/County)		

*The County must have a Letter of Intent on file with CDSS to use Support/Operating PIN Codes (88-91).

B. Title Change for Support Staff Codes D27 and D28

The Safety Net DTP code titles are being changed to omit references to "assistance" and "non-assistance." Counties are reminded that support staff codes may only be used with the certain PCs. The DTP Code D27 may be used with PCs 368 and 053 and DTP Code D28 may be used with PCs 369 and 054. Counties should directly charge DTP costs to the appropriate PC for the December 2013 quarter. Beginning with the March 2014 quarter, PCs 053 and 054 will be deleted.

Code	Support Staff Code	Title	Support Staff Code	New Title
D27		Safety Net Child Care Non-Assistance		Safety Net Child Care Case Management
D28		Safety Net Child Care Case Management - Assistance		Safety Net Child Care Case Management

V. Non Welfare

No changes.

VI. General

A. EDP Methodology Changes, CWS/Case Management System (CMS) Statewide Automated Child Welfare Information System (SACWIS) and Non-CWS/CMS (Non SACWIS)

The following cost allocation methodology for CWS/CMS has been updated for FY 2013-14 and is to be effective retroactive to the September 2013 quarter. Please refer to CFL No. 06/07-36, dated May 21, 2007 for instructions and information. Effective July 1, 2011, AB 118 (Chapter 40, Statutes of 2011) and ABX 116 (Chapter 13, Statutes of 2011) realigned CWS. PCs 135 - SSI/SSP Out-Of-Home Care, 175 - FPP - Services/Nonfederal, 588- Supportive Therapeutic Options Program (STOP) Assessment/Case Plan, 786- NREFM Under 18, 787- NREFM Over 18, 840- EFC Services NonFederal, 863- NonRelated Legal Guardian NMD, 864- NRLG Probate Court and 865- NRLG Juvenile Court are subject to the realignment provisions of AB 118 per CFL No. 11/12-18, dated September 16, 2011.

Therefore, although these are state programs and listed as such in the below table, these costs are covered by the county.

PC	Program Name	Percent	Program
536	SACWIS	0.6854	Title IV-E/ IV-B
513	EA-ER	0.1843	TANF
544	CWS MPI (AB 908)	0.0048	TANF
556	CWS-MPS (AB 908)	0.0017	TANF
144	CWS-Health Related	0.1115	Title XIX
150	EPSDT	0.0000	Title XIX
168	FPP-Health Related	0.0005	Title XIX

838	EFC-Health Related	0.0011	Title XIX
182	ILP-Case Management	0.0032	Chafee
184	ILP-Services	0.0031	Chafee
135	SSI/SSP OHC	0.0001	State
175	FPP Services/NonFed	0.0012	State
588	STOP-Assessment/Case Plan	0.0001	State
165	SB 163 Wraparound Services	0.0003	County
786	NREFM Under 18	0.0002	State
787	NREFM NRLG	0.0004	State
840	EFC Services NonFederal	0.0005	State
863	NRLG NMD	0.0005	State
864	NRLG Probate	0.0004	State
865	NRLG Juvenile	0.0006	State

B. ICRs

The CDSS has developed ICRs for use by counties during FY 2013-14 (please see Attachment I). ICRs are used to identify overhead costs associated with support staff that performs activities for non-welfare programs with no equivalent casework hours. The CDSS County Allocations Unit develops ICRs based on actual indirect cost (i.e., Travel, Space, Space – CCAP, Other Operating Costs, Public Agencies CCAP and Public/Private Agencies Direct Billed) that were reported as generic by each county for the four quarters of FY 2012-13. The totals are divided by the total direct salary and benefit costs (caseworker, administrative/clerical support and EDP staff salaries and benefits). The resulting percentages are each county's individual ICR.

The CWDs have the option of either using the predetermined ICR developed by CDSS or developing an ICR specific to allocable support staff. An ICR developed by a CWD must be developed in accordance with "A Guide for State, Local and Indian Tribal Government-Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government" (ASMB C-10).

The ICRs are applied to the salaries and benefits of support staff performing activities for non-welfare programs only. The salaries and benefits plus overhead are reported as Direct Costs on the CEC using PIN 805068 (non-welfare Programs) or PIN 806068 (non-welfare Programs-Non EDP). Counties are reminded that non-welfare activities must be reported in the non-welfare function, which will draw down associated overhead through the CEC based on the time study hours of caseworkers performing the

CFL No. 13/14-04
Page Fourteen

non-welfare activity.

If counties have any questions regarding this CFL, please direct them to the Fiscal Systems Bureau at fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

DIANNE OKAMOTO
Chief
Fiscal Systems and Accounting Branch

Attachment

c: CWDA

ATTACHMENT I

FY 2013/14 INDIRECT COST RATE (ICR) Data from FY 2011/12 County Expense Claims	
COUNTIES	ICR
ALAMEDA	0.18
ALPINE	0.91
AMADOR	0.44
BUTTE	0.21
CALAVERAS	0.38
COLUSA	0.80
CONTRA COSTA	0.38
DEL NORTE	0.43
EL DORADO	0.19
FRESNO	0.17
GLENN	0.22
HUMBOLDT	0.23
IMPERIAL	0.26
INYO	0.32
KERN	0.17
KINGS	0.19
LAKE	0.22
LASSEN	0.37
LOS ANGELES DPS	0.19
MADERA	0.27
MARIN	0.47
MARIPOSA	0.71
MENDOCINO	0.18
MERCED	0.12
MODOC	0.48
MONO	0.47
MONTEREY	0.22
NAPA	0.29
NEVADA	0.43
ORANGE	0.20
PLACER	0.42
PLUMAS	0.38
RIVERSIDE	0.12
SACRAMENTO-OHA	0.22
SAN BENITO	0.26
SAN BERNARDINO	0.18
SAN DIEGO	0.22
SAN FRANCISCO	0.23
SAN JOAQUIN	0.18
SAN LUIS OBISPO	0.18
SAN MATEO	0.25
SANTA BARBARA	0.18
SANTA CLARA	0.23
SANTA CRUZ	0.22
SHASTA	0.30
SIERRA	0.26
SISKIYOU	0.18
SOLANO	0.23
SONOMA	0.16
STANISLAUS	0.14
SUTTER	0.24
TEHAMA	0.11
TRINITY	0.30
TULARE	0.35
TUOLUMNE	0.28
VENTURA	0.23
YOLO	0.18
YUBA	0.27
LOS ANGELES DCS	0.23
SAC-DHHS-CHILD	0.34
SAC-DHHS-ADULT	0.27
SMATEO DP AGING	0.15
PLACER-ASOC	0.38
STATEWIDE	0.21

(2014 CSBG)

AMENDMENT 3 – Drought Water Assistance Program (DWAP) Pilot

EXHIBIT B
(Standard Agreement)

ATTACHMENT II

CSBG NPI WORKPLAN

CSBG/NPI Workplan Supplemental to NPI 6.2	CSD 801 W
CSBG/NPI Programs Report Supplemental to NPI 6.2	CSD 801



**National Association for State
Community Services Programs**

National Performance Indicators Instruction Manual

For State Use in Completing the FY 2009 CSBG Information System Survey

May 2009

CSBG/NPI Workplan Instructions

Purpose

The CSBG/NPI Work Plan (CSD 801 W) establishes performance expectations and goals for the contract term. The CSD 801 W must be completed and returned with the contract.

Completing the NPI Workplan

- On "Goal 6-6.2 Supplemental Workplan" tab enter the contract number, contractor's name, contact person and title, phone number, e-mail address and fax number. This information will only need to be provided once. The data will automatically populate into all other tabs from the "Goal 6.2 supplemental" tab.
- Project the number of participants expected to achieve the performance indicator(s) identified in Goals 6-6.2 Supplemental that represents the outcome(s) of the planned program activities during the contract term. If the indicator does not apply to the planned program activities leave the cell blank.
- **Program Activities and Delivery Strategies:** In this section, provide a detailed description of the planned program activities to be undertaken in order to alleviate the barriers identified in the problem statement.
- **Number of Participants Expected to Achieve Outcome in Reporting Period:** This column will be filled out on the CSD 801 W for Goals 6-6.2 supplemental. Provide the number of participants expected to achieve the goal at the mid-year and annual reporting periods for each indicator. The workplan numbers will automatically populate into goal 6-6.2 supplemental tab.

Note: ALL DATA FIGURES should be NUMERICAL. Do not use percentages, fractions, abbreviations or alpha text.

Sample of NPI Workplan

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

Supplemental to NPI 6.2: Emergency Assistance for Drought Water Assistance Program

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet)

National Performance Supplemental Indicator 6.2	Reporting Period	WORKPLAN
Emergency Assistance The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such services as:	2010-2011	Number of Low-Income People Expected to Achieve in Reporting Period (N)
A. Water Conservation Education	0	
B. Water Bill Assistance Program	0	
<i>In the reporting period, we have one additional indicator for NPI 6.2 supplemental that was not captured above.</i>		

ATTACHMENT II

State of California
 Department of Community Services and Development
 CSBG/NPI Workplan
 OSD 601 W (Rev.5/14)

Contract Number: 14-F-3027

CSBG/NPI Workplan

Contractor Name: Monterey County Community Action Partnership
 Contact Person and Title: Margarita Zarraga, Community Affiliations Manager
 Phone Number: (831) 755-8492 Ext. Number: _____
 E-mail Address: zarragam@co.monterey.ca.us Fax Number: (831) 755-8477

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

Supplemental to NPI 6.2: Emergency Assistance for Drought Water Assistance Program

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

The Community Action Partnership through the Central Coast Energy Services will provide outreach to inform impacted individuals and families about this program. Conduct intake and eligibility screening of participants in coordination with local water utilities to facilitate bill payment assistance. Provide cash benefits for water utility expenses, and education of participants on water conservation practices to increase household's water usage efficiency and minimize waste. These services will be provided to all CSBG Federal Poverty level eligible Monterey County residents.

National Performance Supplemental Indicator 6.2	Reporting Period	WORKPLAN Number of Low- Income People Expected to Achieve in Reporting Period (#)
Emergency Assistance The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such service as:		
A. Water Conservation Education		
B. Water Bill Assistance Program		
<i>In the row below, please include any additional indicator for NPI 6.2 supplemental that were not captured above.</i>		

CSBG/NPI Program Report Instructions

Purpose The CSD 801 captures the progress and achieved outcomes that an agency has performed over the reporting time frame. The CSD 801 is to be completed and submitted by January 20, 2015. The reports must be submitted electronically by the due date to CSBGReports@csd.ca.gov.

Suggested Tools Suggested tools needed to assist you when reporting your progress and achieved outcomes Report

- Review your contract workplan

Completing the NPI Report for Annual

- This report covers the term of June 1, 2014 through December 31, 2014 and is due January 20th. This report will reflect the agency's success in achieving the outcomes.
- **Number of Participants/Units Expected to Achieve Outcome in Reporting Period:** The Workplan numbers will be automatically populated into the Reporting Document for Goals 6-6.2 Supplemental
- **Number of Participants/Units Enrolled in Program(s) in Reporting Period:** Enter actual number enrolled in program (s) for the reporting period.
- **Number of Participants/Units Achieving Outcome in Reporting Period:** Enter the number that achieved the outcome for the reporting period.
- **Percentage Achieving Outcome in Reporting Period:** This field requires no data entry and will be automatically calculated from previous columns.
- **Required Explanation:** This field requires no data entry and will be automatically calculated from previous columns. If a response is required, provide the explanation for the variance on the "Explanations Required Annual" tab. The acceptable range for achievement for each reporting period is 80% to 120% of what the agency expected to achieve.

ALL DATA FIGURES should be NUMERICAL. If the indicator does not apply to your agency's work, or data pertaining to that question is not available, leave the cell blank. Do not use percentages, fraction, abbreviations or alpha text.

Sample of NPI Report for Annual

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments

Supplemental to NPI 6.2: Emergency Assistance for Domestic Water Assistance Program

Program Activities and Delivery Strategies: (If additional space is needed, please attach separate sheet)

National Performance	I Number Expected in Reporting Period (e)	II Number in Reporting Period (f)	III Percentage Achieving Outcome in Reporting Period ([(f)-(e)]/e) (%)	IV Explanation Required (Report on explanations tab)
Emergency Assistance If the number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such services as:				
A. Water Conservation Education				
B. Water Bill Assistance Program				
<small>Indicate for whom, where, and how the assistance is provided for NPI 6.2.2. Do not include data on other categories.</small>				

CSBG/NPI Programs Report

Contractor Name: Monterey County Community Action Partnership
 Contact Person and Title: Margarita Zarraga, Community Affiliations Manager
 Phone Number: (831) 755-8492 Ext. Number: _____
 E-mail Address: zarragam@co.monterey.ca.us Fax Number: (831) 755-8477

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

Supplemental to NPI 6.2: Emergency Assistance for Drought Water Assistance Program

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)
 The Community Action Partnership through the Central Coast Energy Services will provide outreach to inform impacted individuals and families about this program. Conduct intake and eligibility screening of participants in coordination with local water utilities to facilitate bill payment assistance. Provide cash benefits for water utility expenses, and education of participants on water conservation practices to increase household's water usage efficiency and minimize waste. These services will be provided to all CSBG Federal Poverty level eligible Monterey County residents.

National Performance		I Number Expected in Reporting Period (#)	II Number in Reporting Period (#)	III Percentage Achieving Outcome in Reporting Period (II/I=III) (%)	IV Explanations Required (Report on explanation tab)
Emergency Assistance The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such service as:	Reporting Period				
A. Water Conservation Education	Reporting Period				
B. Water Bill Assistance Program	Reporting Period				
<i>In the row below, please include any additional indicator for NPI 6.2 supplemental that were not captured above.</i>					
	Reporting Period				

