COUNTY OF MONTEREY



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

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.

Alliance on Aging Amendment #1 to Agreement #A-12895 Page 2 of 3 Except as provided herein, all remaining terms, conditions, provisions, entitlements and obligations of the original AGREEMENT shall remain unchanged and unaffected by this AMENDMENT and shall continue in full force and effect.

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

COUNTY OF MONTEREY:	CONTRACTOR:
By: Elliott Robinson Director, DSS	Alliance on Aging By: Seaugh (Chart, President, Vice-President)
Date:	Chair (Print Name & Title)
	Date: 3/3/2-16
Approved as to Form:	By: Lasl Kill (Secretary, CFO, Treasurer)
Deputy County Counsel Date:	Secretary (Print Name and Title)
Approved as to Fiscal Provisions:	Date: 3/3/2016
Auditor-Controller's Office	

SCOPE OF SERVICES/PAYMENT PROVISIONS

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

T. **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

bmann@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**.

TARGETING POLICY IV.

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

Funding Type	FY 2015-16 TOTALS	7/1/15– 9/30/15 Maximum Amounts
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
SUB-TOTALS:	\$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).

Funding Type	7/1/15 – 3/31/16 Amounts	4/1/16 – 6/30/16 Amounts	FY 2015-16 TOTALS
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
SUB-TOTALS:	\$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).

Funding Type	7/1/15– 9/29/15 Amounts	02/01/16 - 6/30/16 Amounts	FY 2015-16 TOTALS
AAA MIPPA	\$1,332	\$2,977	\$4,309
HICAP MIPPA	\$2,644	\$5,931	\$8,575
SUB- TOTALS:	\$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
GRAND TOTAL.	\$ 44 3,010

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 HI-B (CFDA #93.044) OMBUDSMAN SCOPE OF SERVICES

I. SERVICES TO BE PROVIDED

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

1. Service:

Complaint Investigation and Resolution

Unit of Service Definition:

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

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered:

1.112

Benchmark of Service Units to be delivered:*

by September 30th: 278 Units (25%) by December 31st: 556 Units (50%) by March 31st: 834 Units (75%) by June 30th: 1,112 Units (100%)

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

2. Service:

Education/Training

Unit of Service Definition:

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

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered: 141

Benchmark of Service Units to be delivered: *

by September 30 th :	35 Units	(25%)
by December 31 st :	70 Units	(50%)
by March 31st:	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 31st:	96 Units	(50%)
by March 31st:	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, inperson at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.
- 4. Estimated Number of Persons Reached at Public and Media Events: 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, inperson at home, in-person at site, and electronic contacts (e-mail, fax, etc.) duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.

- 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 <u>all</u> 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:

1 /

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).

Alliance on Aging	•	Title III-B Ombudsman	ıbudsman			Fiscal Year	2015-2016
ExpCat	Budget Cash	_	Bude	Budget InKind			
Salaries / Vol 1K		20.000		2.800			
Payroll Taxes		1 530		ĵ			
Taylon takes		5,0		,			
Employee benefits		2,810		1			
Volunteer Reimbursements	S			1			
Travel / Vol Travel		1,600		J			
Conference / Trainings / Meetings	leetings	ı		ı			
Professional Fees: Acctg/Legal/DP	_egal/DP	1		ı			
Equipment Purchase		ı		1			
Equipment Rental / Maintenance	enance	800)			
Occupancy		2.000		•			
Insurance (Not Vech / Occ)	~	. 1					
Utilities / Communications	7	400		,			
Postage / Shipping		200					
Printing / Publication		200					
Public Relations / Advertising	Ç.	150		l i			
Subs / Membership Diles	n E	150					
Supplies		5 5		1			
Food / Food Service		900		ı			
Votion Operation		8		1			
Vernicie Operation		1 0		ŧ			
Overneau (o% iiiiii)		1,540		ı			
Awards / Events		ı		1			
Client Support		1		1			
Federal Mental Health		ı		ı			
Low Income Subsidy		ı		1			
Depreciation		ı		1			
Nutrition Education		1		1			
Bank Service Fees		1		1			
Subcontractor		,		,			
Miscellaneous		•		,			
Expense Totals		32,286		2,800		35,086	91
AAA Grant 22,070	NSIP Grant O'	OTO Grant 10,216					
Project Income	CNonMatch IKN	IKNonMatch	CashMatch	IKMatch 2,800	GRTotal 35,086	Required Match 3,695	ch 35
				•	,	•	
certify that the amounts displayed	C pevelusib		0				
polynomerate are are are are are are are are are ar	7	0000	8000	4		Domeion Date	3/2/6
ale accurate	,	100	July MI			Levision De	- / / A All
	Provider Signature	gnature		`	~		
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Approved by V.	A Fiscal Officer) 233		Date //	*:/3		
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Approved by	なるである	322X		Date 2//	1160		
AA	AAA Management Analyst	X C					
		) )					

1/20/2016

2015-2016

Fiscal Year

Title 7A Ombudsman

Alliance on Aging

1/20/2016

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

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

Name of Agency	/: <u>ALLIANCE</u>	ON AGING
Address of Agency	/: <u>247 Main</u> S	freet
	Salinas, CA	93901
	Juli 193, Or	
Project Name	e: Ombudsma	n Volunteer Recruitment Initiative
T	C	1 C-4-1 #
-		d Catalog #
Check one:	State Funds	X Special Deposit Fund (SDF) / State Health Facilities Citation Penalties Account
	State Funds State Funds	X SNF Quality & Accountability Fund X Public Health L & C Program Fund
	State Funds	Budget Version
	Check one:	**************************************
Certification:		Revision x 1/19/2016
John A. Assaud Preparer's Signature / Date  A. VITSSE Preparer's Name (Printed)	831-655-4246 and telephone r tuke / Opte 831.655.4240	Muller  1/19/2016
Received at Area Agend	y on Aging:	Reviewed for: completeness and accuracy  No match requirement  Reviewed for Allowable Costs  8% Indirect Cost limit  Budget Approved by Fiscal:
Budget Template Last Updated:		Budget Approved by Program: Butha Homals 3/2/14
12/10/15 By Veronica Renteria		Get Care Updated by Vendor:
,	}	Get Care Verified by Fiscal:

Agency Name: ALLIANCE ON AGING

Ombudsman Volunteer Recruitment Initiative

SECTION A:

BUDGET SUMMARY

					BUDGET SUMMARY	JMMARY						
		Special Deposit Fund (SDF)   State Health Facilities Citatio	oosit Fu h Facilli	Special Deposit Fund (SDF) / State Health Facilities Citation	SNF Quality &	iality &						
Categories of Expenses	Expenses	Penalties Account	ccount		Accountat	Accountability Fund	Pub	lic Health	Public Health L & C Program Fund	Fun	Total	Total Budget
Personnel		\$		12,843	₆	15,993			4		8	32,906
Operating Expenses		\$		5,105	63	3,342	\$			1	\$	8,447
Total		\$	بتجيمة فالمستغفرة ومست	17,948	\$	19,335	5		4,	4,070	€.	41,353
		SDF) / State	Healt	n Facilities Cita	Quality & Ac	countabilit	y PPubl	ic Health	SDF) / State Health Facilities Cita Quality & Accountability Prublic Health L & C Program Func	Fund	Total	Total Budget
Source of Revenue	evenue	Cash		In-Kind	Cash	In-Kind		Cash	In-Kind		Cash	In-Kind
AAA Grant	ant	<b>4</b>	17,948		\$ 19,338		· · ·	4,070	34-34-31		\$ 41,353	· •
Project Income												\$
	Matching				-						· ·	ر ج
Other Federal Funds Non-matching	Non-matching									/	· s	, ea
ر الم	Matching										٠ ده	<i>ω</i>
Other State Funds	Non-matching										•	€9
	Matching										,	<del>69</del>
County/City Funds	Non-matching										•	· ·
											· ·	\$
Private Grants	Non-matching										<b>6</b> \$	·
	Matching		0,	€9		ю.				- Allin	, \$	•
Net Fundraising	Non-matching										, es	· €÷
	Matching	69	1	, ,		€9	G	1	ь	,	, \$4	€9
Totals by match	Non-matching	\$	-	&	- ⊌9	1 69	<b>⇔</b>	1	↔	1	, 64	φ.
TOTAL		va		17,948	ક	19,335	€.		4,	4,070	\$	41,353

Page 2 of 4

AOA-Ombudsman InitiativeTemplate FY15-16-Rev 12-15 secA

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### SECTION B:

# ALLIANCE ON AGING Ombudsman Volunteer Recruitment Initiative SCHEDULE OF PERSONNEL COSTS

				% on Program	***************************************	T	
No.	Paid Staff Positions	Annual Salary	Fund (SDF) / State Health Facilities Citation	SNF Quality & Accountability Fund	Public Health L & C Program Fund		Program Cost
1	Senior Ombudsman	\$33,743.00	9%	16%		3	8,449.00
1	Staff Ombudsman	\$33,743.00	9%	16%		5	8,449.00
1	AOA Prograam Director	\$70,678.00	3%	3%		\$	4,806.00
1	Staff Ombudsman	\$33,280.00	7%		10%	3	5,713.00
1	Administrative Assistant	\$37,502.00	1%	1%		s	563.00
						\$	-
					m make make the transfer of th	\$	
						\$	MAA.
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	· · · · · · · · · · · · · · · · · · ·						*
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						\$	
						\$	-
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	Object MANUFACTION STATES					\$	*
	Total Salaries	\$ 208,946.00		\$ 13,603,00	\$ 3,461.00	\$	27,980.00
	Payroll Taxes Employee Benefits		\$ 835.07 \$ 1,091.60	\$ 1,040.63 \$ 1,349.42	\$ 264.00 \$ 345.00	\$	2,139.70 2,786.02
	Total Paid Staff	\$ 208,946.90	\$ 12,842.67	\$ 15,993.05		\$	32,905.72
****			*****	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OXOC 2010 COXOC CO	(XXXXX	*******
No.	In-Kind: Donated Services	Hourly Wage	Fund (SDF) / State Health Facilities Citation Penalties	% on Program  SNF Quality & Accountability Fund	Public Health L & C Program Fund		Program Cost
						\$	7
						 \$	
	discount field to the second s					\$	-
					TIT	\$	
,,,			AA			\$	
	Total In-Kind Staff	\$ -	\$ .	\$ *	\$ .	\$	-
	Total Personnel Costs	\$ 208,946	\$ 12,843	\$ 15,993	\$ 4,070	\$	32,906

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

# OPERATING EXPENSES / EQUIPMENT AND INDIRECT COSTS ALLIANCE ON AGING

OPERATING EXPENSE	und (SDF) / State Health		-acilities Citation BNF Quality & Accountability Fund-ublic Health L & C Program Fund	untability Fund	ublic Health L &	C Program Fund	Total Budget	ıdget
& EQUIPMENT	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Occupancy	₩.	1,800	\$ 680				\$ 2,480	£/9
Volunteer Reimbursement								€
Travel/Volunteer Travei	69.	700	\$ 544				\$ 1,244	69
Conf/Trainings/Meetings	69	,						49
Professional Fees: Acct/Legal							49	·
Equipment Purchase							·	€>
Equipment Rental/Maint	ęэ	100	\$ 212				\$ 312	· •
Insurance (Excluding Veh. & Occ.)							- 49	63
Utilities/Communications	50	425	\$ 544				\$ 969	49
Postage/ Shipping	æ	150						49
Printing / Publications	69	100						€9
Public Relations /Advertising							, sə	· 69
Sub/Membership Dues							4	69
Supplies	<b>ь</b> э	200	195				\$ 695	49
Food/Food Service								69
Vehicle Operation							69	49
Overhead: 8% limit of Grant Funding	5,1	1,330	1,167				\$ 2,497	-
Awards/ Events							•	
Client Support							· •А	,
Depreciation							₩.	
Bank Service Fees							· ·	·
Subcontractor							\$	, ⇔
Miscellaneous							+	\$
Total Operating Expenses	5,1	5,105	3,342		1	ą	8,447	1

AOA-Ombudsman InitiativeTemplate FY15-16-Rev 12-15 secC

2015-2016

Fiscal Year

July 1, 2015 - March 31, 2016

HICAP Fund

Alliance on Aging

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AAA Budget (
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ExpCat	Budget Cash	Budget InKind	
Salaries / Vol IK	22,139	1	
Payroll Taxes	1,694	ı	
Employee Benefits	4,206	ſ	
Volunteer Reimbursements	1	1	
Travel / Vol Travel	1,066	1	
Conference / Trainings / Meetings	400	1	
Professional Fees: Acctg/Legal/DP	900	1	
Equipment Purchase	,	ı	
Equipment Rental / Maintenance	561	t	
Occupancy	2,438	1	
Insurance (Not Vech / Occ)	. 1	1	
Utilities / Communications	1,000	1	
Postage / Shipping	080	1	
Printing / Publication	300	1	
Public Relations / Advertising	222	•	
Subs / Membership Dues	300		
Supplies	500	•	
Cappings Food / Food Service			
Vobialo Operation	, ( , ,		
	<u>8</u> 0 0	•	
Overnead (6% IImitt)	2,889	,	
Awards / Events	ı	•	
Client Support	ı	1	
Federal Mental Health	ı	ı	
Low Income Subsidy	ı	I	
Depreciation	1	ı	
Nutrition Education	1	1	
Bank Service Fees	ı	ı	
Subcontractor	,	•	
Miscellaneous	•	1	
Expense Totals	38,992	a a	38,992
AAA Grant NSIP Grant 38,992 -	OTO Grant		
Project income CNonMatch	IKNonMatch CashMatch	atch iKMatch GRTotal - 38,992	al Required Match -
certify that the amounts displayed			` `
are accurate and correct.	Provider Signature	Le lleon	Revision Date 7/3/16
Approved by NUCWILL	a Pentinia	Date 1/20/10	
AAA Fiscal Offi	Officer	•	
Approved by Shitha	2 Songales	Date 3/2/16	
AAA Management Analyst	ent Analyst	•	ţ
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

2015-2016

Fiscal Year

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HICAP Reimbursement July 1, 2015 - March 31, 2016

Alliance on Aging

																											77,999		GRTotal Required Match 77,999	Revision Date 201	2/16/14	
Budget InKind	ı	,	1	ı	ı			1	ı	ı	ı	ı	ı	, ,	1	ı	ì	ı	I	ı	1	ı	ı	1	ı	1 1			CashMatch IKMatch	Kee	Date	
Budget Cash	43,000	3,289	6/2,4 -	1 500	200°,-	1000	2,000	2.766	6,000	ı	1,600	200	1,700	1,734	579		999	5,386	ı	ı	I	ı	1		ı	, ,	77,999	OTO Grant	iKNonMatch	July G. Tradvider Signature	in Kentur	100
	Salaries / Vol IK	Fayroll Taxes	Volunteer Beimbursements	Volunteer Neimbulsements Travel / Vol Travel	Conference / Trainings / Moofings	Professional Fees: Acota/l edai/DP	Foundation of Purchase	Equipment Rental / Maintenance	Occupancy	Insurance (Not Vech / Occ)	Utilities / Communications	Postage / Shipping	Printing / Publication	Public Relations / Advertising Subs / Membership Dues	Supplies	Food / Food Service	Vehicle Operation	Overhead (8% limit)	Awards / Events	Client Support	Federal Mental Health	Low Income Subsidy	Depreciation	Nutrition Education Bank Service Fees	Carlo	Subcollifaciol	Expense Totals	AAA Grant NSIP Grant 77,999	Project Income CNonMatch	I certify that the amounts displayed are accurate and correct.	13	

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Subtract   Substitute   Subst	Alliance on Aging	HICAP Ship Fund	Fund July 1, 2015 - March 31, 2016	arch 31, 2016	Fiscal Year	2015-2016
1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00	ExpCat	Budget Cash	Budget InKind			
5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000 5.000	Salaries / Vol IK	38,185	)			
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1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,00	Utilities / Communications	1,300	ı			
1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,00	Postage / Shipping	350	1			
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Signature  Some Signature  Some Signature  A fiscal Officer  Changement Analyst  A Management Analyst  Some Signature  Date 3/2/10	Subs / Memhership Dues	009	ı			
th 5,000  T3,656  T4,000  T5,000  T5,0	Sunnlies	002	ı			
th 5,000  T3,656  Date 3/2/10	Food / Food Service					
5,000  T3,656  T4,073  T4,073  T5,070  THE and correct  Provided Signature  AAA Fiscal Officer  AAA Fiscal Officer  AAA Management Analyst  Date 3/2/11	Volicio Octobra	G G	I			
th 5,000  T3,656  T4,014  T4,024  T5,050  T5,000  T5,000  T5,000  T6,000  T7,000  T6,000  T7,000  T6,000  T7,000  T6,000  T7,000  T6,000  T6,0	Venicle Operation	One CE, 3				
sidy sidy sidy  T3,656  TAMA Fiscal Officer  AAA Fiscal Officer  AAA Management Analyst  Date 2/10/10	Overhead (8% limit)	5,486	1			
sidy  Sidy  Sidy  Sidy  T3,656  TAMMarch IKNonMatch CashMatch IKMatch GRTotal R  T3,656  T3,656  TAMMarch Management Analyst	Awards / Events	•				
sidy  Stay  Stay  Stay  Stay  T3,656  T4,010	Client Support	ı	ı			
sidy  T3,656  T3,656  Srant NSIP Grant OTO Grant  656  T3,656  T3,656  T3,656  T3,656  T3,656  T3,656  T3,656  T3,656  T3,656  T0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Federal Mental Health	5.000	,			
T3,656  Sirant NSIP Grant OTO Grant  Come CNonMatch IKNonMatch CashMatch IKMatch GRTotal Ramounts displayed  T2,656  T3,656  T3,656  T3,656  T3,656  T3,656  T0,000  T	Low Income Subsidy	. 1	ı			
amounts displayed AAA Management Analyst  73,656  73,656  73,656  73,656  73,656  73,656  Provider Signature  Provider Signature  Date 2/10/14  Date 3/2/11	Depreciation	1	1			
Shart NSIP Grant OTO Grant  656  Shart NSIP Grant OTO Grant  656  T3,656  T3,656  T3,656  T3,656  T3,656  T0 LO		,	1			
Strant NSIP Grant OTO Grant  Specific Courate and correct.  AAA Fiscal Officer  AAA Management Analyst  T3,656	Nutrition Education	•	,			
amounts displayed  AAA Fiscal Officer  AAA Management Analyst  73,656	Bank Service Fees	,	,			
amounts displayed Corner CashMatch IKMatch GRTotal Recursts and correct.  Provider Signature  AAA Fiscal Officer  AAA Management Analyst  Date 3/2/1/L	Subcontractor	ı	1			
stant NSIP Grant OTO Grant  Sebe come CNonMatch IKNonMatch CashMatch IKMatch GRTotal Ramounts displayed  amounts displayed Taylor And Management Analyst  Sebe and Correct. Figure Analyst  AAA Management Analyst  Sebe and Correct Analyst  Date 3/2/1/1/	Miscellaneous	1	1			
in ikNonMatch CashMatch ikMatch GRTotal R  1. Provider Signature  1. Provider Signature  1. Date 2/10/10  1. Date 2/10/10  1. Date 3/2/10	Expense Totals	73,656	1		73,65	99
in ikNonMatch CashMatch ikMatch GRTotal R  1. Provider Signature  1. Provider Signature  1. Date 2/10/10  1. Date 3/2/11  1. Date 3/2/11						
1. Provider Signature  Provider Signature  Provider Signature  Provider Signature  Provider Signature  Date 2/10/14  M. HONGOLD  Date 3/2/11		IK Non Match			Positived Mot	Ę
1. Jews Juleur Provider Signature  Provider Signature  Provider Signature  Provider Signature  Date 2/10/14  Ricer Date 3/2/11		-			required man	3
Surate and correct.  Provider Signature  AAA Fiscal Officer  AAA Management Analyst  Outs  Date 2/10/14  Date 3/2/10	I certify that the amounts display	p _c			c c	11/6/8
VMOVIEW RIPMA AAA Fiscal Officer Lette Yorkals AAA Management Analyst	are accurate and corre	Provider Si	A particular of the second of		revision Da	
AAA Fiscal Officer  South Analyst O	'	ion Girtena	Date	2/10/14		
South Yougus AAA Management Analyst 00	AAA Fiscal	Officer				
AAA Management Analyst	Approved by	TO SOLE SE	Dafe	3/2/10		
		ement Analyst				
		2				

# 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 or	Aging, Inc.			
Address of Agency: 247 Main S	treet			
Address of Agories. 217 Mainte				
Salinas, CA	93901			
Duning the National Alexander	HIDANICE AND COL	INICELINIC ADV		DAAA (HICAD)
Project Name: <u>HEALTH INS</u>	URANCE AND COC	INSELING ADV	OCACTEROGE	(AIVI (ПІСАГ)
	10.1		** 1 . **	
Funding Source and			Budget Vers	
Check one: Federal Funds State Funds	X 93.779 X HICAP	Check one:	Original x Revision#	1/14/2016
Certification:				
I hereby certify to the best of my k reasonable and allowable costs to that the amounts displayed are a	o attain the object	ives and goal		
Il d. Assad		3/2/16		
reparer's Signature / Date		· · · · · · · · · · · · · · · · · · ·	_	
John A. Assaad 831.655-4246			_	
Preparer's Name (Printed) and telephone r	umber	,	<del>.</del>	
Deva Sueli-	3/2	/2014	<b>-</b>	
Executive Director's Signature / Date				
Teresa Sullivan 831.655-4240			_	
Executive Director's Name (Printed) and te	lephone number			
Received at Area Agency on Aging:	Reviewed for: cor	•	•	
	li .	matching requeviewed for Allo		
	ļļ	6 Indirect Cost		A
	Budget Approved		1/1/2	Jun 150/110
	Budget Approved	•	Destha	Moneuls 3/2/16
	Mis.Mdb updated	by Fiscal Office		00
	New Mis.Mdb sen	t to provider:		~ ~

Alliance on Aging, Inc. Agency Name:

SECTION A:

RIDGET SHIMMARY

				-	BUDGET SUMMARY	IMARY					
Categories of Expenses	xpenses	Fed Ship Fund	p Fund	HICAF	HICAP Fund	HICAP Reimb	Reimb	Fed Ship Rural Fund	tural Fund	Total	Total Budget
Personnel		s	17,543	<del>⇔</del>	9,356	\$	18,380	\$	ı	<del>\$</del>	45,279
Operating Expenses		\$	6,789	S	3,642	s	7,621	\$	- "	\$	18,052
Total		\$	24,332	\$	12,998	\$	26,001	\$	The state of the s	\$	63,331
on a filmonia con modello di affino additiva selfati		Fed Ship Fund	p Fund	MMA	MMA FUND	HICAP Reimb	Reimb	Fed Ship Rural Fund	Rural Fund	Total	Total Budget
Source of Revenue	evenue	Cash	In-Kind	Cash	In-Kind	Cash	n-Kind	Cash	In-Kind	Cash	In-Kind
AAA Grant	ant	\$ 24,332		\$ 12,998		\$ 26,001				\$ 63,331	
Project Income				### 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					district the second sec		
	Matching						A COMPANY			\$	€9
Other Federal Funds	Non-matching	A CONTROL OF THE CONT								· <del>v</del>	₩
	Matching									€9	ψ,
Other State Funds	<u>Non</u> -matching									€9	69
	Matching										• <b>69</b>
County/City Funds	Non-matching									- ↔	la •••
		,								· • <del>69</del>	G
Private Grants	Non-matching									. ↔	ι. <b>Θ</b>
	Matching		÷		- \$					ι <del>()</del>	e j
Net Fundraising	Non-matching									ا چ	1 69
	Matching	\$	- \$	· <del>У</del>	\$	· \$	\$	ا <del>د</del>	+	- \$	\$
Totals by match	Non-matching	<b>.</b>	ا ن	ι <del>છ</del>	\$	<b>\$</b>		1	· <del>(γ</del>	- \$	₩
TOTAL		<b>↔</b>	24,332	€9	12,998	<del>s,</del>	26,001	<del>s</del>	•	<del>6</del>	63,331

HICAP - Apri - June FY 15-16 (3)

<del>(/)</del>

<del>(/)</del>

69

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# SECTION B:

# Alliance on Aging, Inc. HEALTH INSURANCE AND COUNSELING ADVOCACY PROGRAM SCHEDULE OF PERSONNEL COSTS

April 1, 2016 THRU June 30, 2016

					+ uo %	% on Program			
No.	Paid Staff Positions	Annual Salary	ılary					Program Cost	Cost
				Fed Ship Fund	HICAP Fund	HICAP Reimb	red Snip Kural Fund		
1	HICAP Program Manager	\$ 52,54	52,541.00	11%	2%	12%		69	14,711.00
1	HICAP Program Specialist	\$ 34,96	34,965.00	41%	5%	11%		69	9,441.00
1	HICAP Program Assistant	\$ 33,34	33,342.00	11%	5%	11%		69	9,002.00
1	AOA Director of Programs	9'02 \$	70,678.00	1%	1%	1%		69	2,120.00
1	Finance Director	\$ 64,18	64,153.00	1%	1%	1%		69	1,925.00
1	Accounting Assistant	\$ 19,56	19,569.00	1%	1%	1%		<del>67</del>	391.00
1	Administrative Assistant	\$ 37,50	37,502.00	1%	1%	1%		↔	938.00
			MATERIAL P. 1	1				<del>69</del>	
			<u> </u>					<b>↔</b>	,
								₩	1
								69	F
								. <del>(1</del>	
								€9	1
			<u> </u>					<del>€9</del>	1
			of allow / 1					<del>У</del>	-
			a.vv-mat			2*		67	1
	Total Salaries	\$ 312,750.00	-		7	\$	⊢	<del>63</del>	38,528.00
	Payroll Taxes		,	\$ 1,142.00	\$ 609.00	\$ 1,196.00	٠ ج	€9	2,947.00
	Employee Benefits			\$ 1,474.00	\$ 786.00	\$ 1,544.00	- \$	₩	3,804.00
	Total Paid Staff \$ 312,750.00	\$ 312,7	_	5 17,543.00	00'998'6 \$	\$ 17,543.00 \$ 9,366.00 \$ 18,380.00 \$ . \$ 45,279.00	,	€	45,279.00
2	I Visa: Dosasto	House Mono			4 no %	% on Program			100
	ii-Mid. Dollated Selvices	vv grinori		Fed Ship Fund	HICAP Fund	HICAP Reimb	Fed Ship Rural Fund	Frogram Cost	Cost
1380	HICAP Counselors	·		25.0%	10.0%			\$	4
			WAY.					₩.	1
		:						\$	,
		į						<del>У</del>	1
								₩	ı
	Total In-Kind Staff	\$	-			\$	*	•	٠
	Total Personnel Costs	<i>€</i> 3	312,750	\$ 17,543	9,356	\$ 18,380	sf>		45,279

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

# SECTION C:

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

April 1, 2016 THRU June 30, 2016

OPERATING EXPENSE	Fed Ship	Fund	HICAP Fund	Fund	HICAP Reimb	Reimb	Fed Ship F	Fed Ship Rural Fund	Total Budget	udaet
& EQUIPMENT	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind
Volunteer Reimbursement									\$	69
Travel	\$ 400		300		\$ 400				\$ 1.100	ι ₆
Conference/Trainings/Meetings	\$ 400		\$ 300		\$ 500				\$ 1,200	· 69
Professional Fees: Acct/ Legal	\$		•		4				69	65
Equipment Purchase							į		69	64
Equipment Rental and Maintenance	\$ 400		\$ 200		\$ 700				\$ 1.300	· 69
Occupancy	\$ 837		\$ 792		\$ 1,700					· <del>•</del>
Insurance (Excluding Veh. & Occ.)									\$	69
Utilities	\$ 400		\$ 300		\$ 500		:		\$ 1,200	€9
Postage/ Shipping	\$ 100		\$		\$ 200				\$ 300	69
Printing / Publications	\$ 300				\$ 400				\$ 700	69

2,700 \$

1,200

900

900

200

Membership Dues and Subscriptions

Food/Food Service Vehicle Operation

Supplies

Public Relations /Advertising

321

₩ ₩ ₩

200

721

1,352

₩ ↔ 18,052

7,621

3,642

6,789

Total Operating Expenses

4,150

643

1,700

950

1,500

Overhead: 8% limit of Grant Funding

Awards/ Events

Client Support

1,352

Federal Mental Health Initiative

ow Income Subsidy

Nutrition Education

Depreciation

Bank Service Fees

Subcontractor Miscellaneous

# 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

February 1, 2016 thru June 30, 2016

**BUDGET PERIOD:** 

Name of Agency	: ALLIANCE O	N AGINO	3,Inc.							
Address of Agency	: <u>247 Main Str</u>	eet			_					_
	Salinas, CAS	93901			•					
										_
Project Name	: Medicare Imp	provemen	ts for Pa	itients and Prov	iders Ad	ct (MIPF	PA)			_
Funding S	Source and	Catalog	g #	www.dowleddowylddowldd						_
Check one:	Federal Funds	Х		AAA MIPPA						_
	Federal Funds	X	93.071	HICAP MIPPA	•					
		Budge	t Versi	ion						
	Check one:	•								
Certification;										
I hereby certify to the reasonable and allow that the amounts display that the amounts of the property o	831.655.4246 and telephone nu	attain the curate a	ne objec	ctives and god	als of th	is proje	ct. I fu	rther cert	lify	
Received at Area Agenc  Budget Template Last Updated: 4/12/12 By Veronica Renteria	y on Aging:	Budget /	l Approve Approve	ompleteness ar No match requ Reviewed for A 8% Indirect Cos d by Fiscal: d by Program: ed by Vendor:	irement Ilowable		vak v B	interior male		2/19/14 3/2/14
THE IZ DY VOIOTION NOTICE IN	•		•	d by Fiscal:					<u> </u>	

Agency Name: ALLIANCE ON AGING, Inc.

Medicare Improvements for Patients and Providers Act (MIPPA)

SECTION A:

**BUDGET SUMMARY** 

Categories of Expenses	sesuedx	AA	AAA MIPPA	/JHC⁄	HICAP MIPPA		Total Budget	udget
Personnel		\$	458	s	942	\$		1,400
Operating Expenses		\$	2,519	\$	4,989	₩.		7,508
Total	and the set of the latest state in set of the	\$	2,977	\$	i i i i i i i i i i i i i i i i i i i	\$		8,908
Teletikit az aztata retata zerekielegi. Utako jazdateg	AND THE TOP OF THE TRANSPORT OF THE TRAN	AA	AAA MIPPA	N AVOIH	HICAP MIPPA		Total Budget	udget
Source of Revenue	yenue	Cash	In-Kind	Cash	In-Kind	Cash		In-Kind
AAA Grant	ant	\$ 2,977		\$ 5,931		& •	8,908	<del>€</del>
Project Income						49		Ŀ
	Matching					↔		- \$→
Other Federal Funds	<u>Non</u> -matching	And the second s				↔		\$
	Matching					\$	1	\$
Other State Funds	<u>Non</u> -matching	A CONTRACTOR OF THE CONTRACTOR			er generalise og skalender. Kilberom anderskippender:	\$	1	\$
	Matching					↔	1	\$
County/City Funds	Non-matching					↔	-	-
						\$	1	\$
Private Grants	<u>Non</u> -matching					\$	1	\$
	Matching		- -		\$	\$	-	\$
Net Fundraising	Non-matching	The second secon				<del>()</del>	1	۱ \$
	Matching	ι <del>છ</del>	Ф	- دج	<del>.</del>	↔	1	ا <del>دی</del>
Totals by match	Non-matching		\$	9	9	€	-	۰ <del>د</del>
TOTAL		\$	2,977	s	5,931	€		8,908

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AOA MIPPA Budget FY15-16 3 monoths February-June (2) secA

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# **SECTION B:**

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

					% on	Prog	ram		
No.	Paid Staff Positions	A	nnual Salary	A	.AA MIPPA	   	HICAP MIPPA		Program Cost
1	HICAP Program Assistant	$\top$	\$35,360.00	## S	1%		2%	\$	1,301.00
<u> </u>	I TOGRAM Assistant		ου,ουυ,ου	2/2			270	\$	1,001.00
	and the second transfer of the second transfe		······		A Company of Company o			T	
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						<u> </u>		\$	-
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			***************************************	18.4				\$	•
	and the second s		,	- 3-4-4				\$	
		+		1775 1775 1175			•	\$	
<u> </u>		-						1	
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							•	\$	
								\$	-
								\$	_
	The state of the s	-						\$	<u> </u>
				<u> </u>				\$	-
			,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> </u>			\$	
	Total Salaries	\$	35,360.00	\$	426.00		875.00		1,301.00
	Payroll Taxes Employee Benefits	\$	2,705.04	\$	• 32,00	\$	67.01	\$	99.00
	Total Paid Staff	\$	38,065.04	\$	450 00	<u> </u>	942.01	<u> </u>	1,400.00
*******		××××××			458.00		942.U1 XXXXXXXXXXXX		1,400.00 ************
					% on	Prog	ram		
No.	In-Kind: Donated Services	Н	lourly Wage	,	AAA MIPPA		HICAP MIPPA		Program Cost
		+						φ.	
								\$	
				100		ļ. <u> —</u>		\$	
						<u> </u>		\$	
								\$	-
								\$	-
	Total In-Kind Staff	\$	*	\$	and the same of th	\$		\$	//
	Total Personnel Costs	\$	38,065	\$	458	\$	942	\$	1,400

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

# ALLIANCE ON AGING, inc.

# OPERATING EXPENSES / EQUIPMENT AND INDIRECT COSTS

OPERATING EXPENSE	ADDIM AAA	Vα	AICAP MIPPA	Vdd	Total Budget	i idaet
	١.				1 100	uaget
& EQUIPMENT	Casil	ווי-אונס	Casil	ווי-עוום	Casn	in-Nind
Volunteer Reimbursement					, <del>Ω</del>	
Travel/Volunteer Travel	\$ 170		\$ 330		\$ 500	- \$
Conf/Trainings/Meetings	\$		\$ 1,331		\$ 2,000	- \$
Occupancy					\$	\$
Professional Fees: Acct/Legal					- \$	\$
Equipment Purchase	\$ 170		\$ 338		\$ 508	\$
Equipment Rental/Maint					\$	- \$
Postage/ Shipping						
Insurance (Excluding Veh. & Occ.)					- \$	ا چ
Utilities/Communications					- \$	- \$
Printing / Publications					- \$	-
Public Relations /Advertising	\$ 1,510		2,990		\$ 4,500	\$
Sub/Membership Dues					· \$	
Supplies					- \$	\$
Food/Food Service					· <del>У</del>	ı <del>⊘</del>
Vehicle Operation					- *	<del>у</del>
Overhead: 8% limit of Grant Funding					- \$	۰ ج
Awards/ Events				,		, \$
Client Support					ı <del>⊘</del>	· \$
Depreciation					; <del>69</del>	٠ <del>د</del>
Bank Service Fees					· <del>\$</del>	- \$
Subcontractor					<del>5</del>	- \$
Miscellaneous						\$
Total Operating Expenses	2,519	,	4,989	,	- 7,508	~

AOA MIPPA Budget FY15-16 3 monoths February-June (2) secC