File ID 13-0778 No.33



# **Monterey County**

**Board Order** 

168 West Alisal Street, 1st Floor Salinas, CA 93901 831.755.5066

# Agreement Nos.: A-12531; A-12532; A-12533; A-12534

Upon motion of Supervisor Salinas, seconded by Supervisor Calcagno and carried by those members present, the Board of Supervisors hereby:

- a. Approved and authorized the Director of the Department of Social Services, or his designee, to sign contracts with the Alliance on Aging (A-12531); Legal Services for Seniors (A-12532); Meals on Wheels of the Salinas Valley (A-12533); and Meals on Wheels of the Monterey Peninsula (A-12534) for a total of \$1,187,529 to provide services to Monterey County seniors for the period July 1, 2013 through June 30, 2014; and
- b. Authorized the Director of the Department of Social Services, or his designee, to sign up to three (3) amendments to these agreements, where the total amendments do not exceed 10% of the original contract amounts, and do not significantly change the scopes of work.

PASSED AND ADOPTED on this 30th day of July 2013, by the following vote, to wit:

AYES: Supervisors Armenta, Calcagno, Salinas, Parker and Potter NOES: None ABSENT: None

I. Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 76 for the meeting on July 30, 2013.

Dated: July 30, 2013 File Number: 13-0778 Gail T. Borkowski, Clerk of the Board of Supervisors County of Monterey, State of California

By Vaniaethin coch

# COUNTY OF MONTEREY STANDARD AGREEMENT (MORE THAN \$100,000)

This **Agreement** is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter "County") and:

#### Alliance on Aging

## (hereinafter "CONTRACTOR").

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

# 1.0 GENERAL DESCRIPTION.

- 1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:
  - Provide Outreach, Long Term Care Ombudsman, and Health Insurance Counseling and Advocacy for Monterey County seniors.

# 2.0 PAYMENT PROVISIONS.

2.01 County shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, 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 \$\_381,730.00\_\_\_\_.

# 3.0 TERM OF AGREEMENT.

- 3.01 The term of this Agreement is from July 1, 2013 to June 30, 2014, unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and CONTRACTOR may not commence work before County signs this Agreement.
- 3.02 The County reserves the right to cancel this Agreement, or any extension of this Agreement, without cause, with a thirty day (30) written notice, or with cause immediately.

# 4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS.

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

#### Exhibit A Scope of Services/Payment Provisions

See List of Exhibits, Page 10 (a)

ORIGINAL

# 5.0 PERFORMANCE STANDARDS.

- 5.01 CONTRACTOR warrants that CONTRACTOR and CONTRACTOR's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of the County, or immediate family of an employee of the County.
- 5.02 CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.03 CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use County premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

# 6.0 PAYMENT CONDITIONS.

- 6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in this paragraph. The County does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.02 Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County and the CONTRACTOR.
- 6.03 Invoice amounts shall be billed directly to the ordering department.
- 6.04 CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. The County shall certify the invoice, either in the requested amount or in such other amount as the County approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

# 7.0 TERMINATION.

7.01 During the term of this Agreement, the County may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

7.02 The County may cancel and terminate this Agreement for good cause effective immediately upon written notice to CONTRACTOR. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If County terminates this Agreement for good cause, the County may be relieved of the payment of any consideration to CONTRACTOR, and the County may proceed with the work in any manner, which County deems proper. The cost to the County shall be deducted from any sum due the CONTRACTOR under this Agreement.

7.03 The County's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

# 8.0 INDEMNIFICATION.

8.01 CONTRACTOR shall indemnify, defend, and hold harmless the County, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

# 9.0 INSURANCE REQUIREMENTS.

9.01 Evidence of Coverage:

Prior to commencement of this Agreement, the Contractor shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the Contractor upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to the County's Contracts/Purchasing Department, unless otherwise directed. The Contractor shall <u>not</u> receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

# 9.02 <u>Qualifying Insurers:</u>

All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- VII, according to

the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Purchasing Manager.

9.03 <u>Insurance Coverage Requirements:</u> Without limiting CONTRACTOR's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

<u>Commercial General Liability Insurance</u>, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

(Note: any proposed modifications to these general liability insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

**Business Automobile Liability Insurance**, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Workers' Compensation Insurance, if CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

(Note: any proposed modifications to these workers' compensation insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

**Professional Liability Insurance**, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

(Note: any proposed modifications to these insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

#### 9.04 <u>Other Requirements:</u>

All insurance required by this Agreement shall be with a company acceptable to the County and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that the County shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for Contractor and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile-liability policies-shall-provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional Insureds with respect to liability arising out of the CONTRACTOR'S work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the CONTRACTOR'S insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement form for Automobile Additional Insured endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by the County, CONTRACTOR shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles County, at its sole discretion, to terminate this Agreement immediately.

# 10.0 RECORDS AND CONFIDENTIALITY.

- 10.01 <u>Confidentiality</u>. CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from the County or prepared in connection with the performance of this Agreement, unless County specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to County any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out CONTRACTOR's obligations under this Agreement.
- 10.02 <u>County Records.</u> When this Agreement expires or terminates, CONTRACTOR shall return to County any County records which CONTRACTOR used or received from County to perform services under this Agreement.
- 10.03 <u>Maintenance of Records.</u> CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal, state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.
- 10.04 <u>Access to and Audit of Records.</u> The County shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of the County or as part of any audit of the County, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 10.05 <u>Royalties and Inventions.</u> County shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of County.

# 11.0 NON-DISCRIMINATION.

11.01 During the performance of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in CONTRACTOR's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, fully comply with all federal,

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state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

# 12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS.

12.01 If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the grantee, CONTRACTOR will comply with all the provisions of said contract, to the extent applicable to CONTRACTOR as a subgrantee under said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to CONTRACTOR, at no cost to CONTRACTOR.

# 13.0 INDEPENDENT CONTRACTOR.

13.01 In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent contractor and not as an employee of the County. No offer or obligation of permanent employment with the County or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from County any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of CONTRACTOR's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indennify, and hold County harmless from any and all liability which County may incur because of CONTRACTOR's failure to pay such taxes.

# 14.0 NOTICES.

14.01 Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and CONTRACTOR'S contract administrators at the addresses listed below:

FOR COUNTY: Kathleen Murray-Phillips, MA III	FOR CONTRACTOR:
Kathleen Murray-Phillips, MA III	이야 한 것이 있는 것이 있는 것을 통한 것이 있는 것이 있
Kathleen Murray-Phillips, MA III	Teresa Sullivan, Executive Director
Name and Title	Name and Title
1000 South Main Street, Suite 301	247 Main Street
Salinas, CA 93901	Salinas, CA 93901
Address	Address
(831) 796-3530 fax: (831) 755-8477	(831) 758-4011
Phone	Phone

# 15.0 MISCELLANEOUS PROVISIONS.

- 15.01 <u>Conflict of Interest.</u> CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the services required to be rendered under this Agreement.
- 15.02 <u>Amendment.</u> This Agreement may be amended or modified only by an instrument in writing signed by the County and the CONTRACTOR.
- 15.03 <u>Waiver</u>. Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County and the CONTRACTOR. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 15.04 <u>Contractor.</u> The term "CONTRACTOR" as used in this Agreement includes CONTRACTOR's officers, agents, and employees acting on CONTRACTOR's behalf in the performance of this Agreement.
- 15.05 <u>Disputes.</u> CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.06 <u>Assignment and Subcontracting</u>. The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of the County. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.07 <u>Successors and Assigns.</u> This Agreement and the rights, privileges, duties, and obligations of the County and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 15.08 <u>Compliance with Applicable Law.</u> The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.09 <u>Headings</u>. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 <u>Time is of the Essence</u>. Time is of the essence in each and all of the provisions of this Agreement.
- 15.11 <u>Governing Law.</u> This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 <u>Non-exclusive Agreement.</u> This Agreement is non-exclusive and both County and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.

- 15.13 <u>Construction of Agreement</u>. The County and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 15.14 <u>Counterparts.</u> This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 15.15 <u>Authority.</u> Any individual executing this Agreement on behalf of the County or the CONTRACTOR represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.
- 15.16 <u>Integration</u>. This Agreement, including the exhibits, represent the entire Agreement between the County and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between the County and the CONTRACTOR as of the effective date of this Agreement, which is the date that the County signs the Agreement.
- 15.17 <u>Interpretation of Conflicting Provisions</u>. In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

This section left blank intentionally

# 16.0 SIGNATURE PAGE.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

COUNTY OF MONTEREY	CONTRACTOR
By:	
Contracts/Purchasing Officer	Alliance on Aging Contractor's Business Name*
By: <u>Allytt</u>	Atolan Call
Department Head (if applicable) Date:	By:(Signature of Chair, President, or Vice-President)*
By: Board of Supervisors (if applicable)	<u>Galen</u> Call Board President
Date:	Date: ATME 25 2013
Approved as to Form <sup>1</sup> By: $A \cdot Michdel / Brgm$ SEV(OR PEPOTY County Counsel Date: $07 \cdot 03 \cdot 2013$ Approved as to Fiscal Provisions By: $M$	By: Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)* MM ANNAPAL/TREASUREP Name and Title Date: U·27·13
Date: <u>Auditor/Controller</u>	
Approved as to Liability Provisions <sup>3</sup>	
Ву:	
Risk Management Date:	
County Board of Supervisors' Agreement Number:	, approved on (date):

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

<sup>1</sup>Approval by County Counsel is required <sup>2</sup>Approval by Auditor-Controller is required

<sup>3</sup>Approval by Risk Management is necessary only if changes are made in paragraphs 8 or 9

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# LIST OF EXHIBITS

# ALLIANCE ON AGING

# Exhibit A Scope of Service/ Management Information System Data/Budget/Payment Provisions/Reporting Requirements

- A-1 Title III B, Outreach
- A-2 Title III B, Ombudsman
- A-3 Title VII A, Ombudsman
- A-4 Ombudsman Initiative
- A-5 HICAP

Exhibit B DSS Additional Provisions

Program Budgets

- C-1 Title III B, Outreach
- C-2 Title III B, Ombudsman
- C-3 Title VII A, Ombudsman
- C-4 Ombudsman Initiative
- C-5 HICAP
- Exhibit D-1 Sample Invoice
- Exhibit D-2 Sample Annual Closeout Summary
- Exhibit D-3 Equipment Acquisition Report
- Exhibit D-4 Sample Quarterly Narrative Report
- Exhibit E HIPAA Business Associate Agreement
- Exhibit F Elder Abuse & Neglect Reporting Certification
- Exhibit G Lobbying Certification
- Exhibit H Audit Requirements

## SCOPE OF SERVICES/PAYMENT PROVISIONS

# ALLIANCE ON AGING JULY 1, 2013 to JUNE 30, 2014

# I. CONTACT INFORMATION

Contact Person:	Teresa Sullivan, Executive Director (831) 758-4011
Disaster Preparedness Coordinator:	Becky Mann, Director of Operations (831) 758-4011
County Contract Manager:	Kathleen Murray –Phillips, Planner Area Agency on Aging Department of Social Services 1000 South Main Street Suite 301 Salinas, CA 93901 (831) 796-3530 Fax: (831) 755-8477 murrayphillipsk@co.monterey.ca.us

# II. OFFICES

Salinas: 247 Main Street

Monterey: 280 Dickman Avenue, Monterey

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

# III. SERVICES TO BE PROVIDED BY CONTRACTOR

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

# **IV. TARGETING POLICY**

Recognizing that resources are limited and not all the needs of older residents can be met through Older Americans' Act funding, CONTRACTOR is required to ensure best efforts and attempts are demonstrated for reaching older adults in greatest social and economic need. The Older Americans Act, Amendments of 2006 defines the term *Greatest Economic Need* as the need resulting from an income level at or below the poverty line. The term *Greatest Social Need* means the need caused by:

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

Particular attention is required to serve older individuals that are:

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

#### V. GETCARE LICENSES

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

## VI. AUDIT PROVISIONS

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

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

VII.	PAYMENT	SUMMARY

Funding Type	7/1/13 – 9/30/13 amounts	10/1/13 – 6/30/14 amounts	FY 2013-14 TOTALS
Title III B, Outreach	\$18,692	\$59,179	\$77,871
Title III B, Ombudsman	\$5,157	\$16,843	\$22,000
Title VII A, Ombudsman	\$6,744	\$20,987	\$27,731
Ombudsman Initiative SDF & SNF	\$7,313	\$21,938	\$29,251
TOTAL:	\$37,906	\$118,947	\$156,853

Funding Type	7/1/13 — 3/31/14 amounts	4/1/14 – 6/30/14 amounts	FY 2013-14 TOTALS
HICAP	\$168,657	\$56,220	\$224,877
TOTAL:	\$168,657	\$56,220	\$224,877

GRAND	¢201 720
TOTAL:	\$381,730

The maximum amount to be paid by COUNTY to CONTRACTOR for Outreach and all Ombudsman Services for the period July 1, 2013 through September 30, 2013 shall not exceed **thirty-seven thousand**, **nine hundred and six dollars (\$37,906)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **one hundred and eighteen thousand**, **nine hundred and forty-seven dollars (\$118,947)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2013 through March 31, 2014 shall not exceed **one hundred and sixty-eight thousand, six hundred and fifty-seven dollars (\$168,657)** AND for the period April 1, 2014 through June 30, 2014 shall not exceed **fifty-six thousand, two hundred and twenty dollars (\$56,220)**.

The maximum amount to be paid by COUNTY to CONTRACTOR for all services for the period July 1, 2013 through June 30, 2014 shall not exceed **three hundred and eighty-one thousand**, seven hundred and thirty dollars (\$381,730).

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

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

# I. SERVICES TO BE PROVIDED

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

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

#### 1. Service:

Outreach (NAPIS 14)

Unit of Service Definition:

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

Unit of Service Measurement:

1 Contact

Estimated Service Units to be delivered:

7,500

Benchmark of Service Units to be delivered:

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

2. Service:

Outreach (NAPIS 14) Senior Benefit Clinics

Unit of Service Definition:

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

1 Contact

Estimated Service Units to be delivered:

7,500 Contacts

Benchmark of Service Units to be delivered:

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

# II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the AAA GetCare System by the 10<sup>th</sup> of the month following the month of service. This is a non-registered service.

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

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

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

# III. MATCH REQUIREMENTS

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

# IV. INVOICE/PAYMENT PROVISIONS

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

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

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 10<sup>th</sup> of the month for services rendered in the previous month.

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

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

The maximum amount to be paid by COUNTY to CONTRACTOR for Title III-B-Outreach for the period July 1, 2013 through September 30, 2013 shall not exceed **eighteen thousand, six hundred and ninety-two dollars (\$18,692)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **fifty-nine thousand**, **one hundred and seventy-nine dollars (\$59,179).** 

The maximum amount to be paid by COUNTY to CONTRACTOR for the period July 1, 2013 to June 30, 2014 shall not exceed seventy-seven thousand, eight hundred and seventy-one dollars (\$77,871).

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

# I. SERVICES TO BE PROVIDED

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

1. Service:

Complaint Investigation and Resolution

Unit of Service Definition:

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

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered:

1,112

Benchmark of Service Units to be delivered:\*

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

\*There will be some fluctuation between Complaint Investigation/Resolution and Education/Training. It is anticipated that by June 30<sup>th</sup>, 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 <sup>th</sup> :	35 Units	(25%)
by December 31 <sup>st</sup> :	70 Units	(50%)
by March 31 <sup>st</sup> :	105 Units	(75%)
by June 30 <sup>th</sup> :	141 Units	(100%)

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

# II. PERFORMANCE REPORTING

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

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. CONTRACTOR to attach copy of NORS data reports to the quarterly narrative. The Narrative Report shall be in the form of **Exhibit D-4**.

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

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

# **III. MATCH REQUIREMENTS**

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

## IV. INVOICE/PAYMENT PROVISIONS

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

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

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 10<sup>th</sup> of the month for services rendered in the previous month.

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

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

The maximum amount to be paid by COUNTY to CONTRACTOR for Title III-B-Ombudsman for the period July 1, 2013 through September 30, 2013 shall not exceed **five thousand, one hundred and fifty-seven dollars (\$5,157)** AND for the period October 1, 2013 through June 30, 2014 shall not exceed **sixteen thousand, eight hundred and forty-three dollars (\$16,843)**.

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

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

# I. SERVICES TO BE PROVIDED

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

1. Service:

Complaint Investigation and Resolution

Unit of Service Definition:

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

Unit of Service Measurement:

1 Hour

Estimated Service Units to be delivered:

1,416

Benchmark of Service Units to be delivered: \*

354 Units	(25%)
708 Units	(50%)
1,062 Units	(75%)
1,416 Units	(100%)
	708 Units 1,062 Units

\*There will be some fluctuation between Complaint Investigation/Resolution and Education/Training. It is anticipated that by June 30<sup>th</sup>, 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 <sup>th</sup> :	48 Units	(25%)
by December 31 <sup>st</sup> :	96 Units	(50%)
by March 31 <sup>st</sup> :	144 Units	(75%)
by June 30 <sup>th</sup> :	193 Units	(100%)

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

## II. PERFORMANCE REPORTING

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

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. CONTRACTOR shall attach a copy of NORS data reports to the quarterly narrative. The Narrative Report shall be in the form of **Exhibit D-4**.

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

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

# III. MATCH REQUIREMENTS

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

# IV. INVOICE/PAYMENT PROVISIONS

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

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

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 this Agreement. Claims for payment shall be submitted in the form set forth in **Exhibit D-1**, Sample Invoice, by the 10<sup>th</sup> of the month for services rendered in the previous month.

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

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

The maximum amount to be paid by COUNTY to CONTRACTOR for Title VII-A Ombudsman for the period July 1, 2013 through September 30, 2013 shall not exceed six thousand, seven hundred and forty-four dollars (\$6,744) AND for the period October 1, 2013 through June 30, 2014 shall not exceed twenty thousand, nine hundred and eighty-seven dollars (\$20,987).

The maximum amount to be paid by COUNTY to CONTRACTOR for the period July 1, 2013 to June 30, 2014 shall not exceed **twenty-seven thousand, seven hundred and thirty-one dollars (\$27,731).** 

# 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 30<sup>th</sup>, 100% of specified services will have been provided.

# II. PERFORMANCE REPORTING

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

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. CONTRACTOR shall attach a copy of NORS data report to the quarterly narrative. The Narrative Report shall be in the form of **Exhibit D-4**.

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

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

# **III. MATCH REQUIREMENTS**

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

# IV. INVOICE/PAYMENT PROVISIONS

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

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

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 this Agreement. Claims for payment shall be submitted in the form set forth in **Exhibit D-1**, Sample Invoice, by the 10<sup>th</sup> of the month for services rendered in the previous month.

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

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

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

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

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

# I. SERVICES TO BE PROVIDED

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

- 1. Estimated Number of finalized intakes for each PSA; Clients Counseled: 1,400 Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.
- 2. Estimated Number of Public and Media Events: **116** Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.
- 3. Estimated Number of Contacts for all Clients Counseled: **5,200** Note: This includes all counseling contacts via telephone, 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: 5,100 Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.
- 5. Estimated Number of Contacts with Beneficiaries with Medicare Status Due to a Disability: 800

Note: This includes all counseling contacts via telephone, 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.

- Estimated Unduplicated Number of Low Income Beneficiaries: 1,800 Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).
- 7. Estimated Number of Enrollment and Enrollment Assistance Contacts: 4,000 Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes <u>all</u> enrollment assistance, not just Part D.

8. Estimated Part D Enrollment and Enrollment Assistance Contacts: **3,500** Note: This is a subset of all enrollment assistance in #7. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

9. Estimated Number of Counselor FTEs in PSA: 26

Benchmark of Services Provided:

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

# II. PERFORMANCE REPORTING

CONTRACTOR shall enter data monthly into the CDA SHARP System by the 10<sup>th</sup> of the month following the month of service.

CONTRACTOR shall provide a quarterly narrative report to the COUNTY describing the progress of services by October 10, 2013, January 10, 2014, April 10, 2014 and July 10, 2014. CONTRACTOR shall attach a copy of CDA SHARP data reports to the quarterly narrative. The Narrative Report shall be in the form of **Exhibit D-4**.

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

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

# **III. MATCH REQUIREMENTS**

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

# IV. INVOICE/PAYMENT PROVISIONS

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

CONTRACTOR shall comply with the appropriate benchmark requirements for service units to be delivered in order to draw down contract funds in accordance with the terms of this Agreement. The applicable benchmark for each type of service is identified in Section I, Services to be Provided, and Section II, Performance Reporting. 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 this Agreement. Claims for payment shall be submitted in the form set forth in **Exhibit D-1**, Sample Invoice, by the 10<sup>th</sup> of the month for services rendered in the previous month.

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

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

The maximum amount to be paid by COUNTY to CONTRACTOR for HICAP Services for the period July 1, 2013 through March 31, 2014 shall not exceed **one hundred sixty-eight thousand, six hundred and fifty-seven dollars (\$168,657)** AND for the period April 1, 2014 through June 30, 2014 shall not exceed **fifty-six thousand, two hundred and twenty dollars (\$56,220).** 

The maximum amount to be paid by COUNTY to CONTRACTOR for the period July 1, 2013 to June 30, 2014 shall not exceed two hundred twenty-four thousand, eight hundred and seventy-seven dollars (\$224,877).

#### EXHIBIT B

# MONTEREY COUNTY DEPARTMENT OF SOCIAL SERVICES

### ADDITIONAL PROVISIONS

#### I. PAYMENT BY COUNTY:

**1.01 Monthly claims by CONTRACTOR:** Not later than the tenth (10<sup>th</sup>) day of each month, CONTRACTOR shall submit to COUNTY a signed invoice, setting forth the amount claimed. The invoice shall be submitted in the form set forth in **Exhibit D-1**.

**1.02** 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, C-2, C-3, C-4 and C-5 Only the costs listed in Exhibits C-1, C-2, C-3, C-4 and C-5 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.

**1.03 Cost Control:** CONTRACTOR shall not exceed by more than twenty (20) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this contract. Therefore, an increase in one line item will require corresponding decreases in other line items. (Ombudsman Citation Program is excluded from this cost control flexibility of 20%).

#### 1.04 Payment in Full:

(a) If COUNTY certifies and pays the amount requested by CONTRACTOR, such payment shall be deemed payment in full for the month in question and may not thereafter be reviewed or modified, except to permit COUNTY's recovery of overpayments.

(b) If COUNTY certifies and pays a lesser amount than the amount requested, COUNTY shall, immediately upon certification of the lesser amount, notify CONTRACTOR in writing of such certification. If CONTRACTOR does not protest the lesser amount by delivering to COUNTY a written notice of protest within twenty (20) days after CONTRACTOR's receipt of the certification, then payment of the lesser amount shall be deemed payment in full for the month in question and may not thereafter be questioned by CONTRACTOR.

**1.05 Disputed payment amount:** If COUNTY pays a lesser amount than the amount requested, and if CONTRACTOR submits a written notice of protest to COUNTY within twenty (20) days after CONTRACTOR's receipt of the certification, then the

Exhibit B, Additional Provisions (AAA) Page 1 of 7 parties shall promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such dispute until the parties have met and attempted to resolve the dispute in person.

# **II. PERFORMANCE STANDARDS & COMPLIANCE**

2.01 Outcome objectives and performance standards: CONTRACTOR shall for the entire term of this Agreement provide the service outcomes set forth in Exhibits A,
A-1, A-2, A-3, A-4 and A-5. CONTRACTOR shall meet the contracted level of service and the specified performance standards described in Exhibits A, A-1, A-2,
A-3, A-4 and A-5 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.

**2.02** County monitoring of services: COUNTY shall monitor services provided under this Agreement in order to evaluate the effectiveness and quality of services provided.

**2.03** Notice of defective performance: COUNTY shall notify CONTRACTOR in writing within thirty (30) days after discovering any defects in CONTRACTOR's performance. CONTRACTOR shall promptly take action to correct the problem and to prevent its recurrence. Such corrective action shall be completed and a written report made to the COUNTY concerning such action not later than thirty (30) days after the date of the COUNTY's written notice to CONTRACTOR.

**2.04 Training for Staff**: CONTRACTOR shall insure that sufficient training is provided to its volunteer and paid staff to enable them to perform effectively on the project, and to increase their existing level of skills. Additionally, CONTRACTOR shall ensure that all staff completes Division 21 Civil Rights training.

**2.05** Bi-lingual Services: CONTRACTOR shall ensure that qualified staff is available to accommodate non-English speaking, and limited English proficient, individuals.

**2.06** Assurance of drug free-workplace: CONTRACTOR shall submit to the COUNTY evidence of compliance with the California Drug-Free Workplace Act of 1990, Government Code sections 8350 et seq., by doing the following:

• Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's workplace and specifying the actions that will be taken against employees for violations of the prohibition;

- Establishing a drug-free awareness program to inform employees about all of the following:
  - 1) the dangers of drug abuse in the workplace;
  - 2) the organization's policy of maintaining a drug-free workplace;
  - 3) any available drug counseling, rehabilitation, and employee assistance programs;

- 4) the penalties that may be imposed upon employees for drug abuse violations;
- 5) requiring that each employee engaged in the performance of the contract or grant be given a copy of the company's drug-free policy statement and that, as a condition of employment on the contract or grant, the employee agrees to abide by the terms of the statement.

# **III. CONFIDENTIALITY**

CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with Welfare and Institutions (W & I) Code Sec. 10850, 45 CFR Sec. 205.50, and all other applicable provisions of law which provide for the confidentiality of records and prohibit their being opened for examination for any purpose not directly connected with the administration of public social services. Whether or not covered by W&I Code Sec. 10850 or by 45 CFR Sec. 205.50, confidential medical or personnel records and the identities of clients and complainants shall not be disclosed unless there is proper consent to such disclosure or a court order requiring disclosure. Confidential information gained by CONTRACTOR from access to any such records, and from contact with its clients and complainants, shall be used by CONTRACTOR only in connection with its conduct of the program under this Agreement. The COUNTY, through the Director of the Department of Social and Employment Services, and his/her representatives, shall have access to such confidential information and records to the extent allowed by law, and such information and records in the hands of the COUNTY shall remain confidential and may be disclosed only as permitted by law.

# IV. NON-DISCRIMINATION

CONTRACTOR certifies that to the best of its ability and knowledge it will comply with the nondiscrimination program requirements set forth in this Section.

**4.01 Discrimination Defined**: The term "discrimination" as used in this contract, is the same term that is used in Monterey County Code, Chapter 2.80 "Procedures for Investigation and Resolution of Discrimination Complaints"; it means the illegal denial of equal employment opportunity, harassment (including sexual harassment and violent harassment), disparate treatment, favoritism, subjection to unfair or unequal working conditions, and/or other discriminatory practice by any Monterey County official, employee or agent, due to an individual's race, color, ethnic group, national origin, ancestry, religious creed, sex, sexual orientation, age, veteran's status, cancer-related medical condition, physical handicap (including AIDS) or disability. The term also includes any act of retaliation.

**4.02** Application of Monterey COUNTY Code Chapter 2.80: The provisions of Monterey COUNTY Code Chapter 2.80 apply to activities conducted pursuant to this Agreement. Complaints of discrimination made by CONTRACTOR against the

COUNTY, or by recipients of services against CONTRACTOR, may be pursued using the procedures established by Chapter 2.80. CONTRACTOR shall establish and follow its own written procedures for the prompt and fair resolution of discrimination complaints made against CONTRACTOR by its own employees and agents, and shall provide a copy of such procedures to COUNTY on demand by COUNTY.

**4.03** Compliance with laws: During the performance of this Agreement, CONTRACTOR shall comply with all applicable federal, state and local laws and regulations which prohibit discrimination, including but not limited to the following:

- California Fair Employment and Housing Act, California Government Code Sec. 12900 et seq., see especially Section 12940 (c), (h), (1), (i), and (j); and the administrative regulations issued thereunder, 2 Calif. Code of Regulations Secs. 7285.0 et seq. (Division 4 - Fair Employment and Housing Commission);
- California Government Code Secs. 11135 11139.5, as amended (Title 2, Div. 3, Part 1, Chap. 1, Art. 9.5) and any applicable administrative rules and regulations issued under these sections; including Title 22 California Code of Regulations 98000-98413.
- Federal Civil Rights Acts of 1964 and 1991 (see especially Title VI, 42 USC Secs. 2000d et seq.), as amended, and all administrative rules and regulations issued thereunder (see especially 45 CFR Part 80);
- The Rehabilitation Act of 1973, Secs. 503 and 504 (29 USC Sec. 793 and 794), as amended; all requirements imposed by the applicable HHS regulations (45 CFR Parts 80, 84 and 91); and all guidelines and interpretations issued pursuant thereto;
- 7 Code of Federal Regulations (CFR), Part 15 and 28 CFR Part 42;
- Title II of the Americans with Disabilities Act of 1990 (P.L. 101-336), 42 U.S.C. Secs. 12101 et seq. and 47 U.S.C. Secs. 225 and 611, and any federal regulations issued pursuant thereto (see 24 CFR Chapter 1; 28 CFR Parts 35 and 36; 29 CFR Parts 1602, 1627, and 1630; and 36 CFR Part 1191);
- Unruh Civil Rights Act, Calif. Civil Code Sec. 51 et seq., as amended;
- Monterey COUNTY Code, Chap. 2.80.;
- Age Discrimination in Employment Act 1975, as amended (ADEA), 29 U.S.C. Secs 621 et seq.;
- Equal Pay Act of 1963, 29 U.S.C. Sec. 206(d);

- California Equal Pay Act, Labor Code Sec.1197.5.
- California Government Code Section 4450;
- The Dymally-Alatorre Bilingual Services Act; Calif. Government Code Sec. 7290 et seq.
- The Food Stamp Act of 1977, as amended and in particular Section 272.6.
- California Code of Regulations, Title 24, Section 3105A(e)
- Removal of Barriers to Inter-Ethnic Adoption Act of 1996, Section 1808

**4.04** Written assurances: Upon request by COUNTY, CONTRACTOR will give any written assurances of compliance with the Civil Rights Acts of 1964 and 1991, the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act of 1990, as may be required by the federal government in connection with this Agreement, pursuant to 45 CFR Sec. 80.4 or 45 CFR Sec. 84.5, and 91; 7 CFR Part 15; and 28 CFR Part 35, or other applicable State or federal regulation.

**4.05** Written non-discrimination policy: Contractor shall maintain a written statement of its non-discrimination policies which shall be consistent with the terms of this Agreement. Such statement shall be available to employees, recipients of services, and members of the public, upon request.

**4.06** Grievance Information: CONTRACTOR shall advise applicants who are denied CONTRACTOR's services, and recipients who do receive services, of their right to present grievances, and of their right to a State hearing concerning services received under this Agreement.

**4.07** Notice to Labor Unions: CONTRACTOR shall give written notice of its obligations under paragraphs 4.01 - 4.08 to labor organizations with which it has a collective bargaining or other agreement.

**4.08** Access to records by government agencies: CONTRACTOR shall permit access by COUNTY and by representatives of the State Department of Fair Employment and Housing, and any state agency providing funds for this Agreement, upon reasonable notice at any time during normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, facilities, and other sources of information as the inspecting party may deem appropriate to ascertain compliance with these non-discrimination provisions.

**4.09 Binding on Subcontractors:** The provisions of paragraphs 4.01 - 4.08 shall also apply to all of CONTRACTOR's subcontractors. CONTRACTOR shall include the

non-discrimination and compliance provisions of these paragraphs in all subcontracts to perform work or provide services under this Agreement.

# V. CONTRACT ADMINISTRATORS

**5.01 Contract Administrator – CONTRACTOR:** CONTRACTOR hereby designates **Teresa Sullivan** as its Contract Administrator for this Agreement. All matters concerning this Agreement which are within the responsibility of CONTRACTOR shall be under the direction of, or shall be submitted to, the CONTRACTOR's Contract Administrator. CONTRACTOR may, in its sole discretion, change its designation of the Contract Administrator, and shall promptly give written notice to COUNTY of any such change.

**5.02 Contract Administrator – COUNTY:** COUNTY hereby designates the Director of the Monterey County Department of Social Services as its Contract Administrator for this Agreement. All matters concerning this Agreement which are within the responsibility of COUNTY shall be under the direction of, or shall be submitted to, the Director or such other COUNTY employee in the Department of Social and Employment Services as the Director may appoint. COUNTY may, in its sole discretion, change its designation of the Contract Administrator, and shall promptly give written notice to CONTRACTOR of any such change.

# VI. CONTRACT DEPENDENT ON GOVERNMENT FUNDING

COUNTY's payments to CONTRACTOR under this Agreement are funded by the State and Federal governments. If funds from State and Federal sources are not obtained and continued at a level sufficient to allow for COUNTY's purchase of the indicated quantity of services, then COUNTY may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as COUNTY may specify in its notice, unless in the meanwhile the parties enter into a written Amendment modifying this Agreement.

#### VII. APPEAL PROCESS

In the event of a dispute or grievance regarding the terms and conditions of this Agreement, both parties shall abide by the following procedures:

A. CONTRACTOR shall first discuss the problem informally with the designated DSES Contact/Program Analyst. If the problem is not resolved, CONTRACTOR must, within fifteen (15) working days of the failed attempt to resolve the dispute with DSES Contact/Program Analyst, submit a written complaint, together with any evidence, to the DSES Division Deputy Director. The complaint must include a description of the disputed issues, the legal authority/basis for each issue which supports CONTRACTOR's position, and the remedy sought. The Division Deputy Director shall, within fifteen (15) working days after receipt of CONTRACTOR's written complaint, make a determination on the dispute, and issue a written decision and reasons therefore. All written

Exhibit B, Additional Provisions (AAA) Page 6 of 7 communication shall be pursuant to Section 14. NOTICES of this Agreement. Should CONTRACTOR disagree with the decision of the Division Deputy Director, CONTRACTOR may appeal the decision to the Director of the Department of Social & Employment Services.

B. CONTRACTOR's appeal of the Division Deputy Director's decision must be submitted to the Department Director within ten (10) working days from the date of the decision; be in writing, state the reasons why the decision is unacceptable, and include the original complaint, the decision that is the subject of appeal, and all supporting documents. Within twenty (20) working days from the date of CONTRACTOR'S appeal, the Department Director, or his/her designee, shall meet with CONTRACTOR to review the issues raised on appeal. The Department Director shall issue a final written decision within fifteen (15) working days of such meeting.

C. CONTRACTOR may appeal the final decision of the Department Director in accordance with the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Subchapter 2.5 commencing with Section 251, or Subchapter 3 commencing with Section 300, whichever is applicable, of the California Code of Regulations).

D. CONTRACTOR shall continue to carry out the obligations under this Agreement during any dispute.

E. Costs incurred by CONTRACTOR for administrative/court review are not reimbursable by COUNTY.

### SUPPORTIVE SERVICES BUDGET

**BUDGET PERIOD:** 

JULY 1, 2013 THRU Sep 30, 2013

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main street

Salinas, CA 923901

Project Name: Outreach 3B

Funding Source and Federal Catalo	og #	Budget Version		
Check one: Title III B	X	93.044	Check one: Original X	6/12/2013
Title III D		93.043	Revision #	
a second a s				

Certification:

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

Kagao 06/12/13

reparer's Signature / Date

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

<u>6/23/2013</u> 831-655-1334 xecutive Director's Signature / Date

10~ 5

Executive Director's Name (Printed) and telephone numbe

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

# MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

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

### SECTION A:

### LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	12,575	2,202
Payroll Taxes	962	
Employee Benefits	1,300	
SUBTOTAL (Personnel Costs):	14,837	2,202
· · · · · · · · · · · · · · · · · · ·		
Volunteer Reimbursement		
Travel/Volunteer Travel	50	
Conference/Training/Meetings		
Professional Fees: Acct/ Legal		
Equipment Purchase		
Equipment Rental and Maintenance	479	
Occupancy	910	
Insurance (Excluding Vehicle & Occupancy)		
Utilities/Communications	231	
Postage/Shipping	50	
Printing / Publications		
Public Relations /Advertising		
Membership Dues and Subscriptions	-	
Supplies	325	
Food/ Food Service		
Vehicle Operation	425	
Overhead: 8% limit of Grant Funding	1,385	
Awards/ Recognition/ Events		
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
	10 600	2,202
Column Totals:	18,692	
	Total Budget:	\$ 20,894

Alliance on Aging, Inc.

### SECTION B:

### SCHEDULE OF PERSONNEL COSTS

No.	Paid Staff Positions	Annual Salary	% on Prgm	Pr	ogram Cost
1	Outreach Specialist	\$31,249.00	21%	\$	6,640
1	Benefits Check-up Specialist	\$8,091.00	21%	\$	1,719
1	AOA Program Director	\$65,998.00	2%	\$	1,254
1	Executive Director	\$74,818.00	1%	\$	636
1	Finance Director	\$59,399.00	1%	\$	594
1	Executive Assistant	\$34,632.00	5%	\$	1,732
				\$	-
				\$	
				\$	-
				\$	-
				\$	-
				\$	-
	Total Salaries	\$ 274,187		\$	12,575.00
	Payroll Taxes			\$	962.00
	Employee Benefits			\$	1,300.00
	Total Paid Staff			\$	14,837.00

No.	In-Kind: Donated Services	Hourly Wage	Hrs on Prgm	Prog	gram Cost
1	Senior Aide	\$8.00	129	\$	1,032
1	Volunteers	\$15.00	78	\$	1,170
				\$	-
				\$	-
				\$	-
				\$	•
				\$	-
	Total In-Kind Staff			\$	2,202

Total Personnel Costs		17,039
-----------------------	--	--------

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

### SECTION C:

Funding Source Summary				Total Budgeted
	••••••••••••••••••••••••••••••••••••••	Cash	In-Kind	Amount
Project Income	Section D			\$-
Contributions (+) Non-Matching	Section E			\$-
Contributions (+) Matching	Section F	-	2,202	\$ 2,202
AAA Grant Funds		18,692		\$ 18,692
Total Funding		\$ 18,692	\$ 2,202	\$ 20,894

There is a 10.53% minimum matching requirement on Title III B and D funds. To compute amount of match required, take the **Total Funding** less program income, less non-matching funds and multiply by the minimum % matching requirement above.

Match may be met by Cash or In-Kind contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity

giving rise to the income. See related California Department of Aging matching guidelines.

### SECTION D:

### Schedule of Program Income

	Amount
Total:	\$0.00

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

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

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

#### Not to be included are:

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

### SECTION E

### Schedule of Contributions - Non Matching

Source of Contributions Donations and Contributions		Cash	In-Kind	Total	
				\$	**
Government Agencies:	A -			\$	-
Government Agencies:	В -			\$	-
Government Agencies:	С			\$	
Government Agencies:	D			\$	-
Government Agencies:	E			\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	
	Totals:	\$ -	\$-	\$	-

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

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

### SECTION F

### Schedule of Contributions - Matching

Source of Contribution	S	Cash	In-Kind	Total
Donations and Contributi	ons (Excl.Project Income)		2,202	\$ 2,202
Government Agencies:	A -			\$ -
Government Agencies:	В			\$ -
Government Agencies:	С			\$ -
Government Agencies:	D			\$ -
· · · · · · · · · · · · · · · · · · ·				\$ -
				\$ -
				\$ -
				\$ -
· · · · · · · · · · · · · · · · · · ·				\$ -
				\$ -
	Totals:	\$	- \$ 2,202	\$ 2,202

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

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

There is a 10.53% minimum matching requirement on Title III C funds. To compute amount of match required, take the **Total Funding** less Program Income, less non-matching funds, less NSIP funds and multiply by the minimum % matching requirement above. Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guldelines.

	[	Cash non-	IK non-	AAA	Program	Cash		RegMATC
Matchin req %	GR total	match	match	Claim	Income	Match	IK Match	H
#REF!								
Original Amt	20,894	0	0	18,692	0	0	2,202	2,200
Fund increase		0	0	0	0	0	0	0
10.53%	20,894	0	0	18,692	0	0	2,202	2,200
					1			Difference
Requred Match (Orig)	20,894	0	0	18,692	0	0	2,202	match OK
Requred Match								
(Amend)	20,894	0	0	18,692	0	0	2,202	match OK

SUPPORTIVE SERVICES BUDGET **BUDGET PERIOD:** October 1, 2013 THRU June 30, 2014

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main street

Salinas, CA 923901

Project Name: Outreach 3B

Funding Source and Federal Catalo	Budget V	ersion			
Check one: Title III B	X	93.044	Check one: Original	Х	6/12/2013
Title III D		93.043	Revision #		

#### Certification:

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

06/12/13

Preparer's Signature / Date

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

10 6/23/2013 10 11/10/ 931-655-1334 ullam ecutive Director's Signature / Date 5011 ereson

Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy
	Required Match of 10.53%
	Reviewed for Allowable Costs
	8% Indirect Cost limit
Budget Template Last Updated:	Budget Approved by Fiscal Officer: <u>Unonuca Kenteux</u> (a)14/13
10/4/12 By Veronica Renteria	Budget Approved by Program:
	Get-Care Updated by Vendor:
	Get-Care Verified by Fiscal Officer:

## MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

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

### SECTION A:

### LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	38,547	6,966
Payroll Taxes	2,949	
Employee Benefits	3,932	
SUBTOTAL (Personnel Costs):	45,428	6,966
Volunteer Reimbursement		
Travel/Volunteer Travel	200	
Conference/Training/Meetings		
Professional Fees: Acct/ Legal	444	
Equipment Purchase		
Equipment Rental and Maintenance	600	
Occupancy	2,670	
Insurance (Excluding Vehicle & Occupancy)		
Utilities/Communications	665	
Postage/Shipping	288	
Printing / Publications	375	
Public Relations /Advertising	1,700	
Membership Dues and Subscriptions	150	
Supplies	1,000	
Food/ Food Service		
Vehicle Operation	1,275	
Overhead: 8% limit of Grant Funding	4,384	
Awards/ Recognition/ Events		
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
Column Totals:	59,179	6,966
	Total Budget:	\$ 66,145

Alliance on Aging, Inc.

### SECTION B:

### SCHEDULE OF PERSONNEL COSTS

No.	Paid Staff Positions	Annual Salary	% on Prgm	Program Cost
1	Outreach Specialist	\$31,249.00	79%	\$ 24.609
1	Benefits Check-up Specialist	\$8,091.00	79%	\$ 6,372
1	AOA Program Director	\$65,998.00	7%	\$ 4,686
1	Executive Director	\$74,818.00	4%	\$ 2,880
				\$ -
				\$-
				\$ -
				\$-
				\$
				<u> </u>
				<u> </u>
				\$
	Total Salaries	\$ 180,156		\$ 38,547.00
	Payroll Taxes			\$ 2,949.00
	Employee Benefits			\$ 3,932.00
	Total Paid Staff			\$ 45,428.00

No,	In-Kind: Donated Services	Hourly Wage	Hrs on Prgm	Proç	gram Cost
1	Senior Aide	\$8.00	440	S	3,516
1	Volunteers	\$15.00	230	\$	3,450
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
	Total In-Kind Staff			\$	6,966

Total Personnel Costs	\$ 52,394

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

Total

#### SECTION C:

### Funding Source Summary

i unung oouloo ounnury		Cash	In-Kind	Budgeted Amount
Project Income	Section D		-	\$ -
Contributions (+) Non-Matching	Section E			\$ -
Contributions (+) Matching	Section F		- 6,966	\$ 6,966
AAA Grant Funds		59,179		\$ 59,179
Total Funding		\$ 59,179	\$ 6,966	\$ 66,145

There is a 10.53% minimum matching requirement on Title III B and D funds. To compute amount of match required, take the Total Funding less program income, less non-matching funds and multiply by the minimum % matching requirement above.

Match may be met by Cash or In-Kind contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity giving rise to the income. See related California Department of Aging matching guidelines.

#### SECTION D:

### Schedule of Program Income

	Amount
Total:	\$0.00

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

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

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

#### Not to be included are:

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

Alliance on Aging, Inc.

### SECTION E

### Schedule of Contributions - Non Matching

Source of Contributions		Cash	In-Kind	In-Kind Tota		
Donations and Contributi	ons			\$		
Government Agencies:	A -	**************************************		\$		
Government Agencies:	В-			\$	-	
Government Agencies:	С			\$	-	
Government Agencies:	D			\$	-	
Government Agencies:	E			\$		
	······································			\$	-	
				\$	-	
				\$		
				\$	-	
				\$	~	
	Totals:	\$	- \$ -	\$		

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

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

### SECTION F

### Schedule of Contributions - Matching

Source of Contribution	ce of Contributions		In-Kind	Total	
Donations and Contributi	ons (Excl.Project Income)		6,966	\$ \$ 6,966	
Government Agencies:	A -			\$ 	
Government Agencies:	В			\$ -	
Government Agencies:	С			\$ -	
Government Agencies:	D			\$ -	
				\$ -	
	Totals:	\$	- \$ 6,966	\$ 6,966	

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

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

There is a 10.53% minimum matching requirement on Title III C funds.To compute amount of match required, take the **Total Funding** less Program Income, less non-matching funds, less NSIP funds and multiply by the minimum % matching requirement above. Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guidelines.

		Cash non-	IK non-	AAA	Program	Cash		ReqMATC
Matchin req %	GR total	match	match	Claim	Income	Match	IK Match	Н
<u>#REF!</u>						·		
Original Amt	66,145	0	0	59,179	0	0	6,966	6,965
Fund increase		0	0	0	0	0	0	0
10.53%	66,145	0	0	59,179	0	0	6,966	6,965
								Difference
Requred Match (Orig)	66,145	0	0	59,179	0	0	6,966	match OK
Requred Match								
(Amend)	66,145	0	0	59,179	0	0	6,966	match OK

#### SUPPORTIVE SERVICES BUDGET **BUDGET PERIOD:** JULY 1, 2013 THRU SEPTEMBER 30,2013

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main street

Salinas, CA 923901

Project Name: Ombudsman 3B

Funding Source and Federal Catalo	Budget Ve	ersion			
Check one: Title III B	Х	93.044	Check one: Original	х	6/12/2013
Title III D		93.043	Revision #		
and the second				,	

Certification:

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

06/12/13

Preparer's Signature / Date

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

6/22/2013 851-655-1334 lu n Executive Director's Signature / Date

Varu 0 5 CM

Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy
	Required Match of 10.53%
	Reviewed for Allowable Costs
	8% Indirect Cost limit
Budget Template Last Updated;	8% Indirect Cost limit Budget Approved by Fiscal Officer: //normalkantine 6/13/13
10/4/12 By Veronica Renteria	Budget Approved by Program:
	Get-Care Updated by Vendor:
	Get-Care Verified by Fiscal Officer:

## JULY 1, 2013 THRU SEPTEMBER 30,2013

# MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

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

## SECTION A:

### LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	2,836	1,125
Payroll Taxes	217	
Employee Benefits	418	
SUBTOTAL (Personnel Costs):	3,471	1,125
· · · · · · · · · · · · · · · · · · ·		
Volunteer Reimbursement	75	
Travel/Volunteer Travel	100	
Conference/Training/Meetings		
Professional Fees: Acct/ Legal	100	
Equipment Purchase	++	
Equipment Rental and Maintenance	335	
Occupancy	162	
Insurance (Excluding Vehicle & Occupancy)	-	
Utilities/Communications	125	
Postage/Shipping	23	
Printing / Publications	125	
Public Relations /Advertising	100	
Membership Dues and Subscriptions		
Supplies	100	
Food/ Food Service	200	
Vehicle Operation		
Overhead: 8% limit of Grant Funding	241	
Awards/ Recognition/ Events		
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
Column Totals:	5,157	1,125
	Total Budget:	\$ 6,282

### LY 1, 2013 THRU SEPTEMBER 30,24

Alliance on Aging, Inc.

### SECTION B:

No.	Paid Staff Positions	Annual Salary	% on Prgm	Program Cost
1	Senior Ombudsman	\$33,415.00	2%	\$ 708
1	Staff Ombudsman	\$30,940.00	2%	\$ 656
1	AOA Progrqam Director	\$65,998.00	1%	\$ 700
1	Finance Director	\$59,399.00	1%	\$ 505
1	Administrative Assistant	\$34,632.00	1%	\$ 173
1	Accounting Assistant	\$18,815.00	1%	\$ 94
1				\$ -
				\$ -
				\$
				\$
				\$
				\$
	Total Salaries	\$ 243,199		\$ 2,836.00
	Payroll Taxes			\$ 217.00
	Employee Benefits			\$ 418.00
	Total Paid Staff			\$ 3,471.00

### SCHEDULE OF PERSONNEL COSTS

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

	Costs	
Total Personnel C	Costs	\$ 4,596

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

### SECTION C:

Funding Source Summary				Total Budgeted
	Y	Cash	In-Kind	Amount
Project Income	Section D			\$
Contributions (+) Non-Matching	Section E	-	_	\$ -
Contributions (+) Matching	Section F	_	1,125	\$ 1,125
AAA Grant Funds		5,157		\$ 5,157
Total Funding		\$ 5,157	\$ 1,125	\$ 6,282

There is a 10.53% minimum matching requirement on Title III B and D funds. To compute amount of match required, take the **Total Funding** less program income, less non-matching funds and multiply by the minimum % matching requirement above.

Match may be met by Cash or In-Kind contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity

giving rise to the income. See related California Department of Aging matching guidelines.

### SECTION D:

### Schedule of Program Income

	Amount
Total:	\$0.00

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

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

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

Not to be included are:

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

### SECTION E

### Schedule of Contributions - Non Matching

Source of Contribution	Cash	In-Kind	Total		
Donations and Contributi	ons			\$	-
Government Agencies:	A -			\$	
Government Agencies:	B -			\$	-
Government Agencies:	С			\$	-
Government Agencies:	D			\$	-
Government Agencies:	E			\$	-
				\$	
				\$	-
				\$	-
				\$	-
				\$	-
	Totals:	\$ -	\$ -	\$	-

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

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

### SECTION F

### Schedule of Contributions - Matching

Source of Contribution		Cash	In-Kind		Total
Donations and Contributi	ons (Excl.Project Income)		1,125	\$ 1,125	
Government Agencies:	A -			\$	**
Government Agencies:	В			\$	-
Government Agencies:	С			\$	-
Government Agencies:	D			\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
	Totals:	\$ -	\$ 1,125	\$	1,125

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

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

There is a 10.53% minimum matching requirement on Title III C funds. To compute amount of match required, take the **Total Funding** less Program Income, less non-matching funds, less NSIP funds and multiply by the minimum % matching requirement above. Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guidelines.

		Cash non-	IK non-	AAA	Program	Cash		ReqMATC
Matchin req %	GR total	match	match	Claim	Income	Match	IK Match	H
#REF!								
Original Amt	6,282	0	0	5,157	0	0	1,125	661
Fund increase		0	0	0	0	0	0	0
10.53%	6,282	0	0	5,157	0	0	1,125	661
								Difference
Requred Match (Orig)	6,282	0	0	5,157	0	0	1,125	match:OK
Requred Match								
(Amend)	6,282	0	0	5,157	0	0	1,125	match OK

#### SUPPORTIVE SERVICES BUDGET **BUDGET PERIOD:** OCTOBER 1, 2013 THRU JUNE 30,2014

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main street

Salinas, CA 923901

Project Name: Ombudsman 3B

Funding Source and Federal Catalo	og #	Budget Version		
Check one: Title III B	Х	93.044	Check one: Original X 6/12/2013	
Title III D		93.043	Revision #	
and the second	a manager and a second			

Certification:

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

Preparer's Signature / Date 06/12/13

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

	Tereson	Sueen	6/23/2013
$\bigcirc$	Executive Director's	s Signature / Date	
	Terosa		831-455-1334
	Executive Director's	Name (Printed) and telephone	e number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy
	Required Match of 10.53%
	Reviewed for Allowable Costs
	8% Indirect Cost limit
Budget Template Last Updated:	Budget Approved by Fiscal Officer: Unonicatenteria 6/14/1=
10/4/12 By Veronica Renteria	Budget Approved by Program:
	Get-Care Updated by Vendor:
	Get-Care Verified by Fiscal Officer:

## MONTEREY COUNTY AREA AGENCY ON AGING, PSA 32

Agency: Alliance on Aging, Inc.

Project: Ombudsman 3B

## SECTION A:

### LINE ITEM BUDGET

(1) Category	(2) Cash	(3) In-Kind
Salaries	10,155	2,250
Payroll Taxes	777	
Employee Benefits	1,497	
SUBTOTAL (Personnel Costs):	12,429	2,250
Volunteer Reimbursement	100	
Travel/Volunteer Travel	200	
Conference/Training/Meetings		
Professional Fees: Acct/ Legal	200	
Equipment Purchase		
Equipment Rental and Maintenance	627	······································
Occupancy	627	
Insurance (Excluding Vehicle & Occupancy)	-	
Utilities/Communications	325	
Postage/Shipping	67	
Printing / Publications		
Public Relations /Advertising	50	
Membership Dues and Subscriptions	105	
Supplies	300	
Food/ Food Service	565	
Vehicle Operation		
Overhead: 8% limit of Grant Funding		
Awards/ Recognition/ Events	1,248	
Client Support		
Depreciation		
Nutrition Education		
Bank Services Fees		
Subcontractor		
Miscellaneous: (List Separately)		
Columna Tatala	46.040	2.050
Column Totals:	16,843	2,250
	Total Budget:	\$ 19,093

Alliance on Aging, Inc.

### SECTION B:

### SCHEDULE OF PERSONNEL COSTS

No.	Paid Staff Positions	Annual Salary	% on Prgm	Program Cost
1	Senior Ombudsman	\$33,415.00	8%	\$ 2,633
1	Staff Ombudsman	\$30,940.00	8%	\$ 2,438
1	AOA Progrqam Director	\$65,998.00	4%	\$ 2,600
1	Finance Director	\$59,399.00	3%	\$ 1,871
1	Administrative Assistant	\$34,632.00	2%	\$ 519
1	Accounting Assistant	\$18,815.00	1%	\$ 94
1				\$
				5 -
				\$ -
				\$
				\$ -
				\$ -
	Total Salaries	\$ 243,199		\$ 10,155.00
	Payroll Taxes			\$ 777.00
	Employee Benefits			\$ 1,497.00
	Total Paid Staff			\$ 12,429.00

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

Total Personnel Costs	\$ 14,679	
Total Personnel Costs		

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

### SECTION C:

### Funding Source Summary

Funding Source Summary		Cash	In-Kind	Total Budgeted Amount
Project Income	Section D	Gasii		\$ -
Contributions (+) Non-Matching	Section E	-	-	\$ -
Contributions (+) Matching	Section F	_	2,250	\$ 2,250
AAA Grant Funds		16,843		\$ 16,843
Total Funding		\$ 16,843	\$ 2,250	\$ 19,093

There is a 10.53% minimum matching requirement on Title III B and D funds. To compute amount of match required, take the Total Funding less program income, less non-matching funds and multiply by the minimum % matching requirement above.

Match may be met by Cash or In-Kind contributions. Income shall not count toward satisfying a cost-sharing or matching requirement of the Title III sub-grant supporting the activity giving rise to the income. See related California Department of Aging matching guidelines.

### SECTION D:

### Schedule of Program Income

	Amount
	<u> </u>
Total:	\$0.00

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

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

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

#### Not to be included are:

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

Alliance on Aging, Inc.

### SECTION E

### Schedule of Contributions - Non Matching

Source of Contribution	Source of Contributions		In-Kind	Total	
Donations and Contributi	ons			\$	-
Government Agencies:	A -			\$	
Government Agencies:	В-			\$	-
Government Agencies:	С			\$	-
Government Agencies:	D			\$	-
Government Agencies:	E			\$	-
				\$	-
				\$	-
				\$	-
				\$	1
				\$	-
	Totals:	\$	- \$ -	\$	-

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

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

### SECTION F

### Schedule of Contributions - Matching

Source of Contribution	Contributions Cash				Total	
Donations and Contributi	ons (Excl.Project Income)		2,250	\$	2,250	
Government Agencies:	A -			\$		
Government Agencies:	В			\$	-	
Government Agencies:	С			\$	-	
Government Agencies:	D			\$		
				\$	-	
		·		\$	-	
				\$	-	
				\$	-	
				\$	_	
				\$	-	
	Totals:	\$ -	\$ 2,250	\$	2,250	

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

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

There is a 10.53% minimum matching requirement on Title III C funds. To compute amount of match required, take the **Total Funding** less Program Income, less non-matching funds, <u>less NSIP funds</u> and multiply by the minimum % matching requirement above. Match may be met by Cash or In-Kind contributions. See related California Department of Aging matching guidelines.

						- - -		
		Cash non-	IK non-	ААА	Program	Cash		ReqMATC
Matchin req %	GR total	match	match	Claim	Income	Match	IK Match	Н
<u>#REF!</u>								
Original Amt	19,093	0	0	16,843	0	0	2,250	2,010
Fund increase		0	0	0	0	0	0	0
10.53%	19,093	0	0	16,843	0	0	2,250	2,010
								Difference
Requred								
Match (Orig)	19,093	0	0	16,843	0	0	2,250	match OK
Requred								
Match								
(Amend)	19,093	0	0	16,843	0	0	2,250	match OK

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

Name of Agency: Alliance On Aging, Inc.

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Ombudsman VII A

Title

Funding	Source and	d Catal	og #
Check one:	Title VII A	X	93.0

Check one: Original

Check one:

VII A	X	93.042
VII B		93.041

Revision

Х

Certification:

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

6/12/2013

Ich A. Assaas!	6/12/2013
Preparer's Signature / Date	
John A. Assaad	
Preparer's Name (Printed) and telephone number	
Lusa Sullon	6/23/2013
Executive Director's Signature / Date	. /
Tenusa Sullivan	831-655-133Y

Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy No match requirement
	Reviewed for Allowable Costs
	8% Indirect Cost limit Budget Approved by Fiscal:
Budget Template Last Updated:	Budget Approved by Program:
10/4/12 By Veronica Renteria	Get Care Updated by Vendor: Get Care Verified by Fiscal:

Agency Name:

0

SECTION A: BUDGET SUMMARY Categories of Expenses 0 Total Budget \$ Personnel 5,004 \$ 5,004 Operating Expenses \$ 1,740 \$ 1,740 \$ 6,744 Total \$ 6,744 Total Budget \$ -Source of Revenue Cash In-Kind Cash In-Kind \$ AAA Grant 6,744 \$ ... \$ 6,744 \$ -Project Income \$ \_ Matching \$ -\$ ---Other Federal Funds Non-matching \$ \$ --Matching \$ \$ --Non-matching Other State Funds \$ \$ --Matching \$ \$ --Non-matching County/City Funds \$ \$ --\_ Matching \$ \$ --Non-matching Private Grants \$ \$ --Matching \$ \$ \_ -Net Fundraising Non-matching \$ \$ --Matching \$ \$ \$ \$ -\_ \_ -\$ \$ Non-matching Totals by match -\$ \$ \_ --TOTAL \$ 6,744 \$ 6,744

0

\$

-

\$

\_

### SECT 0

### 0

## SCHEDULE OF PERSONNEL COSTS

Another and an experimental strength in the second strength with						
No.	Paid Staff Positions	ŀ	Annual Salary	% on Program		Program Cost
1	Senior Ombudsman		\$33,415.00	4%	\$	1,413.00
1	Staff Ombudsman		\$30,940.00	4%	\$	1,309.00
1	AOA Program Director		\$65,988.00	1%	\$	594.00
1	Finance Director		\$59,399.00	1%	\$	505.00
1	Administrative Assistant		\$34,632.00	1%	\$	173.00
<u> </u>						
	Accounting Assistant		\$18,815.00	1%	\$	94.00
			· · · · · · · · · · · · · · · · · · ·		\$	-
					\$	-
				······································	\$	_
					\$	
					\$	-
					\$	
						-
					\$	-
					\$	-
					\$	-
					\$	
	Total Salaries Payroll Taxes	\$	243,189.00 313.00		\$ \$	4,088.00 313.00
	Employee Benefits	φ \$	603.00		\$	603.00
	Total Paid Staff	\$	244,105.00		\$	5,004.00
*****	***************************************		******	*****	*****	
No.	In-Kind: Donated Services	ŀ	Hourly Wage	Hrs on Program		Program Cost
					\$	
					\$	-
					\$	-
					\$	
					\$	
	Total In-Kind Staff				\$ \$	
					Ψ	-
	Total Personnel Costs				\$	5,004

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

### 1, 2013 THRU September 30

### SECTION C:

### 0

#### OPERATING EXPENSES / EQUIPMENT AND INDIRECT COSTS

OPERATING EXPENSE		0				Total Budget			
& EQUIPMENT		Cash	In-Kind		Cash	ln-	Kind		
Volunteer Reimbursement				\$	-	\$	÷ _		
Travel	\$	342		\$	342	\$			
Conference/Trainings/Meetings	\$	-		\$	-	\$	-		
Professional Fees: Acct/ Legal	\$	300		\$	300	\$	-		
Equipment Purchase	\$	-		\$		\$	-		
Equipment Rental and Maintenance	S	175		\$	175	\$			
Occupancy	\$	200		\$	200	\$	<u> </u>		
Insurance (Excluding Veh. & Occ.)	\$			\$	-	\$	-		
Utilities	\$	124		\$	124	\$	: _		
Postage/ Shipping	\$	17		\$	17	\$			
Printing / Publications	s	-		\$		\$			
Public Relations /Advertising	\$	10		\$	10	\$	<u> </u>		
Membership Dues and Subscriptions	S	-		\$	-	\$			
Supplies	S	35		\$	35	\$			
Food/Food Service	\$	37		\$	37	\$	-		
Vehicle Operation	\$	-		\$		\$			
Overhead: 8% limit of Grant Funding	\$	500		\$	500	s	-		
Awards/ Events				\$		\$			
Client Support				\$	-	\$	-		
Federal Mental Health Initiative				\$	-	\$	-		
Low Income Subsidy				\$		\$			
Depreciation				\$		\$	-		
Nutrition Education	<u> </u>			\$		\$			
Bank Service Fees				\$		\$	-		
Subcontractor				\$		S			
Miscellaneous				\$	-	\$	-		
Total Operating Expenses		1,740		-	1,740				

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

Name of Agency: <u>Alliance On Aging, Inc.</u>

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Ombudsman VII A

Funding Source and Catalog #

Check one: Original

Check one:

		- 0	
Title VII A	х	93.042	
Title VII B		93.041	

Revision

Х

Certification:

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

6/12/2013

I SJADIC 6/12/2013 Preparer's Signature /

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

Lewo	Sullar	6/23/2013
Executive Director	's Signature / Date	
Teresa		831-655-1334
Eucoutiun Director	's Name (Drinted) and Jalaphana pur	mhor

Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and ac No match require	,
	Reviewed for Allowa	able Costs
	8% Indirect Cost lim Budget Approved by Fiscal:	"Unonica Rontine 6/3/13
Budget Template Last Updated:	Budget Approved by Program:	
10/4/12 By Veronica Renteria	Get Care Updated by Vendor:	
	Get Care Verified by Fiscal:	

Agency Name:

0

0

SECTION A:

3ECTION A.			BUDGET	SUMM	ARY						
Categories of I	Expenses	0			Total Budget						
Personnel		\$			1	17,966	\$	\$ 17,9			
Operating Expenses		\$		11		3,021	\$	\$ 3,02			
Total		\$			277.04C-7276.00 (mapping)	20,987	\$ 20,				
		\$				-		Total I	Budge	t	
Source of R	evenue		Cash		In-Kind			Cash		n-Kind	
AAA Gr	ant	\$	20,987	\$	:	-	\$	20,987	\$	-	
Project Income			, <b></b>		1		\$	_			
	Matching						\$	-	\$	-	
Other Federal Funds	Non-matching						\$	-	\$	-	
	Matching						\$	-	\$	-	
Other State Funds	Non-matching						\$		\$	-	
	Matching				l		\$	-	\$	-	
County/City Funds	Non-matching						\$	-	\$	-	
	Matching						\$	-	\$	-	
Private Grants	Non-matching						\$		\$	-	
	Matching						\$		\$	-	
Net Fundraising	Non-matching						\$		\$	-	
	Matching	\$	-	\$		-	\$		\$	-	
Totals by match	Non-matching	\$	_	\$		-	\$	-	\$	-	
TOTAL		\$				20,987	\$			20,987	

\$

\_

\$

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Page 2 of 4

SECT 0

### 0

#### SCHEDULE OF PERSONNEL COSTS Program Cost Paid Staff Positions Annual Salary No. % on Program \$ 5,270.00 \$33,415.00 16% 1 Senior Ombudsman \$30,940.00 16% \$ 4,879.00 Staff Ombudsman 1 \$ 2,046.00 3% \$65,988.00 1 AOA Program Director \$59,399.00 3% \$ 1,871.00 1 **Finance Director** 519.00 \$ 2% Administrative Assistant \$34,632.00 1 \$ 94.00 \$18,815.00 1% 1 Accounting Assistant \$ \$ \$ \$ \$ \$ \$ \$ \$ Ş 14,679.00 243,189.00 \$ **Total Salaries** \$ \$ 1,123.00 1,123.00 \$ Payroll Taxes \$ 2,164.00 \$ 2,164.00 **Employee Benefits** \$ 17,966.00 Total Paid Staff \$ 246,476.00 \*\*\*\*\*\*\* \*\*\*\*\* \*\*\*\* XXXXXX Program Cost In-Kind: Donated Services Hourly Wage No. Hrs on Program \$

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

Total In-Kind Staff

**Total Personnel Costs** 

17,966

\$ \$ \$ \$ \$

\$

### SECTION C:

### 0 OPERATING EXPENSES / EQUIPMENT

#### AND INDIRECT COSTS

OPERATING EXPENSE	0				Total Budget				
& EQUIPMENT		Cash	In-Kind	0	Cash		Kind		
Volunteer Reimbursement				\$	-	\$	-		
Travel	\$	400		\$	400	\$	-		
Conference/Trainings/Meetings	\$	-		S	-	\$	-		
Professional Fees: Acct/ Legal	\$	200		\$	200	\$	-		
Equipment Purchase	\$	-		S	-	\$	-		
Equipment Rental and Maintenance	\$	200		\$	200	\$	-		
Occupancy	\$	408		\$	408	\$	-		
Insurance (Excluding Veh. & Occ.)	\$	-		\$	-	\$	-		
Utilities	\$	124		S	124	\$	i -		
Postage/ Shipping	\$	17		\$	17	\$			
Printing / Publications	\$	-		S	-	\$	-		
Public Relations /Advertising	\$	50		\$	50	\$	-		
Membership Dues and Subscriptions	\$	-		\$	-	\$	-		
Supplies	S	100		\$	100	\$	-		
Food/Food Service	\$	50		\$	50	\$	-		
Vehicle Operation	S	-		\$	-	\$	-		
Overhead: 8% limit of Grant Funding	\$	1,472		\$	1,472	\$	-		
Awards/ Events				\$		\$	-		
Client Support				\$	-	\$	-		
Federal Mental Health Initiative				\$	-	\$			
Low Income Subsidy				S	-	\$	-		
Depreciation				S	-	\$	-		
Nutrition Education				\$	-	\$	-		
Bank Service Fees	1			\$	-	\$	-		
Subcontractor				\$	-	\$	-		
Miscellaneous				\$	-	\$	-		
Total Operating Expenses		3,021		-	3,021		-		

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

Name of Agency: ALLIANCE ON AGING

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Ombudsman Volunteer Recruitment Initiative

### Funding Source and Catalog #

Check one: Original

Check one: State

		0	
te Funds	х	Special Deposit Fund	
ate Funds	х	SNF Quality & Accountability Fund	

6/12/2013

### Budget Version

Х

Certification:

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

6/12/2013 Preparer's Signature / Date 831.655-4246 John A. Assaad Preparer's Name (Printed) and telephone number

6/23/2013 031-655-1334 100 ecutive Director's Signature / Date Vau erisa 1

Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and No match require	
	Reviewed for Allo	
	8% Indirect Cost	
х х	Budget Approved by Fiscal:	Unonvertentin 6/13/13
Budget Template Last Updated:	Budget Approved by Program:	·
10/4/12 By Veronica Renteria	Get Care Updated by Vendor:	
	Get Care Verified by Fiscal:	

### Agency Name: ALLIANCE ON AGING Ombudsman Volunteer Recruitment Initiative

### SECTION A:

SECTION A.			BUDGET SUM	ARY	·						
Categories of Expenses Personnel		Special Deposit Fund \$ 1,728			Quality & A	Accountability Fund	Total Budget				
					\$ 3,244			\$ 4,97			
Operating Expenses		\$	703	\$	i	1,638	\$	* *	2,341		
Total		\$ 2,431			\$ 4,882			\$ 7,313			
		Specia	al Deposit Fund			Accountability Fund			Budget		
Source of R	evenue	Cash	In-Kind		Cash	In-Kind		Cash	In	-Kind	
AAA Gr	ant	\$ 2,431		\$	4,882		\$	7,313	\$	-	
Project Income							\$	-			
	Matching			<u> </u>	-		\$	-	\$	-	
Other Federal Funds	Non-matching						\$	-	\$	<del>.</del>	
	Matching						\$	-	\$		
Other State Funds	Non-matching						\$	-	\$	-	
	Matching				-		\$	-	\$	-+	
County/City Funds	Non-matching						\$	-	\$		
					-		\$		\$	-	
Private Grants	Non-matching					a colores y colores a colores de la color La colores de la colores de La colores de la colores de	\$	_	\$		
	Matching		\$ -			\$ -	\$	-	\$	-	
Net Fundraising	Non-matching					enteriga en 1942 : Altra de la composición de la composición Altra de la composición	\$		\$	-	
	Matching	\$ -	\$ -	\$		\$ -	\$	-	\$	-	
Totals by match	Non-matching	\$	\$ -	\$		<b>-</b>	\$		\$	-	
TOTAL		\$	2,431	\$		4,882	\$			7,313	

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OMB Iniative July-September secA

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### SECTION B:

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

[]			% or		
No. Paid Staff Positions		Annual Salary	Special Deposit Fund	SNF Quality & Accountability Fund	Program Cost
1	Senior Ombudsman	\$33,415.00	2%	3%	\$ 1,698.00
1	Staff Ombudsman	\$30,940.00	2%	3%	\$ 1,572.00
1	AOA Progrqam Director	\$65,998.00	1%	1%	\$ 792.00
					\$
					\$
	······				
					\$
					\$
			· · ·		\$·
					\$
					\$
					\$ -
					\$
	999 (La faire	······			\$
	πτ				\$
					\$
					\$
	Total Salaries	\$ 130,353.00	\$ 1,412.00	\$ 2,650.00	\$ 4,062.00
	Payroll Taxes	\$ 9,972.00	\$ 108.00	\$ 203.00	\$ 311.00
	Employee Benefits	\$ 19,214.00	\$ 208.00	\$ 391.00	\$ 599.00
****	Total Paid Staff	\$ 159,539.00	\$ 1,728.00	\$ 3,244.00	\$ 4,972.00
	~^^^		% on		
No.	In-Kind: Donated Services	Hourly Wage	Special Deposit Fund	SNF Quality & Accountability Fund	Program Cost
					\$ .
					\$ -
					\$
					\$
					\$
	Total In-Kind Staff	\$ -	\$ -	\$-	\$
	Total Personnel Costs	\$ 159,539	\$ 1,728	\$ 3,244	\$ 4,972

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

### SECTION C:

### ALLIANCE ON AGING

### OPERATING EXPENSES / EQUIPMENT AND INDIRECT COSTS

OPERATING EXPENSE	Special Deposit Fund		SNF Quality & Accountability Fund			Total Budget			
& EQUIPMENT	Cash	In-Kind	Cash		In-Kind	Cash		In-Kin	
Occupancy						\$	_	\$	-
Volunteer Reimbursement						\$	-	\$	-
Travel/Volunteer Travel	\$ 66		\$	134		\$	200	\$	-
Conf/Trainings/Meetings						\$	-	\$	-
Professional Fees: Acct/Legal						\$	-	\$	-
Equipment Purchase			:			\$	-	\$	-
Equipment Rental/Maint						\$	-	\$	-
Insurance (Excluding Veh. & Occ.)			-			\$	-	\$	-
Utilities/Communications						\$	-	\$	-
Postage/ Shipping		<u></u>				\$	-	\$	-
Printing / Publications						\$		\$	-
Public Relations /Advertising						\$	-	\$	-
Sub/Membership Dues						\$		\$	
Supplies						\$		\$	-
Food/Food Service						\$		\$	
Vehicle Operation						\$	_	\$	-
Overhead: 8% limit of Grant Funding						\$	-	\$	-
Awards/ Events		<u></u>				\$	-	\$	
Client Support						\$	-	\$	
Depreciation						\$	-	\$	-
Bank Service Fees						\$		\$	-
Subcontractor					·····	\$	-	\$	-
Miscellaneous	\$ 637		\$	1,504		\$	2,141	\$	-
Total Operating Expenses	703		-	1,638		-	2,341		

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

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

Name of Agency: ALLIANCE ON AGING

Address of Agency: 247 Main Street

Salinas, CA 93901

Project Name: Ombudsman Volunteer Recruitment Initiative

Funding Source and Catalog #

Check one: Original

Check one: State State

	- Cheveri	<u>'6 ''</u>	
e Funds	х	Special Deposit Fund	
e Funds	х	SNF Quality & Accountability Fund	A

 $\langle /$ 

6/12/2013

# Budget Version

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Certification:

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

fle p.	Assaarl	6/12/2013
Preparer's Signature /	Dale	
John A. Assaad	831.655-4246	
Preparer's Name (Prir	nted) and telephone number	
Leuron	Sullion	6/22/2013
Executive Director's S	ignàture,/ Date	
Teresa	Sullivan	831-655-133

Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy No match requirement
	Reviewed for Allowable Costs
	8% Indirect Cost limit
	Budget Approved by Fiscal: (///onica) Kontonin (/14/
Budget Template Last Updated:	Budget Approved by Program:
10/4/12 By Veronica Renteria	Get Care Updated by Vendor:
	Get Care Verified by Fiscal:

#### Agency Name: ALLIANC

ALLIANCE ON AGING

Ombudsman Volunteer Recruitment Initiative

### SECTION A:

<u></u>				BUDGET	SUMM	ARY								
Categories of I	Expenses		Special	Deposit Fund		SNF	Quality &	Accountability Fund	Total Budget					
Personnel		\$		5	5,822	\$		\$						
Operating Expenses		\$		1	,471	\$		2,819	\$			4,290		
Total		\$		7	7,293	\$		14,645	\$			21,938		
			Special	Deposit Fund		·		Accountability Fund		Total I	Budge			
Source of R	evenue	. (	Cash	In-Kind			Cash	In-Kind		Cash	1	n-Kind		
AAA Grant		\$	7,293			\$	14,645		\$	21,938	\$	-		
Project Income									\$					
	Matching								\$	-	\$	-		
Other Federal Funds	Non-matching								\$	-	\$	-		
	Matching								\$		\$	_		
Other State Funds	Non-matching								\$	-	\$			
	Matching								\$		\$	-		
County/City Funds	Non-matching								\$	-	\$	_		
						-			\$		\$	-		
Private Grants	Non-matching							-	\$		\$			
	Matching			\$	~			\$	\$		\$	-		
Net Fundraising	Non-matching		. · ·						\$		\$	-		
	Matching	\$		\$	-	\$		\$ -	\$		\$			
Totals by match	Non-matching	\$		\$		\$		\$ -	\$		\$	-		
TOTAL		\$	7,293 \$					14,645	\$			21,938		

#### BUDGET SUMMARY

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OMB Iniative Oct-Jun secA

SECTION B:

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

			% or	Program	
No.	Paid Staff Positions	Annual Salary	Special Deposit Fund	SNF Quality & Accountability Fund	Program Cost
1	Senior Ombudsman	\$33,415.00	6%	12%	\$ 6,185.00
1	Staff Ombudsman	\$30,940.00	6%	12%	\$ 5,727.00
1	AOA Progrqam Director	\$65,998.00	1%	3%	\$ 2,508.00
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	unter a deservation de la deservation d		h		\$ -
	<u></u>				
					\$
<b>  </b>	107				\$
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			·······		\$
					\$
					\$-
					\$ -
		······································			\$
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	\$ -
}					
	Total Salaries	\$ 130,353.00	\$ 4,757.00	\$ 9,663.00	\$ <u>-</u> \$14,420.00
	Payroll Taxes	\$ 9,972.00	\$ 364.00	\$ <u>739.00</u>	\$ 1,103.00
	Employee Benefits	\$ 19,214.00	\$ 701.00	\$ 1,424.00	\$ 2,125.00
	Total Paid Staff	\$ 159,539.00	\$ 5,822.00	\$ 11.826.00	\$ 17,648.00
200000000000000000000000000000000000000		*****	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	*****
No.	In-Kind: Donated Services	Hourly Wage	Special Deposit Fund	SNF Quality & Accountability Fund	Program Cost
					\$-
	₩, ₩₩₩₩₩₩, ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩				\$-
			······		\$ -
					- -
	Total In-Kind Staff		\$ -	¢	
		-	ф -	\$	φ -
	Total Personnel Costs	\$ 159,539	\$ 5,822	\$ 11,826	\$ 17,648

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

#### SECTION C:

#### ALLIANCE ON AGING

### OPERATING EXPENSES / EQUIPMENT AND INDIRECT COSTS

OPERATING EXPENSE	Special Depos	it Fund	SNF Quality & Ac	countability Fund	<u> </u>	Total B	udget	
& EQUIPMENT	Cash	In-Kind	Cash	In-Kind	0	Cash	In-Kir	īd
Occupancy					S	-	\$	-
Volunteer Reimbursement					S	-	\$	-
Travel/Volunteer Travel	\$ 66		\$ 1	34	\$	200	\$	-
Conf/Trainings/Meetings					\$	-	\$	-
Professional Fees: Acct/Legal			i		S	-	\$	-
Equipment Purchase			1		\$	-	\$	-
Equipment Rental/Maint					\$	-	\$	-
Insurance (Excluding Veh. & Occ.)			) 		\$	-	\$	-
Utilities/Communications			į		S		\$	-
Postage/ Shipping			i		\$		\$	-
Printing / Publications					\$	-	\$	-
Public Relations /Advertising			i		S	-	\$	-
Sub/Membership Dues					\$	-	\$	-
Supplies					\$		\$	-
Food/Food Service			1 		\$	-	\$	-
Vehicle Operation					\$	-	\$	-
Overhead: 8% limit of Grant Funding					\$	-	\$	-
Awards/ Events					\$	-	\$	-
Client Support					\$	-	\$	-
Depreciation					\$	-	\$	-
Bank Service Fees					\$		\$	-
Subcontractor					\$		\$	-
Miscellaneous	\$ 1,405		\$ 2,6	85	\$	4,090	\$	-
Total Operating Expenses	1,471		- 2,8	19	-	4,290		

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

# HEALTH INSURANCE AND COUNSELING ADVOCACY PROGRAM

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

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main Street

Salinas, CA 93901

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

Funding	Source and	Catal	og #		Budget V	ersion
Check one:	Federal Funds	X	93.779	Check one:	Original	6/12/2013
	State Funds	Х	HICAP		Revision #	
	· · · · · · · · · · ·					

Certification:

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

Jah A.Y.	Assand	6/12/2013
Preparer's Signalure / Date	3	
John A. Assaad	831.655-4246	
Preparer's Name (Printed)	and telephone number	
Jeco a	Lullwa	4/23/2013
Executive Director's Signal	ture / Date	
Tereca	Sullivan	831-655-1334
Executive Director's Name	(Printed) and telephone number	

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy
	No matching requirement
	Reviewed for Allowable Costs
	8% Indirect Cost limit
	Budget Approved by Fiscal Officer: / Monica Kanthia Celiz/13
	Budget Approved by Program: Mis.Mdb updated by Fiscal Officer:
	New Mis.Mdb sent to provider:

#### Agency Name: Alliance on Aging, Inc.

SECTION A:

		· · · ·					E	BUDG	ET SUN	IMAF	ł۲		<b>1</b>							
Categories of I	Expenses	Fed Ship Fund			HICAP Fund					HICAP	Reimb	Fed Ship Rural Fund			Total Budget					
Personnel		\$			30,716	\$		:	29,900	\$	1	56,815	\$ -			\$		117,431		
Operating Expenses		\$			25,709	\$			7,506	\$	;	18,011	\$		+	\$			51,226	
Total		\$			56,425	\$		-	37,406	\$		74,826	\$		-	\$		1	168,657	
an an an an an ann an ann an ann an ann an a			Fed Shi	p Fun	d	100000000000000000000000000000000000000	MMA	FUND			HICAP	Reimb	Fed Ship	Rural FL	Ind	Total Budget				
Source of Revenue		0	Cash	In-	Kind	(	Cash	In-	Kind		Cash	In-Kind	Cash	In-K	lind		Cash		Kind	
AAA Grant		\$	56,425			\$	37,406			\$	74,826					\$	168,657			
Project Income													19 - 1 <b>9</b> 89							
	Matching															\$		\$	~	
Other Federal Funds	Non-matching	<u> </u>														\$	-	\$	-	
	Matching			ļ												\$	_	\$	-	
Other State Funds	Non-matching															\$	-	\$	-	
	Matching										ļ					\$	-	\$	-	
County/City Funds	Non-matching										<u>.</u>					\$	~	\$	-	
										 						\$	-	\$	-	
Private Grants	Non-matching	<b> </b>								ļ						\$	-	\$	-	
	Matching			\$				\$	-							\$		\$	-	
Net Fundraising	Non-matching	<u> </u>		<u> </u>				ļ		<u> </u>			ļ			\$	-	\$	-	
	Matching	\$		\$	-	\$	-	\$	-	\$	-	\$ -	\$ -	\$		\$	-	\$	-	
Totals by match	Non-matching	\$		\$	-	\$	~	\$	-	\$	-	\$ -	\$ -	\$	-	\$	-	\$	-	
TOTAL		\$			56,425	\$			37,406	\$		74,826	\$		-	\$		1	68,657	

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Exhibit HICAP - 6.12.2013 Jul-Mar 2014

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#### SECTION B:

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

		· · · · · · · · · · · · · · · · · · ·					% on P	rogram			
No.	Paid Staff Positions	An	inual Salary	Fed	l Ship Fund	ŀ	HICAP Fund	HICAP Reimb	Fed Ship Rural Fund		Program Cost
1	HICAP Program Manager	s	49,525.00		18%		18%	35%		s	35,163.00
	HICAP Program Specialist	5	33,946.00		18%		18%	35%		s	24,102.00
	HICAP Program Assistant	s	24,274.00		18%		18%	35%		5	
	AOA Director of Programs	- s	65,998.00		3%		2%	5%			17,235.00
		-								S	6,600.00
1	Finance Director	\$	59,399.00		3%		3%	4%		S	5,940.00
1	Accounting Assistant	\$	18,815.00		2%		3%	4%		\$	1,693.00
1	Administrative Assistant	\$	34,632.00		1%		1%	1%		s	866.00
1	Executive Director	s	74,818.00		1%		1%	1%		\$	1,122.00
										5	-
										s	_
										5	
										S	
	· · · · · · · · · · · · · · · · · · ·									\$	
										S	-
ļ										S	
										\$	_
	Total Salaries Payroll Taxes	\$	361,407.00	\$ \$	24,253.00		23,608.00	\$ 44,860.00 \$ 3,432.00		\$	92,721.00 7,093.00
	Employee Benefits			s	4,608.00	5	4,486.00		<u> </u>	\$	17,617.00
	Total Paid Staff	5	361,407.00	5	30,716.00	\$	29,900.00		\$ -	s	117,431.00
*****	***************************************	a provense a construction of the second seco	****	****	*****	0000	****		*****	****	*****
No.	In-Kind: Donated Services	Н	ourly Wage			γ	% on F	1	1	ł	Program Cost
ļ				Fed	Ship Fund	HIC	AP Fund	HICAP Reimb	Fed Ship Rural Fund	<u> </u>	
1380	HICAP Counselors				25.0%	ļ	10.0%			\$	
					••••••••••••••••••••••••••••••••••••••		-			\$	
										\$	-
										s	
							1			\$	-
	Total In-Kind Staff	\$	-	\$	-	\$	-	\$ ~	\$ -	s	
	Total Personnel Costs	\$	361,407	\$	30,716	\$	29,900	S 56,815	s -	s	117,431

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

SECTION C:

#### Alliance on Aging, Inc.

#### OPERATING EXPENSES / EQUIPMENT AND INDIRECT COSTS

OPERATING EXPENSE		Fed Ship			HICAP I			HICAP I	Reimb	Fed Ship F	Rural Fund	1	Total E	Budaet	
& EQUIPMENT	Ca	ash	In-Kind		Cash	In-Kind		Cash	In-Kind	Cash	In-Kind	(	Cash		≺ind
Volunteer Reimbursement							<u> </u>					S	-	s	-
Travel	\$	700		S	146		S	272				\$	1,118	\$	-
Conference/Trainings/Meetings	\$	1.000		\$	151		5	303		_		\$	1,454		-
Professional Fees: Acct/ Legal	\$	1,600		\$	176		\$	831				\$	2,607		-
Equipment Purchase				<u> </u>								s	-	s	-
Equipment Rental and Maintenance	\$	2,103		\$	561		\$	841				\$	3,505	s	-
Occupancy	\$	4,745		\$	1,739		5	4.645				\$	11,129		-
Insurance (Excluding Veh. & Occ.)												s		s	-
Utilities	\$	1,141		\$	549		\$	1,476				s	3,166		-
Postage/ Shipping	\$	100		\$	57		\$	150				s	307		-
Printing / Publications	\$	730		\$	45		S	116				s	891		-
Public Relations /Advertising	S	2,400		\$	500		s	1,200				5	4,100		
Membership Dues and Subscriptions	\$	1,214		\$	313		\$	566				\$	2,093		-
Supplies	\$	1,500		\$	398		s	1,343				s	3.241		-
Food/Food Service	\$	500		\$	-		\$	-				5	500		-
Vehicle Operation	\$	975		\$·	100		5	725				s	1.800	· · ·	-
Overhead: 8% limit of Grant Funding	5	4,180		\$	2,771		s	5,543				s	12,494		-
Awards/ Events												s	-	\$	-
Client Support												s	-	\$	-
Federal Mental Health Initiative	\$	2,821										s	2,821	s	-
Low Income Subsidy										-		s		s	-
Depreciation												s	-	s	-
Nutrition Education												s	-	s	-
Bank Service Fees							1					\$	-	s	-
Subcontractor												5	-	\$	-
Miscellaneous												\$	-	\$	-
Total Operating Expenses		25,709			7,506			18,011	-	-	-		51,226		-

SECTION D:

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

At least 5% of HICAP Ship funds used for mental health dual beneficiary with health disabilities:[X] YesAmount Budgeted:\$2,821

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

# HEALTH INSURANCE AND COUNSELING ADVOCACY PROGRAM

#### **BUDGET PERIOD:** April 1, 2014 THRU June 30, 2014

Name of Agency: Alliance on Aging, Inc.

Address of Agency: 247 Main Street

Salinas, CA 93901

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

Chec

Funding Source and Catalog # Check one: Federal Funds Х 93.779 State Funds HICAP х

	Budget Versio	n
k one:	Original	6/12/201
	Revision #	

#### Certification:

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

Hespan 6/12/2013

Preparer's Signature / Date

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

Fiepalei S Maine (Fi	nieu) and telephone number	1 .
Æxecutive Director's S	Sullivor	6/23/2013
Executive Director's	Signature / Date	
Teresa	Sullivan	331-455-133 Y

Executive Director's Name (Printed) and telephone number

Received at Area Agency on Aging:	Reviewed for: completeness and accuracy
	No matching requirement
	Reviewed for Allowable Costs
l	8% Indirect Cost limit /
	Budget Approved by Fiscal Officer: / In onder Kenthin Cell4/13
	Budget Approved by Program:
	Mis.Mdb updated by Fiscal Officer:
	New Mis.Mdb sent to provider:

Agency Name: Alliance on Aging, Inc.

### SECTION A:

								BUDG	ET SUN	IMAR	Y			<b>.</b>					
Categories of I	Categories of Expenses Fed Ship Fund			HICAI	P Fund		HICAP Reimb				Fed Ship Rural Fund			Total Budget					
Personnel		\$		-	11,478	\$	\$		11,478	\$	I	2	3,032			- \$			45,988
Operating Expenses		\$			7,331	\$			991	\$	1		1,910	\$		- \$		10,232	
Total	Total \$ 18,80		18,809	\$			12,469	\$		2	4,942	\$		- \$			56,220		
		F	ed Shi	p Fun	d		MMA	FUND			HICAP	Reimb		Fed Ship	Rural Fund	i	Total E	Budget	t t
Source of R	evenue	Ca	ish	ln-	Kind	C	ash	In-	Kind	(	Cash	In-H	Cind	Cash	In-Kin	d	Cash		-Kind
AAA Gr	ant	\$ -	18,809			\$	12,469			\$	24,942					\$	56,220		
Project Income																			
	Matching															\$	-	\$	-
Other Federal Funds	Non-matching															\$		\$	-
	Matching															\$		\$	-
Other State Funds	Non-matching															\$		\$	-
	Matching						<b>-</b>			<u> </u>						\$	_	\$	
County/City Funds	Non-matching															\$		\$	
						 										\$	_	\$	-
Private Grants	Non-matching									ļ						. \$	-	\$	-
	Matching	ļ		\$	-		<u></u>	\$	-	 		ļ				\$	-	\$	
Net Fundraising	Non-matching					<u> </u>				[		<u> </u>				\$	-	\$	-
	Matching	\$	-	\$	-	\$	_	\$	-	\$	-	\$		<u> </u>	\$	- \$		\$	-
Totals by match	Non-matching	\$	-	\$	-	\$		\$	-	\$	-	\$	-	<u>\$</u> -	\$	- \$		\$	-
TOTAL		\$			18,809	\$			12,469	\$		2	24,942	\$		- \$			56,220

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Exhibit HICAP - 6.12.2013 Apr-Jun 2014

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#### SECTION B:

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

<u> </u>							% on Pi	rogram	,			]
No.	Paid Staff Positions	Ar	nual Salary	Fed	Ship Fund	H	ICAP Fund	ніс	AP Reimb	Fed Ship Rural Fund		Program Cost
1	HICAP Program Manager	\$	49,525.00		7%		7%		15%		s	14,362.00
1	HICAP Program Specialist	\$	33,946.00		7%		7%		15%		s	9,844.00
1	HICAP Program Assistant	s	24,274.00		7%		7%		15%		5	7,039.00
1	AOA Director of Programs	s	65,998.00		1%		1%		2%		s	2,310.00
1	Finance Director	\$	59,399.00		1%		1%		1%		s	1,782.00
1	Accounting Assistant	s	18,815.00		1%		1%		1%		s	282.00
	Administrative Assistant	s	34,632.00		1%		1%		1%			
<u> </u>	Administrative Assistant		34,032.00		170		170		170		S	693.00
											\$	
											\$	-
						ļ					\$	
											\$	-
											s	-
						-					s	
											s	-
						†				uuttit , <u></u> aut ,	s	
											s	
	Total Salaries	ls	286,589.00	\$	9,063.00	I S	9,063.00	l s	18,186.00	<u> </u>	<u> </u>	36,312.00
	Payroll Taxes			\$	693.00	\$	693.00	S	1,391.00	\$-	\$	2,777.00
	Employee Benefits			\$	1,722.00		1,722.00		3,455.00		S	6,899.00
	Total Paid Staff	\$	286,589.00	\$	11,478.00	\$	11,478.00	\$	23,032.00	5 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$	45,988.00
*****		T		r and a second			% on P	rooram		~~~~~~	10000	
No.	In-Kind: Donated Services	H	ourly Wage	Fed S	hip Fund	HIC	P Fund		AP Reimb	Fed Ship Rural Fund	1	Program Cost
1380	HICAP Counselors				25.0%		10.0%	1			\$	•
1300											s	
				· ·							s	
						+					· ····	
							······				S	
						<u> </u>					S	-
	Total In-Kind Staff	<u> </u>	-	\$	-	\$		\$	*	<u>s</u> -	\$	
	Total Personnel Costs	\$	286,589	\$	11,478	\$	11,478	\$	23,032	s <u>-</u>	s	45,988

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

SECTION C:

#### Alliance on Aging, Inc. **OPERATING EXPENSES / EQUIPMENT**

#### AND INDIRECT COSTS

OPERATING EXPENSE		Fed Ship	Fund		HICAP I	Fund	Γ	HICAP I	Reimb	Fed Ship I	Rural Fund		Total B	udget	
& EQUIPMENT	Ci	ash	In-Kind		Cash	In-Kind		Cash	In-Kind	Cash	In-Kind	(	Cash	In-1	Kind
Volunteer Reimbursement												\$	-	\$	-
Travel	\$	60		\$	20		s	102	:			\$	182	\$	-
Conference/Trainings/Meetings	\$	1,720		5	-		\$	-				\$	1,720	S	-
Professional Fees: Acct/ Legal	\$	600		\$								\$	600	\$	-
Equipment Purchase												\$	-	5	-
Equipment Rental and Maintenance	\$	915		5			s	368	-)			\$	1,283	\$	-
Occupancy	5	627		5	-		\$	-				\$	627	\$	-
Insurance (Excluding Veh. & Occ.)									i			s	-	\$	-
Utilities	\$	376		5	140		\$	353				\$	869	5	-
Postage/ Shipping	\$	-		\$	-		S	-				S	-	S	-
Printing / Publications	\$	-		\$	-		\$	-				s	-	\$	-
Public Relations /Advertising	\$	500		S	-		\$	900	:			\$	1,400	s	-
Membership Dues and Subscriptions	\$	-		\$	-		\$	-	i i			\$	-	5	-
Supplies	\$	-		\$	-	·	\$	-	i			s	-	s	-
Food/Food Service	\$	-		\$	-		\$	-				\$	-	\$	-
Vehicle Operation	5	200		\$	100		\$	-	4			s	300	s	-
Overhead: 8% limit of Grant Funding	\$	1,393		\$	731		\$	187	1			s	2,311	\$	-
Awards/ Events									)			S	-	\$	-
Client Support	]								1		1	s	-	\$	-
Federal Mental Health Initiative	\$	940					_		3			5	940	\$	-
Low Income Subsidy												\$	-	S	-
Depreciation									1			\$	-	\$	-
Nutrition Education									-			\$	-	\$	-
Bank Service Fees	1								1.			5	-	\$	
Subcontractor									1	ļ		5	-	\$	-
Miscellaneous	<u> </u>			1					ļ	<u> </u>	ļ	\$	-	5	-
Total Operating Expenses		7,331	-		991		·	1,910	-		-		10,232		-

SECTION D:

HICAP Legal Representation	Services are provided [W&I Code, States of the services are provided [W]	Section 9541 (c) (3)]:
[]Yes	Amount Budgeted:	

At least 5% of HICAP Ship funds used for mental health dual beneficiary with health disabilities: Amount Budgeted: [X] Yes \$940

### Monthly Units of Service Report

EXHIBIT D-1

Area Agency on Aging (PSA32) - Health Promotion

Part A Contractor Identification	n Datan	
1. Report Status	In Proce	SS
2. Contractor Name/Program	Area Ag	ency on Aging (PSA32) - Health Promotion-Title III-D
3. Month July	Year	2011
Part D Fiscal Claim Information	1	

Program Name Area Agency on Aging (PSA32) - Health Promotion

Program Code

ExpCat		В	udget		nth Total	Year to Date			
		Cash	InKind	Cash	InKind	Cash	InKind		
Salaries/Volunteer In Kind	und Paules and an	00	00	00	00				
Payroll Taxes	이 같은 것을 알았다.	00	00	00	00				
Employee Benefits		00	00	00	00		en en en en en en ellerten en elle		
olunteer Reimbursement		00	00	00	00				
ravel/Volunteer Travel		00	00	00	00		an an margan ta a state a second		
Conf/Training/Meetings		00	00	00	00				
Professional Fees: Acct/Le	egal	00	00	00	00				
Equipment Purchase		00	00	00	00				
Equip. Rental/Maint.		00	00	00	00		and the second		
Occupancy	방 아이 집에 가지	00	00	00	00				
Jtilities/Communications		00	00	00	00		and the second as a second		
nsurance (Not Veh./Occ.)		00	00	00	00		방송 화가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가		
ostage/Shipping		00	00	00	00		and addition to a second second		
Printing/Publication		00	00	00	00				
Public Relations/Advertisin	Ig	00	00	00	00	an a tha a sa	and the second		
Subs/Membership Dues		00	00	00	00				
Supplies		00	00	00	00		and the state of the		
ood/Food Service		00	00	00	00	219 일이 등 등을 22 일이 등 등을			
ehicle Operation				00	00		· · · · · · · · · · · · · · · · · · ·		
Overhead (8% limit)		00	00	00	00				
wards/Events		00	00	00	00		a se a companya da mana angle sa sa sa		
Client Support	가 같은 것을 알려요. 이 같은 것은 것을 알려졌다.	00	00	00	00		같은 것은 것은 것을		
ederal Mental Health		00	00	00	00		and the second		
ow Income Subsidy		00	00	00	00		동안 중 전 공공 문		
Depreciation		00	00	00	00	a shataa ay	an a		
Intrition Education		00	00	00	00				
Bank Service Fees		00	00	00	00		and the second as the second second		
Subcontractor		00	00	00	00				
Aiscellaneous		00	00	00	00				
Total		00	00	00	00				
Project Income	· · · · · · · · · · · · · · · · · · ·				00		00		
Ion Match				00	00	00	00		
/latch				00	00				
fotal Match					00		2-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9		
Required Match					00				
Part E Invoice									
AAA Grant Y	TD Requested	OTO Grant	YTD OTO Requ	lested	NSIP Grant	YTD	NSIP Requested		
	00		00			410	00		
Requested Amount	00	OTO Requested Amount	00		NSIP Requested Amount		00		

Notes:

Record has not yet been reviewed New Record

	33 0002	·					1	•			Fiscal Y	ear 2010	) 
ExpCat	FYTotal	July	Aug	Sep	Oct	No	v Dec	e Jan	Feb	Mar	Apr	May	Jui
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Salaries/Vol IK	\$12,848	\$12,848											
Payroll Taxes	\$754	\$754					:						
Employee Benefits	\$294	\$294											
Volunteer Reimb.	\$0	\$0											
Travel/Vol Travel	\$0	\$0											
Confer/Trng/Mtgs	\$0	\$0											
Prof Fees:Acct/Legal/DP	\$0	\$0											
Equipment Purchase	\$0	\$0											
Equip Rent/Maint	\$0	\$0											
Occupancy	\$0	\$0											
Insurance(Not Veh/Occ)	\$0	\$0											
Utilities/Communications	\$0	\$0					1						
Postage/Shipping	\$0	\$0					1						
Printing/Publication	\$0	\$0											
Public Rel/Advertising	\$0	\$0											
Subs/Membership Dues	\$0	\$0											
Supplies	\$0	\$0											
Food/Food Service	\$1,047	\$1,047					:						
Vehicle Operation	\$250	\$250											
Overhead(8% limit)	\$126	\$126											
Awards/Events	\$0	\$0											
Client Support	\$0	\$0											
Misc.	\$0	\$0											
Total for FY	\$15,319	\$15,319	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Expenses	Project Income	NSIP	AAA Claim		CNon Match	Cash Match	IKNon Match	InKind Match	Total Match	Requirea Match		
<ul> <li>FY To Date</li> </ul>	\$2,402	\$288	\$205	\$522		\$0	\$1,387	\$0	\$0	\$1,387	\$231		
Budget	\$37,509	\$8,350	\$2,679	\$13,563		\$0	\$12,917	\$0	\$0	\$12,917	\$2,788		
I certify to the best of program funded by M Signature (Name/Ti	onterey Col	dge and beliej unty Area Ag	f that the at ency on Ag	tached fina ing with Ol _Date	nciai der A	l closeoui Imerican Approve	s Act Title .	ccurate, curr III/VII, Title AAA Fiscal	IIIE and/o	r State Gen	înancial r eral Funds Date	esults of 1 5.	'his

# Monterey County AAA Provider Annual Closeout Summary

EXHIBIT D-3

# EQUIPMENT ACQUISITION REPORT MONTEREY COUNTY AREA AGENCY on AGING, PSA 32

Reporting Agency:		Month Reported:											
Name of Project:			Date S	ubmitted:									
Purchased or Received equipm	ent using the following income	sources:											
Grant Funds	Program Inco	meCash Mi	atch	Cash Non-Matc	h	I	n-Kind Match	In-Kind Non-Match					
If purchased with Grant Funding	g, list type of fund <u>ing:</u>			· · · · · · · · · · · · · · · · · · ·									
Make	Model	Description	Serial Number	Purchase Date	Cost	New /Used	Location	For AAA Use: Inventory No.					
Notes:							<u></u>						
				Prepa	rer's Name :	1							
L													

Date Entered in AAA Database:

Preparer's Signature:

# EXHIBIT D-4

# Sample Quarterly Narrative Report

Contractor Name and Address:

Person Completing Report:

Narrative summary of program highlights, no more than 1 page.

- 1. Program achievements & accomplishments
- 2. Program challenges and barriers impacting service delivery
- 3. Technical support interests and requests

# **BUSINESS ASSOCIATE AGREEMENT**

This Agreement is made effective the 1<sup>st</sup> day of July, 2013, by and between **MONTEREY COUNTY**, hereinafter referred to as "Covered Entity", and **Alliance on Aging**, hereinafter referred to as "Business Associate", (individually, a "Party" and collectively, the "Parties").

# WITNESSETH:

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services has issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"); and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Privacy Rule (the agreement evidencing such arrangement is entitled **agreement to provide Outreach, Ombudsman and Health Insurance Counseling and Advocacy to Monterey County seniors**, dated July 1, 2013, and is hereby referred to as the "Arrangement Agreement"); and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, in consideration of the Parties' continuing obligations under the Arrangement Agreement, compliance with the HIPAA Privacy Rule, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Privacy Rule and to protect the interests of both Parties.

# I. <u>DEFINITIONS</u>

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy Rule, as amended, the HIPAA Privacy Rule shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Privacy Rule, but are nonetheless permitted by the HIPAA Privacy Rule, the provisions of this Agreement shall control.

The term "Protected Health Information" means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Business Associate acknowledges and agrees that all Protected Health Information that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or is created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

# II. CONFIDENTIALITY REQUIREMENTS

(a) Business Associate agrees:

(i) to use or disclose any Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, the Arrangement Agreement (if consistent with this Agreement and the HIPAA Privacy Rule), or the HIPAA Privacy Rule, and (3) as would be permitted by the HIPAA Privacy Rule if such use or disclosure were made by Covered Entity;

(ii) at termination of this Agreement, the Arrangement Agreement (or any similar documentation of the business relationship of the Parties), or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information, or if such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible; and

(iii) to ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement.

(b) Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:

(i) if necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:

(A) the disclosure is required by law; or

(B) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(ii) for data aggregation services, if to be provided by Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

(c) Business Associate will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Agreement. The Secretary of Health and Human Services shall have the right to audit Business Associate's records and practices related to use and disclosure of Protected Health Information to ensure Covered Entity's compliance with the terms of the HIPAA Privacy Rule. Business Associate shall report to Covered Entity any use or disclosure of Protected Health Information which is not in compliance with the terms of this Agreement of which it becomes aware. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information of the requirements of this Agreement.

# III. AVAILABILITY OF PHI

Business Associate agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Privacy Rule. Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule. In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.

# IV. <u>TERMINATION</u>

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately.

# V. MISCELLANEOUS

Except as expressly stated herein or the HIPAA Privacy Rule, the parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Arrangement Agreement and/or the business relationship of the parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of California. No change, waiver or discharge of any liability or obligation hereunder

on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

The parties agree that, in the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event a party believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the HIPAA Privacy Rule, such party shall notify the other party in writing. For a period of up to thirty days, the parties shall address in good faith such concern and amend the terms of this Agreement, if necessary to bring it into compliance. If, after such thirty-day period, the Agreement fails to comply with the HIPAA Privacy Rule, then either party has the right to terminate upon written notice to the other party.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

COVERED ENTITY: MONTEREY/COUNTY

Title: Director, DSES

BUSINESS ASSOCIATE: Alliance on Aging
By: <u>Aleeso Sullwon</u>
Title: <u>Exclusive Director</u>
Date: 6/23/2013

# **EXHIBIT F**

# **ELDER/DEPENDENT ADULT ABUSE & NEGLECT REPORTING** CERTIFICATION

# Alliance on Aging

HEREBY acknowledges that this contract for services will bring CONTRACTOR in contact with dependent adults or elders, and that CONTRACTOR has received from COUNTY a copy of Welfare & Institutions Code Section 15659 as required by the Elder Abuse and Dependent Adult Civil Protection Act (Welfare & Institutions Code Sections 15600, et seq). CONTRACTOR certifies that it has knowledge of the provisions of the Act, and will comply with its provisions which define a mandated reporter, and requires that reports of abuse or neglect be made by a mandated reporter when, in his or her professional capacity, or within the scope of his or her employment, he/she observes or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect.

Form SOC 341, Report of Suspected Dependent Adult/Elder Abuse, and General Instructions are available on the California Department of Social Services website: http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC341.pdf

CONTRACTOR further gives assurance that all of its employees, consultants, and agents performing services under this Agreement, who are mandated reporters under the Act, sign statements indicating that they know of and will comply with the Act's reporting requirements.

Form SOC 341A, Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adult and Elders, is available on the California Department of Social Services website:

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC341A.pdf

Authorized Signature

6/23/2013 Date

To Report Suspected Dependent Adult/Elder Abuse during regular business hours, call (831) 755-3403

To Report Suspected Dependent Adult/Elder Abuse after hours, call 911

# WELFARE AND INSTITUTIONS CODE SECTION 15659

#### 15659.

(a) Any person who enters into employment on or after January 1, 1995, as a care custodian, health practitioner, or with an adult protective services agency or a local law enforcement agency, prior to commencing his or her employment and as a prerequisite to that employment shall sign a statement on a form, that shall be provided by the prospective employer, to the effect that he or she has knowledge of Section 15630 and will comply with its provisions. The signed statement shall be retained by the employer.

(b) Agencies or facilities that employ persons required to make reports pursuant to Section 15630, who were employed prior to January 1, 1995, shall inform those persons of their responsibility to make reports by delivering to them a copy of the statement specified in subdivision (a).

(c) The cost of printing, distribution, and filing of these statements shall be borne by the employer.

(d) On and after January 1, 1995, when a person is issued a state license or certificate to engage in a profession or occupation the members of which are required to make a report pursuant to Section 15630, the state agency issuing the license or certificate shall send a statement substantially similar to the one contained in subdivision (a) to the person at the same time as it transmits the document indicating licensure or certification to the person.

(e) As an alternative to the procedure required by subdivision

(d), a state agency may cause the required statement to be printed on all application forms for a license or certificate printed on or after January 1, 1995. (f) The retention of statements required by subdivision (a), and the delivery of statements required by subdivision (b) shall be the full extent of the employer's duty pursuant to this section. The failure of any employee or other person associated with the employer to report abuse of elders or dependent adults pursuant to Section 15630 or otherwise meet the requirements of this chapter shall be the sole responsibility of that person. The employer or facility shall incur no civil or other liability for the failure of these persons to comply with the requirements of this chapter.

# **CERTIFICATION REGARDING LOBBYING**

#### Alliance on Aging

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1. No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements, and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

<u>Exclustive</u> Director Title <u>6/23/2013</u>

# AUDIT & RECOVERY OF OVERPAYMENTS REQUIREMENTS

# I. CPA Audit on Termination:

### 1.01 Audit Requirement

At the request of COUNTY, CONTRACTOR shall give to COUNTY an audit or audit reports covering the contract period, prepared by an independent Certified Public Accountant. The audit requirement is for the purpose of determining whether the reported costs are fair and reasonable and have been computed in accordance with generally accepted accounting principles, with the provisions of this Agreement, and with all applicable COUNTY requirements. Such audit shall be performed in accordance with the "Standards for Audit of Governmental Organizations, Programs, Activities, and Functions" as published by the Comptroller General of the United States, and in accordance with generally accepted auditing standards.

### 1.02 Audit Submission /Fiscal Year-end

CONTRACTOR shall provide COUNTY with the audit, or audit report, required herein no later than 120 days after the close of CONTRACTOR's Fiscal Year. If CONTRACTOR's fiscal records adhere to a Fiscal Year different from COUNTY's, then CONTRACTOR's audit will include a schedule(s) coinciding with COUNTY's Fiscal Year (July-June), or CONTRACTOR may submit a program specific audit coinciding with COUNTY's Fiscal Year (July-June).

In the case where providing the required audit within the specified time period represents an unreasonable hardship, CONTRACTOR shall alert COUNTY and request an extension. Additional documentation may be requested by COUNTY in order to grant the extension. The submittal of the audit will continue to be required and due **no later than six (6) months** after the close of CONTRACTOR's fiscal year-end.

#### 1.03 Audit Format

CONTRACTOR may submit to COUNTY one of the following in satisfaction of this Audit requirement:

1) An annual independent audit and Management Letter conducted in accordance with Generally Accepted Auditing Standards (GAAS) and Government Auditing Standards (yellow book audit) issued by the Comptroller General of the United States. The audit must identify all federal, state and matching funds issued under this Agreement as a note, or as a supplemental schedule of expenses within Contractor's audits.

### -OR-

2) If CONTRACTOR is not required to have an annual independent audit conducted in accordance with *both* Generally Accepted Auditing Standards (GAAS) and Government Auditing Standards (yellow book audit) issued by the Comptroller General of the United States, other than to comply with COUNTY's request, *then* an annual independent audit and Management Letter, conducted only in accordance with Generally Accepted Auditing Standards (GAAS) may be submitted *as long as the audit includes this grant/program as part of the testing.* The audit must identify all federal, state and matching funds issued under this Agreement as a note, or as a supplemental schedule of expenses within Contractor's audits.

COUNTY reserves the right to require a program specific audit at COUNTY's discretion.

# 1.04 Payment for Audit

CONTRACTOR shall bear all costs in connection with, or resulting from, any audit and/or inspections including, but not limited to, actual cost incurred and the payment/repayment of any expenditures disallowed by COUNTY, State or Federal government entities, including any assessed interest and penalties.

If CONTRACTOR is exempt from federal audit procedures under OMB Circular 133, then payment for this audit shall be made by CONTRACTOR with resources other than grant funds, or those used for matching purposes. If CONTRACTOR is not exempt from federal audit procedures under OMB Circular 133, the cost of audits made in accordance with the provisions of this part are allowable charges to Federal awards. The charges may be considered a direct cost or an allocated indirect cost, as determined in accordance with the provisions of applicable OMB cost principles circulars, the Federal Acquisition Regulation (FAR) (48 CFR parts 30 and 31), or other applicable cost principles or regulations.

# II. Contractor Records

Funds provided by COUNTY shall be accounted for separately in CONTRACTOR's books and records. CONTRACTOR shall keep a systematic accounting record of the receipt and disbursement of COUNTY funds. CONTRACTOR shall permit COUNTY to audit, examine and to copy excerpts and transcripts from such records and to conduct audits or reviews of all records including, but not limited to, invoices, materials, personnel records, bank account records, business records, billing statements, payroll records, business expense records, and any and all other data related to matters covered by this Agreement. CONTRACTOR shall maintain such data and records in an accessible location and condition for a period of at least four (4) years from the close of this Agreement term, or until after the conclusion of any audit, whichever occurs last. The State of California and/or any Federal agency providing funds for this Agreement shall have the same rights conferred upon COUNTY herein. CONTRACTOR shall keep records that are sufficient to permit the tracing of funds to a level of expenditure adequate to ensure that the funds have not been unlawfully spent. CONTRACTOR's records shall describe and support the use of funds for the agreed upon project or services outlined in this Agreement.

**III. Recovery of Overpayments:** If any audit shows that COUNTY has paid to CONTRACTOR any amount in excess of properly allowable costs, then CONTRACTOR shall reimburse COUNTY for that amount, either by a cash payment made within thirty (30) days after COUNTY notifies CONTRACTOR of the overpayment, or by an offset made by COUNTY against any payments owed by COUNTY to CONTRACTOR under this or any other contract.

Alliance on Aging (Contractor name) (signature of authorized representative)

<u>6/23/2013</u> (date)