

MONTEREY COUNTY FUNERAL & BURIAL ASSISTANCE PROGRAM FORMS

A. REPORTING FORMS:

A.1 COUNTY and CONTRACTOR will use the COUNTY's MCFBAP shared Microsoft TEAMS group and the "Ventures Beneficiary Quarterly Report" form to report updates and share relevant BENEFICIARY data.

A.2 COUNTY will use the COUNTY's MCFBAP shared Microsoft TEAMS group to provide "BENEFICIARY's self certified eligibility form".

B. "Ventures Beneficiary Quarterly Report Form". (See Exhibit B Attachment A)

B.1 COUNTY will fill out information in columns A-I of the Ventures Beneficiary Quarterly Report Form; this includes the:

- i. BENEFICIARY ID code
- ii. BENEFICIARY First Name
- iii. BENEFICIARY Last Name
- iv. BENEFICIARY Application Date
- v. OES Certification Date
- vi. BENEFICIARY Payment Amount
- vii. Deposit Amount
- viii. Data will be provided prior to the Deposit Date

B.2 CONTRACTOR will fill out information in columns J-O, completed on a quarterly basis at minimum, of the Ventures Beneficiary Quarterly Report form; this includes:

- i. Date Deposit is received
- ii. If the Deposit amount is correct
- iii. Date the BENEFICIARY check is issued
- iv. Date the BENEFICIARY check is available for COUNTY pick up
- v. Date the COUNTY picks up the check.
- vi. Date the BENEFICIARY check is deposited

C. "BENEFICIARY self certified eligibility form". (See Exhibit B Attachment B)

C.1 BENEFICIARY will fill out the form prior to certification by COUNTY

C.2 COUNTY will provide this document to CONTRACTOR prior to the deposit date of BENEFICIARY payments.

MONTEREY COUNTY FUNERAL & BURIAL ASSISTANCE PROGRAM FORMS

EXHIBIT B Attachment A: Ventures Beneficiary Quarterly Report form

SCCV Beneficiary Quarterly Report.....												
Q14												
MCFBAP PROGRAM												
VENTURES BENEFICIARY QUARTERLY REPORT												
Beneficiary ID # (Beneficiary number) Column B: Self First three letters of Last Name-MFCQ North and City of Beneficiary (Certification date)												
Beneficiary ID	Beneficiary First Name	Beneficiary Last Name	Beneficiary Application Date	Beneficiary OES Certification Date	Beneficiary Payment Amount	Deposit Amount	Date Deposited Received	Deposit Amount Correct (Y/N)	Date Check Issued	Date Check Available for County Pick Up	Date Check Deposited by Beneficiary	NOTES/COMMENTS
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FOUO/CONFIDENTIAL

MONTEREY COUNTY FUNERAL & BURIAL ASSISTANCE PROGRAM FORMS

Monterey County Funeral & Burial Assistance Program (MCFBAP)/ Programa de Asistencia para Funeral y Entierro del Condado de Monterey (MCFBAP)



By signing this document, the Beneficiary Certifies that they meet the following program eligibility criteria: / Al firmar este documento, el Beneficiario certifica que cumplen con los siguientes criterios de elegibilidad:

- COVID-19 impacted/ Impactado/Afectado por COVID-19
- Has directly incurred expenses related to Funeral Expenses where the decedent passed away due to Covid-19 or Covid-19 related complications./ Ha incurrido gastos directamente relacionados a un funeral donde el difunto falleció a causa de Covid-19 o complicaciones causadas por Covid-19.
- Must be 18 years old or older./ Debe ser mayor de 18 años.
- Must be resident of Monterey County./ Debe ser residente del Condado de Monterey.
- They are not employees, volunteers, or board members of any of Santa Cruz Community Ventures' collaborative partner agencies or local partners nor employees', volunteers', or board members' family or household members./ No deben ser empleados, voluntarios, o miembros de la mesa directiva de ninguna agencia socia de Santa Cruz Community Ventures ni familiares o parientes de aliados, empleados, voluntarios, o miembros de la mesa directiva.
- This is a one-time financial assistance award per decedent that has passed from Covid-19./ Este es un otorgamiento de ayuda financiera única por difunto fallecido a causa de Covid-19.
- Low income can be defined as Medi-Care recipients and/or uninsured./ Bajos ingresos se definen como aquella persona que recibe Medi-Care y/o está sin cobertura de seguro médico.
- Beneficiary has not received financial or insurance payments for Funeral Expenses related to this application./ El beneficiario no ha recibido pagos financieros o de aseguradora para cubrir los gastos del funeral relacionados a esta aplicación.

Partner Agency/ Agencia Aliada:	Date of Application/ Fecha de Aplicación:
Beneficiary Name:/ Nombre del Beneficiario:	Date of Certification by County:/Fecha de Certificación del Condado:
Address:/Dirección:	Phone Number:/ Número de teléfono:
Annual Income:/ Ingreso Anual:	Employment type:/ Tipo de Empleo:

Beneficiary Signature/ Firma del Beneficiario

Date/Fecha

EXHIBIT B Attachment B: Ventures Self Certified Eligibility Form