

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

860



FROM: Riverside County Office on Aging

SUBMITTAL DATE:
May 4, 2010

SUBJECT: Grant Award Agreement 07-H9027 A-1 with California Health and Human Services Agency (Amendment # 1)

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve and authorize Chair to execute two (2) originals of the Standard Agreement 07-H9027A-1 (Amendment # 1) with the California Health and Human Services Agency.
- 2) Return two (2) originals of the signed Standard Agreement to the Office on Aging after approval by the Board of Supervisors.
- 3) Approve and direct the Auditor-Controller to make the budget adjustments shown on Attachment A, attached.

BACKGROUND: The original agreement was approved by the Board of Supervisors on March 25, 2008. The purpose of this amendment is to redistribute funds between fiscal years which will decrease FY2007/08 by \$18,967 due to a delay in commencing program operations; decrease FY2008/09 by \$2,933 due to a balance of unspent funds; increase FY2009/10 by \$21,900 carried over from previous two years. However, the maximum amount payable under this agreement shall not exceed the original agreement of \$332,966. (continued on page 2)

Edward F. Walsh

Edward F. Walsh, Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$21,900	In Current Year Budget:	No
	Current F.Y. Net County Cost:	-0-	Budget Adjustment:	Yes
	Annual Net County Cost:	\$0	For Fiscal Year:	09/10

SOURCE OF FUNDS: 100% Federal Funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input checked="" type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE
BY: *Lani Sioson*
Lani Sioson

County Executive Office Signature

Dep't Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: 3/25/08 3.18 | District: All | Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.34

ROBERT E. BYRD, Auditor-Controller

BY: *Margaret Henry* S-13-10
Deputy

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipnis* DATE: 5/13/10
NEAL R. KIPNIS
Departmental Concurrence

Riverside County Office on Aging was awarded a California Aging and Disability Resource Center Program Grant by the California Health and Human Services Agency in support of an initiative to provide older adults, persons with disabilities, and caregivers with comprehensive information, assistance and referrals to long-term services and supports.

Through this award, Riverside County Office on Aging's intent, in partnership with Community Access Center, is to: 1) have in place an effective and comprehensive "one-stop" resource delivery system that includes integrated programs to address seniors and persons with disabilities; 2) position its service delivery system to implement policy, regulatory, and administrative changes coming from state and federal levels, in order to maximize efficiency and number of individuals who can be served; 3) develop an integrated continuum of individualized preventive, diagnostic, therapeutic, rehabilitative, supportive, maintenance and customer tracking services that address the health, social, and personal needs in the least restrictive environment, and as an alternative to institutionalization, as per the Olmsted Decision; and 4) enhance the current database system for Office on Aging with integration of the CalCare Net database program.

The term of this agreement with the California Health and Human Services Agency is May 1, 2008 through April 30, 2011.

FISCAL PROCEDURES APPROVED

**OFFICE ON AGING
ATTACHMENT A**

Adjusting revenues and appropriations:

INCREASED ESTIMATED REVENUE

21450-5300100000-767140	Fed-Misc Reimbursement	21,900.00
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INCREASE/DECREASE APPROPRIATIONS

21450-5300100000-510040	Regular Salaries	-1,299.00
21450-5300100000-518100	Budgeted Benefits	-662.00
21450-5300100000-510330	TAP Salaries	14,961.00
21450-5300100000-525440	Professional Services	11,209.00
21450-5300100000-523700	Office Supplies	<u>-2,309.00</u>
		21,900.00

Attachment A: Grant Award Agreement 07-H9027 A-1 with California Health and Human Services Agency FY09-10

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 19 Pages

AGREEMENT NUMBER 07-H9027 A-1	AMENDMENT NUMBER
REGISTRATION NUMBER:	

1. This Agreement is entered into between the State Agency and Contractor named below:

STATE AGENCY'S NAME	California Health and Human Services Agency
CONTRACTOR'S NAME	Riverside County Office on Aging
2. The term of this Agreement is 5/1/2008 through 4/30/2011
3. The maximum amount of this Agreement after this amendment is: \$332,966.00 Three Hundred Thirty-two Thousand Nine Hundred Sixty-six Dollars and 00/100
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - A. **Exhibit A, Attachment 2, Work Plan**, is deleted in its entirety and replaced with the attached Exhibit A – Revised Attachment 2.
 - B. **Exhibit B, Budget Detail and Payment Provisions, section A, paragraph 1**, is amended to shift funds between fiscal years and decrease FY 2007/08 by \$18,967.00; decrease FY 2008/09 by \$2,932.72; increase FY 2009/10 by \$21,899.72, and shall read as follows:

“1. The maximum amount payable under this agreement shall not exceed \$332,966.00. Shown below are the amounts that cannot be exceeded for each fiscal year(s):

2007/08	\$ 18,967.00	\$ <u>0.00</u>
2008/09	\$ 115,125.00	\$ <u>112,192.28</u>
2009/10	\$ 108,376.00	\$ <u>130,275.72</u>
2010/11	\$ <u>90,498.00</u>	
 - C. **Exhibit B – Attachment 1, Budget**, is deleted in its entirety and replaced with the attached Exhibit B – Revised Attachment 1, Budget.
 - D. The effective date of this amendment is 6/30/08.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Riverside County Office on Aging	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 5/10
PRINTED NAME AND TITLE OF PERSON SIGNING	
ADDRESS 6296 River Crest Drive, Suite K Riverside, CA 92507	
STATE OF CALIFORNIA	
AGENCY NAME California Health and Human Services Agency	
BY (Authorized Signature) 	DATE SIGNED (Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING Lorna Fong, Assistant Secretary	
ADDRESS 1600 9 th Street, Room 460, Sacramento, CA 95814	
<input type="checkbox"/> Exempt per:	

FORM APPROVED BY COUNTY CLERK
 BY: NEAL R. KIPNIS
 DATE: 5/10

WORK PLAN

Goal 1. Build upon existing framework of a “one-stop” center to provide comprehensive service network by providing older adults, adults with disabilities, and caregivers with enhanced information, assistance, and referral and access to appropriate resources/programs through a combination of phone-based information and assistance services, community Info Vans, online programming, and walk-in and/or scheduled in-person appointments.

Major Objectives	Key Tasks/Action Steps	Lead Person(s)	Time Line		Outputs
			Start	End	
<p>A. A streamlined, accessible aging and long-term support phone-based information and assistance (I & A) system</p>	<ol style="list-style-type: none"> 1. Establish a Leadership Advisory Resource Team (LART) to ensure consumer involvement in all aspects of program design, implementation, and monitoring of the resource center. 2. Identify a work plan with protocols to expand and/or change current I & A system to meet needs of CAL ADRC, including addition of disabled children. 4. Draft a marketing/outreach plan to publicize new I & A service. 	RCoA Resource Center Coordinator & community collaborators Coordinated Care Program Manager Grandparents Raising Grandchildren Program Manager	5/08	8/08	<ul style="list-style-type: none"> Advisory Group established; first meeting to be held by August 08; bimonthly meetings to be held thereafter work plan for Protocols developed and implemented Marketing/Outreach plan
<p>B. Link and support Web-based CalCareNet pilot with existing web-based Network of Care to provide a complementary electronic aging and long-term support information system</p>	<ol style="list-style-type: none"> 1. Establish work group to address CalCareNet pilot involving appropriate CAL ADRC staff, Community Choices CalCareNet technology vendor, and local aging and long-term care database owner. 2. Support and/or facilitate upload/extraction of data from local database to CalCareNet 3. Arrange for testing of CalCareNet pilot 4. Provide feedback to CalCareNet vendor 	Resource Center Coordinator and key information technology staff, CalCareNet vendor, community-based database	8/08	Ongoing	<ul style="list-style-type: none"> CalCareNet work group established Ongoing communication with CalCareNet vendor via phone and email Local data uploaded (or extracted) to CalCareNet database Five current “super users” of Network of Care participating in CalCareNet testing Formal feedback provided to

WORK PLAN

Goal 1. Build upon existing framework of a “one-step” center concept comprehensive service network by providing older adults, adults with disabilities, and caregivers with enhanced information, assistance, and referral and access to appropriate resources/programs through a combination of phone-based information and assistance services, community Info Vans, online programming, and walk-in and/or scheduled in-person appointments.

Major Objectives	Key Tasks/Action Steps	Lead Person(s)	Time Line		Outputs
			Start	End	
C. Enhance Network of Care / Cal-Care Net web-based resources through a sharing of resources from Community Access Center and other key partnerships	1. Hire office assistance staff to support the review of existing resources and upkeep of web based resources 2. Create protocols for updating and maintaining the web based resources, 3. Develop and implement a marketing plan to market Cal-Care Net resource link with Network of Care, via community partners and public at large	Resource Center Coordinator CAC's Community Based Long Term Care (CBLTC) Specialist Information Technology Staff	5/0809 7/9/08 8/08	12/0809 12/08 Ongoing	<ul style="list-style-type: none"> ▪ Expansive web based resources through Network of Care and Cal-Care Net link ▪ Collaborative relationships with community partners enhanced ▪ Marketing Plan developed and implemented
<p>Measurable Outcome(s): Increased consumer access to long-term support services; increased consumer awareness and receipt of information about long-term support services.</p>					

WORK PLAN

Goal 2. To coordinate critical pathways [for at-risk populations] to long term care support options, information, assistance and decision-making with the goal of improving collaboration and linkages between and among older adults, adults with disabilities, caregivers, local physicians and health and social service providers.

Major Objectives	Key Tasks/Action Steps	Lead Person(s)	Time Line		Outputs
			Start	End	
<p>A. Enhance existing triage system, in concert with critical pathway providers, targeting “at-risk” individuals</p>	<p>1. Collaborate with critical pathway providers to establish a plan for improved coordination of the long-term care support system to provide “fast tracking” of services through an integrated service delivery system, increasing access for at-risk populations</p> <p>2. Review existing pre- and post-surveys and update / enhance as necessary to gather information on baseline pathways to long-term support resources, information and decision-making and the impact of the interventions by the end of the grant period.</p>	<p>Resource Center Coordinator Coordinated Care Program key staff</p>	<p>5/08/09</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> ▪ “At Risk” individuals defined for increased access and referral efficiency ▪ Agreements established with key partners ▪ Established ongoing meetings with local stakeholder partners ▪ Formal coordination Plan established ▪ Triage procedures enhanced ▪ Pre/Post surveys implemented
<p>B. Facilitate consumers transitioning from one service provider to the next</p>	<p>1. Identify mechanisms for improving consumer access, eligibility, and referral processes</p> <p>2. Establish referral protocols with key partners</p>	<p>Resource Center Coordinator Coordinated Care Program key staff</p>	<p>5/08/10</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> ▪ Analysis of processes completed ▪ Referral protocols established and implemented
<p>C. Develop and implement a formal feedback loop between providers on mutual consumers</p>	<p>1. Identify key referral information (HIPAA compliant) that can be shared between and among partners to avoid unnecessary duplication</p>	<p>Resource Center Coordinator Coordinated Care Program key staff</p>	<p>5/08/10</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> ▪ Agreed upon referral/feedback mechanisms defined ▪ Referral/feedback mechanisms implemented

WORK PLAN

Goal 2. To coordinate critical pathways [for at-risk populations] to long term care support options, information, assistance and decision-making with the goal of improving collaboration and linkages between and among older adults, adults with disabilities, caregivers, local physicians and health and social service providers.

Major Objectives	Key Tasks/Action Steps	Lead Person(s)	Time Line		Outputs
			Start	End	
C. Develop a coordinated plan between RCOoA, CAC, Hospital Liaison and Physician Liaison to build upon existing “one-stop” cooperative relationship, with a major emphasis on institutional transitions to community based settings and preventing premature and inappropriate institutionalization	1. Identify key referral information (HIPAA compliant) that can be shared between and among partners to avoid unnecessary duplication 2. Establish a coordinated plan for outreach, education, service delivery	Resource Center Coordinator Resource Center’s Hospital and Physician Liaisons Coordinated Care Program key staff CAC CBLTC Staff	5/6809	Ongoing	<ul style="list-style-type: none"> ▪ Agreed upon outreach, education, and service delivery coordination defined ▪ Outreach, education, and service delivery coordination implemented ▪ Agreements established with <u>Hospital partners</u> ▪ <u>Formal coordination Plan established</u>
<p>Measurable Outcome(s): Increased numbers of at-risk consumers receiving home and community-based information and services.</p>					

WORK PLAN

Goal 3. To streamline local processes for eligibility to public benefits, including Medi-Cal long-term care programs.

Major Objectives	Key Tasks/Action Steps	Lead Person(s)	Time Line		Outputs
			Start	End	
A. Develop and implement screening and short-term case management procedures to guide clients through eligibility processes and multi-level referrals	1. Convene meeting of public benefits programs; draft new procedures for streamlining referrals and/or processes for eligibility to public benefits 2. Provide Long-Term Care Support Options Counseling* (see description below) 3. Provide Information/Referrals regarding public benefits eligibility including but not limited to the following programs: Supplemental Security Income (SSI), Food Stamps, Medicare, Medi-Cal, and programs/services associated with the Older Americans and Older Californians Act.	Resource Center Coordinator Care Coordination Program Key Staff ADRC Coalition	5/9/08	10/08	Minimum of 3 work group meetings held to analyze and establish an initial draft procedure process for eligibility to public benefits <ul style="list-style-type: none"> ▪ Screening and short-term case management tools finalized ▪ Tools implemented
			12/08	Ongoing	
B. Evaluate efficacy of new streamlined processes for eligibility to public benefits	1. Identify mechanisms for evaluating new procedures/processes for eligibility to public benefits 2. Develop an ongoing monitoring system to ensure processes/referrals for public benefits are effective	Program Dir	5/08	Ongoing	<ul style="list-style-type: none"> ▪ Evaluation methodology established ▪ Evaluation and monitoring mechanisms in place to determine efficacy of streamlined processes
			10		
Measurable Outcome(s): Increased consumer understanding; improved experience regarding eligibility for public benefits programs and services.					

*Long-Term Care Support Options Counseling: To inform, screen, and direct consumers to long-term care support resources appropriate to their needs

WORK PLAN

<p>Goal 4. Expand upon existing framework of a “one-stop” center concept comprehensive service network to be inclusive of disabled children; providing information, assistance, and referral to appropriate resources/programs through a combination of phone-based information and assistance services, community Info Vans, online programming, and walk-in and/or scheduled in-person appointments.</p>					
Major Objectives	Key Tasks/Action Steps	Lead Person(s)	Time Line		Outputs
			Start	End	
<p>A. Expand information, referral, and assistance services to include disabled children being raised by their grandparents.</p> <p>B. Phase in the expansion of information, referral, and assistance services to all disabled children.</p>	<p>1. Identify grandparents raising grandchildren with disabilities in the existing Grandparents Raising Grandchildren Program through a survey.</p> <p>2. Provide outreach to grandparents raising grandchildren with disabilities to notify the community of the expanded service.</p> <p>3. Coordinate services through the Grandparents Raising Grandchildren MDT, Community Access Center, and other community partners.</p> <p>4. Educate community partners about the needs of disabled children.</p>	<p>RCoA Resource Center Coordinator & community partners</p> <p>Grandparents Raising Grandchildren Program Manager</p> <p>Coordinated Care Program Manager</p> <p>ADRC Coalition</p>	<p>9/12/08</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> ▪ An analysis of survey results ▪ Outreach, education, and service delivery coordination implemented
<p>Measurable Outcome(s): Increased consumer access disabled children support services; increased consumer awareness and receipt of information about disabled children services.</p>					

BUDGET SUMMARY

May 1, 2008 through April 30, 2011

BUDGET ITEM	May 1, 2008- June 30, 2008	July 1, 2008- June 30, 2009	July 1, 2009- June 30, 2010	July 1, 2010- April 30, 2011	Total
PERSONNEL SERVICES					
Salaries, Wages and Fringe Benefits	8,810 0	52,848 <u>52,678.38</u>	46,099 <u>59,099</u>	38,416	\$146,173 <u>150,193.38</u>
OPERATING/EQUIPMENT EXPENSES					
Subcontractor	7,223 0	43,337 <u>36,351</u>	43,337 <u>54,546</u>	36,114	130,011 <u>127,011</u>
Travel	0	1,000 <u>650.33</u>	1,000	800	2,800 <u>2,450.33</u>
Space	294 0	1,760 0	1,760	1,470	5,284 <u>3,230</u>
Equipment and Furniture	0	0 <u>1,166.90</u>	0	0	0 <u>1,166.90</u>
Utilities	30 0	180 0	180	150	540 <u>330</u>
Communications	810 0	5,000 <u>4,756.37</u>	5,000	4,048	14,858 <u>13,804.37</u>
Printing and Supplies	1,800 0	11,000 <u>10,277.07</u>	11,000 <u>8,690.72</u>	9,500	33,300 <u>28,467.79</u>
SUBTOTAL – O&E	10,157 0	62,277 <u>53,201.67</u>	62,277 <u>71,176.72</u>	52,082	186,793 <u>176,460.39</u>
INDIRECT COST	0	0	0	0	0
Other (Itemize):	0	0	0	0	0
Employee background check & medical exam		\$209.24			<u>\$209.24</u>
Special Program Expense		\$9,510.85			<u>\$9,510.85</u>
Interfnd Exp-Misc (Credit-DPSS) FY 08-09 only		(\$3,407.86)			<u>(\$3,407.86)</u>
TOTAL COST	\$18,967 0	\$115,125 <u>112,192.28</u>	\$108,376 <u>130,275.72</u>	\$90,498	\$332,966

PERSONNEL BUDGET¹

May 1, 2008 through June 30, 2008

Job Title	A Monthly Salary Rate	B Number of Months Budgeted	C Percent Rate on CAL ADRC (= B x C %)	D Amount of Benefits	SUBTOTAL (= C + D)
Senior Program Specialist (OoA ADRC Coordinator)	\$4,545 <u>0</u>	2 \$9,090	25% \$2,273	\$1,142 (2 mos.)	\$3,415 <u>0</u>
Business Systems Analysis	\$7,055 <u>0</u>	2 \$14,110	5% \$706	\$331 (2 mos.)	\$1,037 <u>0</u>
OoA Program Specialist I	\$3,094 <u>0</u>	2 \$6,188	10% \$619	\$315 (2 mos.)	\$934 <u>0</u>
Office Assistant III (20 hr)	\$1,090 <u>0</u>	2 \$2,180	100% \$2,180	\$1,244 (2 mos.)	\$3,424 <u>0</u>
Enter this amount in the Budget Summary - Total					\$8,810 <u>0</u>

¹ A Personnel Budget must be submitted for each of the four State fiscal years of the contract period.

BUDGET NARRATIVE

May 1, 2008 – June 30, 2008

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary. Identify your projected detailed expenses for each line item by following the instructions herein. A Budget Narrative (and accompanying Personnel Budget) must be provided for each State Fiscal Year (SFY) of the contract period:

- SFY July 1, 2007-June 30, 2008 (anticipated contract start date May 1, 2008)
- SFY July 1, 2008-June 30, 2009
- SFY July 1, 2009-June 30, 2010
- SFY July 1, 2010-June 30, 2011 (anticipated contract end date April 30, 2011)

Budget line-item costs should include the following:

1. **PERSONNEL SERVICES**

Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative.

See Personnel Budget - May 1, 2008 through June 30, 2008 for details.

2. **OPERATING/EQUIPMENT EXPENSES**

Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary.

a. **SUBCONTRACTOR SERVICES: Community Access Center**

Community Based Long Term Care Specialist – 30/hr. position

Monthly Salary Rate \$2,418.75 x 2-0 mos. = \$4,838.00

4,838 0

Administrative cost (25.33% of salary) = \$1,225.00

1,225 0

Operating costs (based on avg./mo.): space \$3840/mo. + communications \$220/mo. + travel \$340/mo. + printing & supplies \$1430/mo. = \$5800/mo. x 2 mos. = \$1,160.00

1,160 0

a. Subtotal \$7,223 0

b. **TRAVEL**

b. Subtotal \$0

Specify the total cost for travel and per diem. Travel expenses include the cost for lodging, meal expenses, commercial carrier fares, private car mileage allowance and incidental expenses incurred by personnel traveling on program-related activities. Travel expenses shall be charged on the premise that such travel originates from the contractor's California office.

Reimbursement for necessary travel expenses shall be made from funds within the contract and shall be set in accordance with with the rates specified by the Department of Personnel Administration for comparable classes. No travel outside of the State of California by the contractor shall be reimbursed unless there is prior written authorization from CHHS.

c. SPACE

Lease rent allocation 114 sq. ft. @ \$15.44/sq. ft. = \$1,760 yr.
& 1,760 divided by 12 mos. = 147/mo. x ~~2~~0 mos. = \$2940

c. Subtotal \$ 294 0

d. EQUIPMENT/FURNITURE RENTAL/PURCHASE

Specify the amount to be paid for equipment and/or furniture rental/purchase.
The amount expected to be paid for the rental/purchase of equipment/furniture
may be included in the budget but must receive prior approval from CHHS.
Any equipment/furniture purchased with contract funds becomes the property of
CHHS and arrangements must be made at termination of the contact
for transfer of the equipment to the CHHS.

d. Subtotal \$0

e. UTILITIES

\$180/yr. estimated = \$15/mo. x ~~2~~0 mos. = \$30 0

e. Subtotal \$ 30 0

f. COMMUNICATIONS

Phone, T-1 line, e-mail support, cornet, county delivery \$1,857 0/yr.
or \$155/mo. x ~~2~~0 mos. = \$310 0

\$ 310 0

Postage - \$3,000 (for misc. marketing of CAL ADRC) Avg. \$250/mo. x
~~2~~0 mos. = \$500 0

500 0

f. Subtotal \$ 810 0

g. PRINTING AND SUPPLIES

Calculated based on an est. of \$7,000/yr. for photocopying (marketing/
outreach materials to promote CAL ADRC / CalCareNet) and \$4,000/yr. for
related outreach materials, i.e., paper, printer supplies, folders, etc.

Total of \$11,000 was averaged out to approx. \$900 mo. x ~~2~~0 mos. = \$1,800 0

g. Subtotal \$ 1,800 0

2. TOTAL OPERATING/EQUIPMENT EXPENSES \$10,157 0

3. INDIRECT COSTS

Specify the rate and the amount of any indirect costs. Indicate the cost basis
upon which it was determined. If the proposer has an Indirect Cost Rate (ICR)
approved by federal agencies of the Department of Health and Human Services
or other public grantors, a copy of the negotiation agreement should be submitted
with the budget. All other ICRs must be fully explained and justified before they
can be approved.

3. TOTAL \$0

4. OTHER EXPENSES

Any expenses not specified in the above categories must be identified and fully
explained/justified.

4. TOTAL \$0

***TOTAL COST: \$18,967 0**

*This amount must match the Total Cost on the Budget Summary.

PERSONNEL BUDGET¹

July 1, 2008 through June 30, 2009

Job Title	A Monthly Salary Rate	B Number of Months Budgeted	C Percent Rate on CAL ADRC (= B x C %)	D Amount of Benefits	SUBTOTAL (= C + D)
Senior Program Specialist (OoA ADRC Coordinator)	\$4,545	12 \$54,540	25%.237788% \$13,635 \$12,968.96	\$6,852 \$5,267.65 (12 mos.)	\$20,487 \$18,236.61
Business Systems Analysis	\$7,055	12 \$84,660	5%.062348% \$4,233 \$5,278.37	\$1,984 \$2,289.67 (12 mos.)	\$-6,217 \$7,568.04
OoA Program Specialist I	\$3,094	12 \$37,128	10%.066147% \$3,713 2,455.89	\$1,890 \$1,117.14 (12 mos.)	\$-5,603 \$3,573.03
Office Assistant III (20 hr)	\$1,090 \$1,104.787	12 \$13,080 \$13,257.45	100% \$13,080 \$13,257.45	\$7,461 \$10,043.25 (12 mos.)	\$20,541 \$23,300.70
Enter this amount in the Budget Summary - Total					\$52,848 \$52,678.38

¹ A Personnel Budget must be submitted for each of the four State fiscal years of the contract period.

BUDGET NARRATIVE

July 1, 2008 through June 30, 2009

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary. Identify your projected detailed expenses for each line item by following the instructions herein. **A Budget Narrative (and accompanying Personnel Budget) must be provided for each State Fiscal Year (SFY) of the contract period:**

- SFY July 1, 2007-June 30, 2008 (anticipated contract start date May 1, 2008)
- SFY July 1, 2008-June 30, 2009
- SFY July 1, 2009-June 30, 2010
- SFY July 1, 2010-June 30, 2011 (anticipated contract end date April 30, 2011)

Budget line-item costs should include the following:

- | | |
|---|---|
| <p>1. PERSONNEL SERVICES
Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative.</p> <p>See Personnel Budget - Contract Period July 1, 2008 through June 30, 2009 for details.</p> <p>2. OPERATING/EQUIPMENT EXPENSES
Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary.</p> <p>a. SUBCONTRACTOR SERVICES: Community Access Center
Community Based Long Term Care Specialist – 30/hr. position
Monthly Salary Rate \$2,418.75 x 12 mos. = <u>\$29,025</u> 29,025
Administrative cost (25.33% of salary) = <u>\$7,352</u> 7,352
Operating costs (based on avg./mo.): space \$384/mo. + communications \$22/mo. +
travel \$31/mo. + printing & supplies \$143/mo. = <u>\$580/mo. x 12 mos. = \$6,960</u> 6,960</p> <p>b. TRAVEL
<u>Training and conference registration.</u></p> <p>c. SPACE
Lease rent allocation 114 sq. ft. @ \$15.44/sq. ft. = <u>\$1,760 yr.</u></p> <p>d. EQUIPMENT/FURNITURE RENTAL/PURCHASE
<u>Specify the amount to be paid for equipment and/or furniture rental/purchase.</u>
<u>Office equipment non fixed (desk printer), office supplies</u>
The amount expected to be paid for the rental/purchase of equipment/furniture may be included in the budget but must receive prior approval from CHHS. Any equipment/furniture purchased with contract funds becomes the property of CHHS and arrangements must be made at termination of the contact for transfer of the equipment to the CHHS.</p> <p>e. UTILITIES
\$180/yr. estimated</p> | <p>1. TOTAL \$52,848 <u>\$52,678.38</u></p> <p>a. Subtotal \$43,337 <u>36,351</u></p> <p>b. Subtotal \$1,000 <u>650.33</u></p> <p>c. Subtotal \$1,760 <u>0</u></p> <p>d. Subtotal \$0 <u>1,166.90</u></p> <p>e. Subtotal \$ <u>180.0</u></p> |
|---|---|

f. COMMUNICATIONS

Phone, T-1 line, e-mail support, cornet, county delivery \$1,857/yr.
Postage - \$3,143 (for misc. marketing of CAL ADRC)

\$ 1,857
3,143

f. Subtotal \$ 5,000 4,756.37

g. PRINTING AND SUPPLIES

Calculated based on an est. of \$7,000/yr. for photocopying (marketing/
outreach materials to promote CAL ADRC / CalCareNet) and \$4,000/yr. for
related outreach materials, i.e., paper, printer supplies, folders, etc.

g. Subtotal \$ 11,000 10,277.07

2. TOTAL OPERATING/EQUIPMENT EXPENSES \$62,277 53,201.67

3. INDIRECT COSTS

Specify the rate and the amount of any indirect costs. Indicate the cost basis upon which it was determined. If the proposer has an Indirect Cost Rate (ICR) approved by federal agencies of the Department of Health and Human Services or other public grantors, a copy of the negotiation agreement should be submitted with the budget. All other ICRs must be fully explained and justified before they can be approved.

3. TOTAL \$0

4. OTHER EXPENSES

Any expenses not specified in the above categories must be identified and fully explained/justified.

4. TOTAL \$0 6,312.23

- a. Employee background check & medical exam \$ 209.24
- b. Special Program Expense: Promotional materials and advertising for ADRC \$9,510.85
- c. Interfnd Exp-Misc (Credit-DPSS) FY 08-09 only (\$3,407.86)
Received a credit from another agency for the Office Assistant III. This credit was applied to multiple funding sources from which the person's costs were allocated.

*TOTAL COST: \$115,125 112,192.28

*This amount must match the Total Cost on the Budget Summary.

PERSONNEL BUDGET¹

July 1, 2009 through June 30, 2010

Job Title	A Monthly Salary Rate	B Number of Months Budgeted	C Percent Rate on CAL ADRC (= B x C %)	D Amount of Benefits	SUBTOTAL (= C + D)
Senior Program Specialist (OoA ADRC Coordinator)	\$4,545	12 \$54,540	25% \$13,635	\$6,852 (12 mos.)	\$20,487
Business Systems Analysis	\$7,055	12 \$84,660	2.5% \$2,117	\$992 (12 mos.)	\$ 3,109
OoA Program Specialist I	\$3,094 0	12 \$37,128 0	3.5% \$1,299 0	\$662 (12 mos.)	\$ 1,961 0
Office Assistant III (20 hr.)	\$1,090	12 \$13,080	100% \$13,080	\$7,462 (12 mos.)	\$20,542
Temporary Assistance Pool	\$1,496.10	10 \$14,961	100% \$14,961	\$0	\$14,961
Enter this amount in the Budget Summary - Total					\$46,099 59,099

¹ A Personnel Budget must be submitted for each of the four State fiscal years of the contract period.

BUDGET NARRATIVE

July 1, 2009 through June 30, 2010

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary. Identify your projected detailed expenses for each line item by following the instructions herein. A Budget Narrative (and accompanying Personnel Budget) must be provided for each State Fiscal Year (SFY) of the contract period:

- SFY July 1, 2007-June 30, 2008 (anticipated contract start date May 1, 2008)
- SFY July 1, 2008-June 30, 2009
- SFY July 1, 2009-June 30, 2010
- SFY July 1, 2010-June 30, 2011 (anticipated contract end date April 30, 2011)

Budget line-item costs should include the following:

- | | | |
|----|--|---|
| 1. | PERSONNEL SERVICES
Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative.

See Personnel Budget - July 1, 2009 through June 30, 2010 for details. | 1. TOTAL \$46,099 <u>59,099</u> |
| | | |
| 2. | OPERATING/EQUIPMENT EXPENSES
Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary. | |
| | | |
| a. | SUBCONTRACTOR SERVICES: Community Access Center
Community Based Long Term Care Specialist – 30/hr. position
Monthly Salary Rate $\$2,418.75 \times 12 \text{ mos.} = \underline{\$29,025}$ 29,025
Administrative cost (25.33% of salary) = $\underline{\$7,352}$ 7,352
Operating costs (based on avg./mo.): space \$384/mo. + communications \$22/mo. +
travel \$31/mo. + printing & supplies \$143/mo. = $\underline{\$580/mo. \times 12 \text{ mos.} = \$6,960}$ 6,960 | a. Subtotal \$43,337 <u>54,546</u> |
| b. | TRAVEL | b. Subtotal <u>\$1,000</u> |
| c. | SPACE
Lease rent allocation 114 sq. ft. @ \$15.44/sq. ft. = \$1,760 yr. | c. Subtotal <u>\$1,760</u> |
| d. | EQUIPMENT/FURNITURE RENTAL/PURCHASE
Specify the amount to be paid for equipment and/or furniture rental/purchase.
The amount expected to be paid for the rental/purchase of equipment/furniture may be included in the budget but must receive prior approval from CHHS.
Any equipment/furniture purchased with contract funds becomes the property of CHHS and arrangements must be made at termination of the contact for transfer of the equipment to the CHHS. | d. Subtotal <u>\$0</u> |
| e. | UTILITIES
\$180/yr. estimated | e. Subtotal <u>\$ 180</u> |
| f. | COMMUNICATIONS
Phone, T-1 line, e-mail support, cornet, county delivery \$1,857/yr. 1,857
Postage - \$3,143 (for misc. marketing of CAL ADRC) <u>3,143</u> | f. Subtotal <u>\$ 5,000</u> |

g. **PRINTING AND SUPPLIES**

~~Calculated based on an est. of \$7,000/yr. for photocopying (marketing/
outreach materials to promote CAL ADRC / CalCareNet) and \$4,000/yr. for
related outreach materials, i.e., paper, printer supplies, folders, etc.~~

g. **Subtotal** ~~\$11,000~~ 8,690.72

2. TOTAL OPERATING/EQUIPMENT EXPENSES ~~\$62,277~~ 71,176.72

3. INDIRECT COSTS

Specify the rate and the amount of any indirect costs. Indicate the cost basis upon which it was determined. If the proposer has an Indirect Cost Rate (ICR) approved by federal agencies of the Department of Health and Human Services or other public grantors, a copy of the negotiation agreement should be submitted with the budget. All other ICRs must be fully explained and justified before they can be approved.

3. TOTAL \$0

4. OTHER EXPENSES

Any expenses not specified in the above categories must be identified and fully explained/justified.

4. TOTAL \$0

***TOTAL COST:** ~~\$108,376~~ 130,275.72

*This amount must match the Total Cost on the Budget Summary.

PERSONNEL BUDGET¹

July 1, 2010 through April 30, 2011

Job Title	A Monthly Salary Rate	B Number of Months Budgeted	C Percent Rate on CAL ADRC (= B x C %)	D Amount of Benefits	SUBTOTAL (= C + D)
Senior Program Specialist (OoA ADRC Coordinator)	\$4,545	10 \$45,450	25% \$11,363	\$5,710 (10 mos.)	\$17,073
Business Systems Analysis	\$7,055	10 \$70,550	2.5% \$1,764	\$827 (10 mos.)	\$2,591
OoA Program Specialist I	\$3,094	10 \$30,940	3.5% \$1,083	\$551 (10 mos.)	\$1,634
Office Assistant III (20 hr.)	\$1,090	10 \$10,900	100% \$10,900	\$6,218 (10 mos.)	\$17,118
Enter this amount in the Budget Summary - Total					\$38,416

¹ A Personnel Budget must be submitted for each of the four State fiscal years of the contract period.

BUDGET NARRATIVE

July 1, 2010 through April 30, 2011

The following format must be used when completing the Budget Narrative. Line items must be costed where appropriate and must match totals quoted on the Budget Summary. Identify your projected detailed expenses for each line item by following the instructions herein. **A Budget Narrative (and accompanying Personnel Budget) must be provided for each State Fiscal Year (SFY) of the contract period:**

- SFY July 1, 2007-June 30, 2008 (anticipated contract start date May 1, 2008)
- SFY July 1, 2008-June 30, 2009
- SFY July 1, 2009-June 30, 2010
- SFY July 1, 2010-June 30, 2011 (anticipated contract end date April 30, 2011)

Budget line-item costs should include the following:

1. **PERSONNEL SERVICES**

Personnel services must be detailed in the Personnel Budget and the total inserted in the Budget Summary and Budget Narrative.

See Personnel Budget - July 1, 2010 through June 30, 2011 for details.

2. **OPERATING/EQUIPMENT EXPENSES**

Operating/equipment expenses must be outlined in detail and the totals for each line item carried forward to the Budget Summary.

a. **SUBCONTRACTOR SERVICES: Community Access Center
Community Based Long Term Care Specialist – 30/hr. position**

Monthly Salary Rate \$2,418.75 x 10 mos. = \$24,187

24,187

Administrative cost (25.33% of salary) = \$6,127

6,127

Operating costs (based on avg./mo.): space \$384/mo. + communications \$22/mo. + travel \$31/mo. + printing & supplies \$143/mo. = \$580/mo. x 10 mos. = \$5,800

5,800

a. Subtotal \$36,114

b. **TRAVEL**

b. Subtotal \$ 800

c. **SPACE**

Lease rent allocation 114 sq. ft. @ \$15.44/sq. ft. = \$1,760 yr. or \$147/mo. x 10 mos. = \$1,470

c. Subtotal \$ 1,470

d. **EQUIPMENT/FURNITURE RENTAL/PURCHASE**

d. Subtotal \$ 0

Specify the amount to be paid for equipment and/or furniture rental/purchase. The amount expected to be paid for the rental/purchase of equipment/furniture may be included in the budget but must receive prior approval from CHHS. Any equipment/furniture purchased with contract funds becomes the property of CHHS and arrangements must be made at termination of the contract for transfer of the equipment to the CHHS.

e. **UTILITIES**

Est. \$15/mo. x 10 mos. = \$150

e. Subtotal \$ 150

f. COMMUNICATIONS

Phone, T-1 line, e-mail support, cornet, county delivery \$1,857/yr.
or \$155/mo. x 10 mos. = \$1,550
Postage - \$2,498

\$ 1,550

2,498

f. Subtotal \$ 4,048

g. PRINTING AND SUPPLIES

Calculated based on an est. of \$6,000 for photocopying (marketing/
outreach materials to promote CAL ADRC / CalCareNet) and \$3,500 for
related outreach materials, i.e., paper, printer supplies, folders, etc.

g. Subtotal \$ 9,500

2. TOTAL OPERATING/EQUIPMENT EXPENSES \$52,082

3. INDIRECT COSTS

Specify the rate and the amount of any indirect costs. Indicate the cost basis upon which it was determined. If the proposer has an Indirect Cost Rate (ICR) approved by federal agencies of the Department of Health and Human Services or other public grantors, a copy of the negotiation agreement should be submitted with the budget. All other ICRs must be fully explained and justified before they can be approved.

3. TOTAL \$0

4. OTHER EXPENSES

Any expenses not specified in the above categories must be identified and fully explained/justified.

4. TOTAL \$0

***TOTAL COST: \$90,498**

*This amount must match the Total Cost on the Budget Summary.