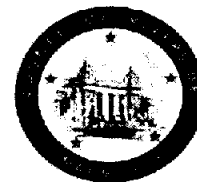


**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

132



**FROM :** Office on Aging

**SUBMITTAL DATE:**  
November 29, 2010

**SUBJECT:** Amended FY 2010/2011 Agreement #1 HI-1011-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

**RECOMMENDED MOTION:** That your Honorable Board:

1. Approve and Authorize Chair to execute amended Agreement #1 HI-1011-21 for FY 2010-2011 (July 1, 2010 to June 30, 2011) with the California Department of Aging (CDA).
2. Direct the Auditor-Controller to increase Estimated Revenue and Appropriations by \$38,200 as outlined in Attachment A.
3. Return all 4 copies to the Office on Aging for further processing.

**BACKGROUND:** The last agreement was approved on July 13, 2010 as agenda item 3.62. It is being amended to include One Time Only (OTO) budget adjustments received from the California Department of Aging.

Continued next page...

*Hilary Clarke for Edward F. Walsh*

Hilary Clarke, Deputy Director for Edward F. Walsh, Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 38,200	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	10/11

<b>SOURCE OF FUNDS:</b> Federal 100%	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**

- Consent
- Policy
- Consent
- Policy

Dept's Recomm.:  
Per Exec. Ofc.:

Prev. Agn. Ref.: 3.62 July 13, 2010 | District: All | Agenda Number:

3.58

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

FISCAL PROCEDURES APPROVED  
 PAUL ANGULO CPA AUDITOR-CONTROLLER  
 BY: *Samuel Wong* 12/21/10  
 SAMUEL WONG  
 Departmental Director  
 FORM APPROVED COUNTY COUNSEL  
 BY: *NEAL R. KIRNIS* 12/16/10  
 DATE:

From: OFFICE ON AGING

Subject: FY 2010/2011 Agreement #1 HI-1011-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

The previous agreement signed by the Board on July 13, 2010 was for \$436,411. This new amendment shows an increase of \$38,200 and a new amended agreement total of \$474,611.

The increase was not included in our current budget for FY 2010-2011 and an adjustment to our Agency budget is needed as shown on Attachment "A".

The amended OTO total fund includes \$8,589 on Federal Administration SHIP funds, and \$29,611 Federal SHIP funds.

Under the terms of this agreement with CDA, OTO funds can be used for the following purpose:

1. To be used for the same purposes as the original grant funds.
2. Purchase of equipment which enhances the delivery of services to the eligible service population.
3. Home and Community based projects as approved by CDA.
4. Innovative pilot projects as approved by CDA.

We are requesting for no additional cash matching contribution and there is no impact on County General Funds.

OFFICE ON AGING  
ATTACHMENT A

Adjusting revenues and appropriations:

INCREASE ESTIMATED REVENUE

21450-5300100000-767140	Fed-Misc. Reimbursement	<u>38,200</u>
	Total	\$38,200

INCREASE APPROPRIATIONS

21450-5300100000-510040	Regular Salaries	3,912
21450-5300100000-518100	Budgeted Benefits	1,677
21450-5300100000-523840	Computer Equipment-Software	3,000
21450-5300100000-536200	Contributions to Non-Co Agency	<u>29,611</u>
	Total	\$38,200

Subject: Amended FY 2010/2011 Agreement #1 HI-1011-21 between California Department of Aging (CDA) and County of Riverside for Health Insurance Counseling and Advocacy Program (HICAP)

**STANDARD AGREEMENT AMENDMENT**

STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages

AGREEMENT NUMBER <b>HI-1011-21</b>	AMENDMENT NUMBER <b>1</b>
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:  
STATE AGENCY'S NAME  
**California Department of Aging**  
CONTRACTOR'S NAME  
**COUNTY OF RIVERSIDE**
- The term of this Agreement is July 1, 2010 through June 30, 2011
- The maximum amount of this Agreement after this amendment is: **\$ 474,611.00**  
Four hundred seventy-four thousand six hundred eleven and 00/100
- 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:  

This amendment increases the dollar amount available under this Agreement. The additional funds will be used to enhance HICAP services.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 6, is attached and incorporated, and replaces the original Exhibit B, Budget Detail and Payment Provisions, page 6.

The Budget, amendment 1, is hereby incorporated by reference and replaces the original Budget.

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
<small>CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)</small> COUNTY OF RIVERSIDE		
<small>BY (Authorized Signature)</small> 	<small>DATE SIGNED (Do not type)</small> <u>6/21/10</u>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
<small>ADDRESS</small> 6296 RIVERCREST DRIVE, SUITE K RIVERSIDE CA 92507		
<b>STATE OF CALIFORNIA</b>		
<small>AGENCY NAME</small> California Department of Aging		<input checked="" type="checkbox"/> Exempt per: Mello Grunland Older Californians Act
<small>BY (Authorized Signature)</small> 	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small> Rachel de la Cruz, Manager, Contracts and Business Services Section		
<small>ADDRESS</small> 1300 National Drive, Sacramento, CA 95834		

FORM APPROVED BY COUNTY COUNSEL  
 BY: NEAL R. KIPNIS  
 DATE: 6/21/10

**Exhibit B - Budget Detail, Payment Provisions, and Closeout  
 HICAP BUDGET DISPLAY  
 Fiscal Year 2010/11  
 County of Riverside**

	PROGRAM BASELINE	ONE-TIME ONLY *	TOTAL	NET CHANGE
<b>HICAP Program</b>				
HICAP Fund	95,084	-	95,084	-
Reimbursements (Ins Fund)	190,216	-	190,216	-
Federal SHIP Funds	121,895	29,611	151,506	29,611
<b>TOTAL HICAP Program</b>	<b>407,195</b>	<b>29,611</b>	<b>436,806</b>	<b>29,611</b>
<b>HICAP Administration</b>				
HICAP Fund	5,672	-	5,672	-
Reimbursements (Ins Fund)	11,354	-	11,354	-
Federal SHIP Funds	12,190	8,589	20,779	8,589
<b>TOTAL Administration</b>	<b>29,216</b>	<b>8,589</b>	<b>37,805</b>	<b>8,589</b>
<b>Grand Total All Funds</b>	<b>436,411</b>	<b>38,200</b>	<b>474,611</b>	<b>38,200</b>

<b>Funding Summary</b>				
HICAP Fund	100,756	-	100,756	-
Reimbursements (Ins Fund)	201,570	-	201,570	-
Federal SHIP Funds	134,085	38,200	172,285	38,200
<b>Total Funds</b>	<b>436,411</b>	<b>38,200</b>	<b>474,611</b>	<b>38,200</b>

\*ONE-TIME ONLY includes 09/10 carryover, reconciliation, unallocated and performance grant funds

\*\*Funds for this contract are provided by using the following Centers for Medicare & Medicaid Services grant:

CFDA#	Project Title	Award #	Effective Date
93.779	State Health Insurance Assistance Program	1NOCMS020196-18-00	4/1/2010
93.779	State Health Insurance Assistance Program	1NOCMS020196-18-01	4/1/2010