

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

134



FROM: Riverside County Office on Aging

SUBMITTAL DATE:
December 2, 2010

SUBJECT: Grant Award Agreement 07-H9027 A-1 with California Health and Human Services Agency (Amendment # 2)

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 # 2) with the California Health and Human Services Agency.
- 2) Return two (2) originals of the signed Standard Agreement to the Office on Aging for further processing.
- 3) Direct the Auditor-Controller to Increase Estimated Revenue and Appropriations by \$8,380 as outlined in Attachment A.

BACKGROUND: The original four year agreement was approved by the Board of Supervisors on March 25, 2008. The purpose of this amendment is to increase the budget for FY10-11 in the amount of \$8,380 due to the unspent funds from FY09-10. The Term Agreement ending date has been changed from April 30, 2011 to June 30, 2011 and the revised agreement term with the California (continued on page 2)

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

FINANCIAL DATA	Current F.Y. Total Cost:	\$8,380	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

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 Sison*
Lani Sison

County Executive Office Signature

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY: *Samuel Wong* 12/2/10
 SAMUEL WONG
 Departmental Concurrence
 FORM APPROVED COUNTY COUNSEL
 BY: *NEAL R. KIPNIS* 12/2/10
 DATE
 Policy Policy
 Consent Consent
 Dep't Recomm.:
 Per Exec. Ofc.:

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

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3.60

SUBJECT: Grant Award Agreement 07-H9027 A-1 with California Health and Human Services Agency (Amendment # 2)

Health and Human Services Agency is from May 1, 2008 through June 30, 2011.

The maximum amount payable under this agreement remains the same and shall not exceed \$332,966. Shown below are the amounts previously approved for each year along with the current changes to FY09/10 and FY10/11:

2007/08	\$0.00
2008/09	\$112,192
2009/10	$\$130,276 - \$8,380 = \$121,896$
2010/11	$\$90,498 + \$8,380 = \$98,878$

We are requesting no county general funds for this amended agreement.

**OFFICE ON AGING
SCHEDULE A**

Adjusting revenues and appropriations:

INCREASE ESTIMATED REVENUE

21450-5300100000-767140	Fed-Misc Reimbursement	8,380.00
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INCREASE APPROPRIATIONS

21450-5300100000-510040	Regular Salaries	2,536.00
21450-5300100000-518100	Budgeted Benefits	1,690.00
21450-5300100000-510330	TAP Salaries	8,400.00
21450-5300100000-520200	Communications	310.00
21450-5300100000-526700	Rent-Lease Building	290.00
21450-5300100000-529000	Misc Travel Expense	1,000.00
21450-5300100000-537240	Interfnd Exp-Utilities	30.00
	Total Increase:	14,256.00

DECREASE APPROPRIATIONS

21450-5300100000-523700	Office Supplies	-598.00
21450-5300100000-523760	Postage-Mailing	-2,000.00
21450-5300100000-527780	Special Prog Expense	-3,278.00
	Total Decrease:	-5,876.00

TOTAL: 8,380.00

Schedule A: Grant Award Agreement 07-H9027 A-1 with California Health and Human Services Agency FY10-11

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 7 Pages

AGREEMENT NUMBER 07-H9027 A-2	AMENDMENT NUMBER
REGISTRATION NUMBER:	

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

<small>STATE AGENCY'S NAME</small>	California Health and Human Services Agency
<small>CONTRACTOR'S NAME</small>	Riverside County Office on Aging
2. The term of this Agreement is 5/1/2008 through 6/30/2011
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. The term of this Agreement is amended to read as follows: "5/1/2008 through ~~4/30/2011~~ 6/30/2011"
 - B. **Exhibit B, Budget Detail and Payment Provisions, section A, paragraph 1**, is amended to shift funds between fiscal years and decrease Fiscal Year (FY) 2009-10 by \$8,380.32; and increase FY 2010-11 by \$8,380.32, 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	\$0.00	
2008/09	\$112,192.28	
2009/10	\$130,275.72	<u>\$121,895.40</u>
2010/11	\$90,498.00	<u>\$98,878.32</u>
 - C. **Exhibit B – Attachment 1, page 1, Budget Summary, and pages 8 thru 13, Personnel and Budget Narrative for FY 2009-10 and FY 2010-11**, are deleted and replaced with the attached Exhibit B – Revised Attachment 1, page 1, Budget Summary, and pages 8 thru 13, Personnel and Budget Narrative for FY 2009-10 and FY2010-11.
 - D. **Exhibit C, General Terms and Conditions (GTC 307)** is replaced with GTC 610 which can be viewed at www.ols.dgs.ca.gov/Standard+Language
 - E. The effective date of this amendment is 6/30/10.
All other terms and conditions shall remain the same.

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only
<small>CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)</small>		
Riverside County Office on Aging		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
6296 River Crest Drive, Suite K, Riverside, CA 92507		
STATE OF CALIFORNIA		
<small>AGENCY NAME</small>		
California Health and Human Services Agency		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
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 COUNSEL
 BY: NEAL H. KIPNIS
 DATE: 6/30/10

BUDGET SUMMARY

May 1, 2008 through June 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 June 30, 2011	Total
PERSONNEL SERVICES					
Salaries, Wages and Fringe Benefits	0	52,678.38	59,099	38,416 49,429	\$150,193.38 161,206.38
OPERATING/EQUIPMENT EXPENSES					
Subcontractor	0	36,351	54,546 46,827	36,114	127,011 119,292
Travel	0	650.33	1,000 2,235	800 1,800	2,450.33 4,685.33
Space	0	0	1,760	1,470 1,760	3,230 3,520
Equipment and Furniture	0	1,166.90	0 1,734.25	0	1,166.90 2,901.15
Utilities	0	0	180	150 180	330 360
Communications	0	4,756.37	5,000 1,757.90	4,048 1,860	13,804.37 8,374.27
Printing and Supplies	0	10,277.07	8,690.72 8,302.25	9,500 7,735.32	28,467.79 26,314.64
SUBTOTAL – O&E	0	53,201.67	71,176.72 62,796.40	52,082 49,449.32	176,460.39 165,447.39
INDIRECT COST	0	0	0	0	0
Other (Itemize):	0		0	0	0
Employee background check & medical exam		\$209.24			\$209.24
Special Program Expense		\$9,510.85			\$9,510.85
Interfnd Exp-Misc (Credit-DPSS) FY 08-09 only		(\$3,407.86)			(\$3,407.86)
TOTAL COST	\$ 0	\$ 112,192.28	\$130,275.72 121,895.40	\$90,498 98,878.32	\$332,966

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
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					\$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~~ June 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 \$59,099 |
|
 | |
| 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 | a. Subtotal \$54,546 <u>46,827</u> |
| b. TRAVEL | b. Subtotal \$1,000 <u>2,235</u> |
| c. SPACE
Lease rent allocation 114 sq. ft. @ \$15.44/sq. ft. = \$1,760 yr. | c. Subtotal \$1,760 |
| d. EQUIPMENT/FURNITURE RENTAL/PURCHASE
Purchased HP TouchSmart Personal Computer for \$1,718.25
and E-Waste Recycling Fee for \$16.00
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 <u>1,734.25</u> |
| e. UTILITIES
\$180/yr. estimated | e. Subtotal \$180 |
| f. COMMUNICATIONS
Phone, T-1 line, e-mail support, comnet, county delivery \$1,857/yr.
Postage \$3,143 (for misc. marketing of CAL ADRC) | \$1,857
<u>\$3,143</u>
f. Subtotal \$5,000 <u>1,757.90</u> |
| g. PRINTING AND SUPPLIES
Photocopying (marketing/outreach materials to promote CAL ADRC / CalCareNet) and for related outreach materials, i.e., paper, <u>postage</u> , printer supplies, folders, etc. | g. Subtotal \$8,690.72 <u>8,302.25</u> |
| 2. TOTAL OPERATING/EQUIPMENT EXPENSES | \$71,176.72 <u>62,796.40</u> |

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: \$130,275.72 121,895.40**

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

PERSONNEL BUDGET¹

July 1, 2010 through ~~April~~ June 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)		10 <u>12</u>	25% <u>25%</u>	\$5,710	
		\$45,450	\$11,363	<u>\$6,852</u>	\$17,073
	\$4,545	<u>\$54,540</u>	<u>\$13,635</u>	(40 <u>12</u> mos.)	<u>20,487</u>
Business Systems Analysis		10 <u>0</u>	2.5% <u>0</u>	\$827 <u>0</u>	
	\$7,055 <u>0</u>	\$70,550 <u>0</u>	\$1,764 <u>0</u>	(10 mos.) <u>0</u>	\$2,591 <u>0</u>
OoA Program Specialist I		10 <u>0</u>	3.5% <u>0</u>	\$551 <u>0</u>	
	\$3,094 <u>0</u>	\$30,940 <u>0</u>	\$1,083 <u>0</u>	(10 mos.) <u>0</u>	\$1,634 <u>0</u>
Office Assistant III (20 hr.)		10 <u>12</u>	100% <u>100%</u>	\$6,218	
		\$10,900	\$10,900	<u>\$7,462</u>	\$17,118
	\$1,090	<u>\$13,080</u>	<u>\$13,080</u>	(40 <u>12</u> mos.)	<u>20,542</u>
<u>Temporary Assistance Pool</u>		<u>4</u>	<u>50%</u>		
	\$4,200	<u>\$16,800</u>	<u>\$8,400</u>	<u>0</u>	<u>\$8,400</u>
Enter this amount in the Budget Summary - Total					<u>\$38,416 49,429</u>

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~~ June 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~~ June 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
Administrative cost (25.33% of salary) =	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

a. Subtotal \$36,114

b. **TRAVEL**

b. Subtotal \$ ~~800~~ 1,800

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~~ 1,760

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 contract for transfer of the equipment to the CHHS.

d. Subtotal \$0

e. **UTILITIES**

Est. \$15/mo. x ~~10~~ 12 mos. = \$150

e. Subtotal \$ ~~150~~ 180

1. **TOTAL \$38,416 49,429**

f. COMMUNICATIONS

Phone, T-1 line, e-mail support, cornet, county delivery \$1,857/yr.
or \$155/mo. x 12 mos. = \$1,860
Postage ~~\$2,498~~

\$ ~~1,550~~ 1,860
2,498
f. Subtotal \$ ~~4,048~~ 1,860

g. PRINTING AND SUPPLIES

Calculated based on an est. of ~~\$6,000~~ 4,000 for photocopying (marketing/
outreach materials to promote CAL ADRC / CalCareNet) and ~~\$3,500~~ 3,735.32 for
related outreach materials, i.e., paper, printer supplies, postage, folders, etc.

g. Subtotal \$ ~~9,500~~ 7,735.32

2. TOTAL OPERATING/EQUIPMENT EXPENSES ~~\$52,082~~ 49,449.32

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~~ 98,878.32**

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