

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

424/A



FROM: Community Action Partnership of Riverside County

SUBMITTAL DATE:
September 15, 2011

SUBJECT: Amendment #1 to the Financial Assistance Award #90EI0414/01 with the Department of Health and Human Services, Office of Community Services

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and file the attached Amendment #1 to the Financial Assistance Award #90EI0414/01 between the Department of Health and Human Services, Office of Community Services (DHHS) and Community Action Partnership of Riverside County (CAP Riverside), to extend the end of the term of the agreement to September 29, 2012.

(Continued 2-pages)


Maria Y. Juarez, CCAP, Executive Director

**FINANCIAL
DATA**

Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
Annual Net County Cost:	\$ 0	For Fiscal Year:	11/12

SOURCE OF FUNDS: 100% Federal

Positions To Be Deleted Per A-30	<input type="checkbox"/>
Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE


Debra Cournoyer

County Executive Office Signature

☐ Policy

☐ Policy

☒ Consent

☒ Consent

Debra Cournoyer
ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD
Per Exec. Off.

Prev. Agn. Ref.: 3/20/07 (#3.19)

District: All

Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

2.8

FROM: Community Action Partnership
of Riverside County

DATE: September 15, 2011

SUBJECT: Amendment #1 to the Financial Assistance
Award #90EI0414/01 with the Department
of Health and Human Services, Office of
Community Services

PAGE: 2 of 3

BACKGROUND:

On March 20, 2007 (Agenda #3.19), the Board approved the Financial Assistance Award #90EI0414/01 between DHHS and CAP Riverside in the amount of \$352,000 for the Riverside County Individual Development Accounts (IDA) for the term September 30, 2006 through September 29, 2011.

IDA is a savings incentive program for low-income participants in which every dollar saved by the participant is matched 2:1, with one federal dollar and one local dollar held in parallel savings account. For example, a participant saves \$2,000, the federal program matches \$2,000 and local funding agencies match \$2,000 for a \$6,000 total allowable savings per participant. Three asset building goals are available for participants: 1) small business start-up or expansion; 2) higher education or vocational training; or 3) home ownership. During the two to three year savings period, each participant is required to participate in skill-building workshops in the areas of asset building, goal setting, credit counseling, money management, personal budgeting, business planning, home maintenance, etc.

Amendment #1 to the Financial Assistance Award #90E10414/01 extends the end of the term of the agreement to September 29, 2012.

FINANCIAL IMPACT: No County General Funds would be required.

CONCUR/EXECUTE:

MYJ:KS:jb

**Department of Health and Human Services
Administration for Children and Families
Financial Assistance Award (FAA)**

1. RECIPIENT

SAI NUMBER:

PMS DOCUMENT NUMBER:

90EI041401

1. AWARDING OFFICE: Office of Community Services		2. ASSISTANCE TYPE: Discretionary Grant		3. AWARD NO.: 90EI0414/01		4. AMEND. NO.: 1	
5. TYPE OF AWARD: DEMONSTRATION		6. TYPE OF ACTION: Extension		7. AWARD AUTHORITY: PL 105-285, 42 USC 604			
8. BUDGET PERIOD: 09/30/2006 THRU 09/29/2011		9. PROJECT PERIOD: 09/30/2006 THRU 09/29/2012			10. CAT NO./CFDA: 93.602		
11. RECIPIENT ORGANIZATION: Community Action Partnership of Riverside County 2038 Iowa Avenue, Suite B-102 Riverside CA 92507 Maria Y. Juarez, Executive Director					12. PROJECT / PROGRAM TITLE: Assets for Independence Demonstration Program - Individual Development Account (IDA)		
13. COUNTY: RIVERSIDE		14. CONGR. DIST.: 44		15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Maria Y Juarez			
16. APPROVED BUDGET:				17. AWARD COMPUTATION:			
Personnel..... \$ 0				A. NON-FEDERAL SHARE..... \$ 352,000 50.00 %			
Fringe Benefits..... \$ 0				B. FEDERAL SHARE..... \$ 352,000 50.00 %			
Travel..... \$ 0							
Equipment..... \$ 0				18. FEDERAL SHARE COMPUTATION:			
Supplies..... \$ 0				A. TOTAL FEDERAL SHARE..... \$ 352,000			
Contractual..... \$ 0				B. UNOBLIGATED BALANCE FEDERAL SHARE..... \$			
Facilities/Construction..... \$ 0				C. FED. SHARE AWARDED THIS BUDGET PERIOD. \$ 352,000			
Other..... \$ 352,000				19. AMOUNT AWARDED THIS ACTION: \$ 0			
Direct Costs..... \$ 352,000				20. FEDERAL \$ AWARDED THIS PROJECT PERIOD: \$ 352,000			
Indirect Costs..... \$ 0				21. AUTHORIZED TREATMENT OF PROGRAM INCOME:			
At % of \$				ADDITIONAL COSTS			
In Kind Contributions..... \$ 0				22. APPLICANT EIN: 1-956000930-A6			
Total Approved Budget(**).. \$ 352,000				23. PAYEE EIN: 1-956000930-A6		24. OBJECT CLASS: 41.45	

25. FINANCIAL INFORMATION:


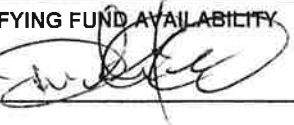
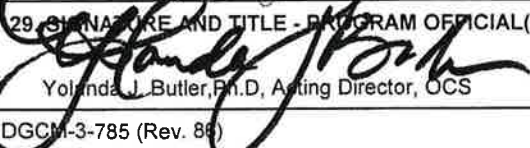
DUNS: 105920057

26. REMARKS: (Continued on separate sheets)

Paid by DHHS Payment Management System (PMS), see attached for payment information.
This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html.
This grant is subject to the requirements as set forth in 45 CFR Part 87.
(**) Reflects only federal share of approved budget.

This amendment is issued to approve a twelve (12) month no cost extension to September 29, 2012 allowing grantee to continue with project activities as requested by the grantee in letter dated May 26, 2011. In keeping with appropriation law (P.L. 101-510 National Defense Authorization Act

FOR UNAPPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS DATE: 8/16/11

27. SIGNATURE - ACF GRANTS OFFICER  Katrina Morgan		DATE: 8/10/11		28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY  William Dekoladenu		DATE: 8/16/11	
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)  Yolanda J. Butler, Ph.D., Acting Director, OCS				DATE: 8/16/11			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
FINANCIAL ASSISTANCE AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:
90EI041401

1. AWARDING OFFICE: Office of Community Services		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 90EI0414/01	4. AMEND. NO. 1
5. TYPE OF AWARD: DEMONSTRATION	6. TYPE OF ACTION: Extension		7. AWARD AUTHORITY: PL 105-285, 42 USC 604	
8. BUDGET PERIOD: 09/30/2006 THRU 09/29/2011		9. PROJECT PERIOD: 09/30/2006 THRU 09/29/2012		10. CAT NO./CFDA: 93.602
11. RECIPIENT ORGANIZATION: Community Action Partnership of Riverside County				

26. REMARKS: (Continued from previous page)

of 1991) and the original Terms and Conditions of this grant award, the grantee may not draw down new grant funds for this project after September 29, 2011. Total Extension: 12 months

This amendment is also issued to change the authorizing official from Lois C. Carson, Executive Director to Maria Y. Juarez, per grantee's letter dated June 30, 2011.