

**ATTACHMENT C
BUDGET**

**HICAP – Reimbursement
(Ins. Fund)**

ATTACHMENT "C"



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Program Resources
Fiscal Year 2014/2015

July 1, 2014 to March 31, 2015

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-Reimbursement
1234567890

Date: 04/28/2014

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	HICAP-Reimbursement	142,816	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		142,816	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		142,816	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	15,868	0
Minimum Required Match	Title IIIE	25%	47,605	0

* IFS = Include Funding Source

Program Resources amounts (this worksheet) must equal Program Costs amounts (separate worksheet) as follows:

- Program Resources cell G16 must equal Program Costs cell I41.
- Program Resources cell G21 must equal Program Costs cell E41.
- Program Resources cell G28 must equal Program Costs cell F41.
- Program Resources cell G34 must equal Program Costs cell H41.
- Program Resources cell G36 must equal Program Costs cell D41.

Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.

ATTACHMENT "C"



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Program Costs
Fiscal Year 2013-2014

July 1, 2014 to March 31, 2015

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-Reimbursement
1234567890

Date: 04/28/2014

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOa
Paid Personnel					
11 Total Salaries / Wages	117,589				117,589
12 Payroll Taxes	8,996				8,996
13 Workers' Compensation	729				729
14 Other Benefits	12,775				12,775
15 Total Paid Personnel	140,089	0	0		140,089
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	140,089	0	0	0	140,089
18 Travel & Training *					0
Equipment					
20 Expendable Equipment (unit cost of < \$500)					0
21 Non-Expendable Equipment (unit cost ≥ \$500)					0
22 Total Equipment	0	0	0	0	0
23 Catered Food					0
24 Raw Food					0
25 Consultants *	405				405
Other Direct Expenses					
Building Rent and Utilities					
28 Lease / Rent *					0
29 Utilities *					0
30 Office Expense *					0
31 Vehicle Operations and Maintenance *					0
32 Outside Services *					0
33 Accounting *					0
34 Audit * **	2,322				2,322
35 Volunteer Expense *					0
36 Insurance *					0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *					0
39 Total Other Direct Expenses	2,322	0	0	0	2,322
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	142,816	0	0	0	142,816

OK OK OK OK OK

* Requires explanation

** Cannot include audit cost unless \$500,000 in Federal Awards is expended annually

Program Costs amounts (this worksheet) must equal Program Resources amounts (separate worksheet) as follows:

Program Costs cell D41 must equal Program Resources cell G36.

Program Costs cell E41 must equal Program Resources cell G21.

Program Costs cell F41 must equal Program Resources cell G28.

Program Costs cell H41 must equal Program Resources cell G34.

Program Costs cell I41 must equal Program Resources cell G16.

Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.



Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2013-2014

ATTACHMENT "C"

RIVERSIDE COUNTY OFFICE ON AGING



Original: X
 Revision:
 OTO:

July 1, 2014 to March 31, 2015

Date: 04/28/2014

Council on Aging
 HICAP-Reimbursement
 1234567890

Contractor:
 Program and Service:
 Vendor #:

Budget Line Items	Line #	Total RCOoA	Explanation
Travel & Training *	18	0	
Consultants *	25	405	IT Support
Lease / Rent *	28	0	
Utilities *	29	0	
Office Expense *	30	0	
Vehicle Operations and Maintenance *	31	0	
Outside Services *	32	0	
Accounting *	33	0	
Audit * **	34	2,322	Financial Audit and tax return
Volunteer Expense *	35	0	
Insurance *	36	0	
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	0	
Indirect Costs (Maximum 9% of Total) *	40	0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2013-2014

Original:
Revision:
OTO:

July 1, 2014 to March 31, 2015

Date: 04/28/2014

Contractor: Council on Aging
Program and Service: HICAP-Reimbursement
Vendor #: 1234567890

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1	HICAP Benefit Counselor	20.00	18.00	39	14,040	
2	HICAP Program Manager	30.00	26.44	39	30,938	
3	Outreach Coordinator-Bilingual	16.00	17.00	39	10,608	
4	Call Center Specialist	20.00	14.00	39	10,920	
5	Benefits Specialist	20.00	18.00	39	14,040	
6	HICAP Regional Coordinator	20.00	19.00	39	14,820	
7	HICAP Director	2.00	33.65	39	2,625	
8	CEO/President	3.68	60.82	39	8,717	
9	Director of Finance	3.70	35.00	39	5,051	
10	Executive Assistant	3.70	17.00	39	2,453	
11	Accounting Assistant/Office Manager	3.70	15.00	39	2,165	
12	Receptionist	2.22	14.00	39	1,212	
13				39	0	
14				39	0	
15				39	0	
16				39	0	
17				39	0	
18				39	0	
19				39	0	
20				39	0	
Total Salaries / Wages: Section A					117,589	
Total Salaries / Wages: Section B					0	See detail in Section B
Total Salaries / Wages: Section C					0	See detail in Section C
TOTAL SALARIES / WAGES					117,589	
Total Payroll Taxes					8,996	
Total Workers' Compensation					729	
Total Other Benefits					12,775	
TOTAL EMPLOYEE BENEFITS					22,500	
TOTAL PAID PERSONNEL					140,089	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21				39	0	
22				39	0	
23				39	0	
24				39	0	
25				39	0	
26				39	0	
27				39	0	
28				39	0	
29				39	0	
30				39	0	
31				39	0	
32				39	0	
33				39	0	
34				39	0	
35				39	0	
36				39	0	
37				39	0	
38				39	0	
39				39	0	
40				39	0	
Total Salaries / Wages: Section B					0	

PAID PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
41				39	0	
42				39	0	
43				39	0	
44				39	0	
45				39	0	
46				39	0	
47				39	0	
48				39	0	
49				39	0	
50				39	0	
51				39	0	
52				39	0	
53				39	0	
54				39	0	
55				39	0	
56				39	0	
57				39	0	
58				39	0	
59				39	0	
60				39	0	
Total Salaries / Wages: Section C					0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2013-2014

Original: X
Revision:
OTO:

July 1, 2014 to March 31, 2015

Date: 04/28/2014

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-Reimbursement
1234567890

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1				39	0	
2				39	0	
3				39	0	
4				39	0	
5				39	0	
6				39	0	
7				39	0	
8				39	0	
9				39	0	
10				39	0	
11				39	0	
12				39	0	
13				39	0	
14				39	0	
15				39	0	
16				39	0	
17				39	0	
18				39	0	
19				39	0	
20				39	0	
21				39	0	
22				39	0	
23				39	0	
24				39	0	
25				39	0	
Third-Party In-Kind Personnel: Section A					0	
Third-Party In-Kind Personnel: Section B					0	See detail in Section B
Third-Party In-Kind Personnel: Section C					0	See detail in Section C
TOTAL THIRD-PARTY IN-KIND PERSONNEL					0	

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
26				39	0	
27				39	0	
28				39	0	
29				39	0	
30				39	0	
31				39	0	
32				39	0	
33				39	0	
34				39	0	
35				39	0	
36				39	0	
37				39	0	
38				39	0	
39				39	0	
40				39	0	
41				39	0	
42				39	0	
43				39	0	
44				39	0	
45				39	0	
46				39	0	
47				39	0	
48				39	0	
49				39	0	
50				39	0	
Third-Party In-Kind Personnel: Section B					0	

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
51				39	0	
52				39	0	
53				39	0	
54				39	0	
55				39	0	
56				39	0	
57				39	0	
58				39	0	
59				39	0	
60				39	0	
61				39	0	
62				39	0	
63				39	0	
64				39	0	
65				39	0	
66				39	0	
67				39	0	
68				39	0	
69				39	0	
70				39	0	
71				39	0	
72				39	0	
73				39	0	
74				39	0	
75				39	0	
Third-Party In-Kind Personnel: Section C					0	

ATTACHMENT C
BUDGET

HICAP – Funds

ATTACHMENT "C"



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Program Resources
Fiscal Year 2014/2015

July 1, 2014 to March 31, 2015

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-FUND
1234567890

Date: 04/28/2014

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	HICAP-FUND	71,388	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		71,388	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		71,388	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	7,932	0
Minimum Required Match	Title IIIE	25%	23,796	0

* IFS = Include Funding Source

Program Resources amounts (this worksheet) must equal Program Costs amounts (separate worksheet) as follows:

- Program Resources cell G16 must equal Program Costs cell I41.
- Program Resources cell G21 must equal Program Costs cell E41.
- Program Resources cell G28 must equal Program Costs cell F41.
- Program Resources cell G34 must equal Program Costs cell H41.
- Program Resources cell G36 must equal Program Costs cell D41.

Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.

ATTACHMENT "C"



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Program Costs
Fiscal Year 2013-2014

July 1, 2014 to March 31, 2015

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-FUND
1234567890

Date: 04/28/2014

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOa
Paid Personnel					
11 Total Salaries / Wages	39,518				39,518
12 Payroll Taxes	3,023				3,023
13 Workers' Compensation	245				245
14 Other Benefits	7,496				7,496
15 Total Paid Personnel	50,282	0	0		50,282
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	50,282	0	0	0	50,282
18 Travel & Training *					0
Equipment					
20 Expendable Equipment (unit cost of < \$500)					0
21 Non-Expendable Equipment (unit cost ≥ \$500)					0
22 Total Equipment	0	0	0	0	0
23 Catered Food					0
24 Raw Food					0
25 Consultants *	544				544
Other Direct Expenses					
Building Rent and Utilities					
28 Lease / Rent *	19,360				19,360
29 Utilities *					0
30 Office Expense *					0
31 Vehicle Operations and Maintenance *					0
32 Outside Services *					0
33 Accounting *					0
34 Audit * **					0
35 Volunteer Expense *					0
36 Insurance *					0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *	1,202				1,202
39 Total Other Direct Expenses	20,562	0	0	0	20,562
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	71,388	0	0	0	71,388

OK OK OK OK OK

* Requires explanation
** Cannot include audit cost unless \$500,000 in Federal Awards is expended annually

Program Costs amounts (this worksheet) must equal Program Resources amounts (separate worksheet) as follows:

- Program Costs cell D41 must equal Program Resources cell G36.
- Program Costs cell E41 must equal Program Resources cell G21.
- Program Costs cell F41 must equal Program Resources cell G28.
- Program Costs cell H41 must equal Program Resources cell G34.
- Program Costs cell I41 must equal Program Resources cell G16.

Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.



Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2013-2014

ATTACHMENT "C"

RIVERSIDE COUNTY OFFICE ON AGING



Original: X
 Revision:
 OTO:

July 1, 2014 to March 31, 2015

Date: 04/28/2014

Council on Aging
 HICAP-FUND
 1234567890

Contractor:
 Program and Service:
 Vendor #:

Budget Line Items	Line #	Total RCOoA	Explanation
Travel & Training *	18	0	
Consultants *	25	544	IT Support Allocation
Lease / Rent *	28	19,360	Office Lease
Utilities *	29	0	
Office Expense *	30	0	
Vehicle Operations and Maintenance *	31	0	
Outside Services *	32	0	
Accounting *	33	0	
Audit * **	34	0	
Volunteer Expense *	35	0	
Insurance *	36	0	
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	1,202	Advertising in local newspaper/radio/TV
Indirect Costs (Maximum 9% of Total) *	40	0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2013-2014

Original: X
Revision:
OTO:

July 1, 2014 to March 31, 2015

Date: 04/28/2014

Contractor: Council on Aging
Program and Service: HICAP-FUND
Vendor #: 1234567890

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1	HICAP Benefit Counselor	13.33	18.00	39	9,360	
2	Benefits Specialist	20.00	17.00	39	13,260	
3	HICAP Program Manager	10.00	26.44	39	10,312	
4	Admin-CEO/President	1.20	60.82	39	2,846	
5	Admin-Director of Finance	1.30	35.00	39	1,775	
6	Admin-Executive Assistant	1.30	17.00	39	862	
7	Admin-Accounting Asst/Ofc Mgr	1.30	15.00	39	761	
8	Admin-Receptionist	0.63	14.00	39	342	
9				39	0	
10				39	0	
11				39	0	
12				39	0	
13				39	0	
14				39	0	
15				39	0	
16				39	0	
17				39	0	
18				39	0	
19				39	0	
20				39	0	
	Total Salaries / Wages: Section A				39,518	
	Total Salaries / Wages: Section B				0	See detail in Section B
	Total Salaries / Wages: Section C				0	See detail in Section C
	TOTAL SALARIES / WAGES				39,518	
	Total Payroll Taxes				3,023	
	Total Workers' Compensation				245	
	Total Other Benefits				7,496	
	TOTAL EMPLOYEE BENEFITS				10,764	
	TOTAL PAID PERSONNEL				50,282	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21				52	0	
22				52	0	
23				52	0	
24				52	0	
25				52	0	
26				52	0	
27				52	0	
28				52	0	
29				52	0	
30				52	0	
31				52	0	
32				52	0	
33				52	0	
34				52	0	
35				52	0	
36				52	0	
37				52	0	
38				52	0	
39				52	0	
40				52	0	
	Total Salaries / Wages: Section B				0	

PAID PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
41				52	0	
42				52	0	
43				52	0	
44				52	0	
45				52	0	
46				52	0	
47				52	0	
48				52	0	
49				52	0	
50				52	0	
51				52	0	
52				52	0	
53				52	0	
54				52	0	
55				52	0	
56				52	0	
57				52	0	
58				52	0	
59				52	0	
60				52	0	
	Total Salaries / Wages: Section C				0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2013-2014

Original: X
Revision:
OTO:

July 1, 2014 to March 31, 2015

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-FUND
1234567890

Date: 04/28/2014

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1				13	0	
2				13	0	
3				13	0	
4				13	0	
5				13	0	
6				13	0	
7				13	0	
8				13	0	
9				13	0	
10				13	0	
11				13	0	
12				13	0	
13				13	0	
14				13	0	
15				13	0	
16				13	0	
17				13	0	
18				13	0	
19				13	0	
20				13	0	
21				13	0	
22				13	0	
23				13	0	
24				13	0	
25				13	0	
Third-Party In-Kind Personnel: Section A					0	
Third-Party In-Kind Personnel: Section B					0	See detail in Section B
Third-Party In-Kind Personnel: Section C					0	See detail in Section C
TOTAL THIRD-PARTY IN-KIND PERSONNEL					0	

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
26				52	0	
27				52	0	
28				52	0	
29				52	0	
30				52	0	
31				52	0	
32				52	0	
33				52	0	
34				52	0	
35				52	0	
36				52	0	
37				52	0	
38				52	0	
39				52	0	
40				52	0	
41				52	0	
42				52	0	
43				52	0	
44				52	0	
45				52	0	
46				52	0	
47				52	0	
48				52	0	
49				52	0	
50				52	0	
Third-Party In-Kind Personnel: Section B					0	

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
51				52	0	
52				52	0	
53				52	0	
54				52	0	
55				52	0	
56				52	0	
57				52	0	
58				52	0	
59				52	0	
60				52	0	
61				52	0	
62				52	0	
63				52	0	
64				52	0	
65				52	0	
66				52	0	
67				52	0	
68				52	0	
69				52	0	
70				52	0	
71				52	0	
72				52	0	
73				52	0	
74				52	0	
75				52	0	
Third-Party In-Kind Personnel: Section C					0	

**ATTACHMENT C
BUDGET**

**HICAP – Federal Base
(SHIP Fund)**

ATTACHMENT "C"



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Program Resources
Fiscal Year 2014/2015

July 1, 2014 to March 31, 2015

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 04/28/2014

DESCRIPTION OF REVENUE		FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:				
11	Federal & State	HICAP-SHIP	133,917	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		133,917	OK
Program Income (May not be used for match):				
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
Match Cash (From non-Federal sources):				
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
Match Third-Party In-Kind:				
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		133,917	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	14,880	0
Minimum Required Match	Title IIIE	25%	44,639	0

* IFS = Include Funding Source

Program Resources amounts (this worksheet) must equal Program Costs amounts (separate worksheet) as follows:

- Program Resources cell G16 must equal Program Costs cell I41.
- Program Resources cell G21 must equal Program Costs cell E41.
- Program Resources cell G28 must equal Program Costs cell F41.
- Program Resources cell G34 must equal Program Costs cell H41.
- Program Resources cell G36 must equal Program Costs cell D41.

Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.

ATTACHMENT "C"



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Program Costs
Fiscal Year 2013-2014

July 1, 2014 to March 31, 2015

Original:
Revision:
OTO:

Date: 04/28/2014

Contractor: Council on Aging
Program and Service: HICAP-SHIP
Vendor #: 1234567890

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOA
Paid Personnel					
11 Total Salaries / Wages	69,886				69,886
12 Payroll Taxes	5,346				5,346
13 Workers' Compensation	433				433
14 Other Benefits	2,676				2,676
15 Total Paid Personnel	78,341	0	0		78,341
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	78,341	0	0	0	78,341
18 Travel & Training *	13,500				13,500
Equipment					
20 Expendable Equipment (unit cost of < \$500)	2,500				2,500
21 Non-Expendable Equipment (unit cost ≥ \$500)	17,500				17,500
22 Total Equipment	20,000	0	0	0	20,000
23 Catered Food					0
24 Raw Food					0
25 Consultants *					0
Other Direct Expenses					
Building Rent and Utilities					
28 Lease / Rent *					0
29 Utilities *	5,000				5,000
30 Office Expense *	3,400				3,400
31 Vehicle Operations and Maintenance *	1,000				1,000
32 Outside Services *					0
33 Accounting *					0
34 Audit * **					0
35 Volunteer Expense *	1,800				1,800
36 Insurance *	2,608				2,608
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *	8,268				8,268
39 Total Other Direct Expenses	22,076	0	0	0	22,076
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	133,917	0	0	0	133,917

OK OK OK OK OK

* Requires explanation
** Cannot include audit cost unless \$500,000 in Federal Awards is expended annually

Program Costs amounts (this worksheet) must equal Program Resources amounts (separate worksheet) as follows:
 Program Costs cell D41 must equal Program Resources cell G36.
 Program Costs cell E41 must equal Program Resources cell G21.
 Program Costs cell F41 must equal Program Resources cell G28.
 Program Costs cell H41 must equal Program Resources cell G34.
 Program Costs cell I41 must equal Program Resources cell G16.
 Note that corresponding amounts correctly reported will be noted by "OK", and "ERRORS" denote adjustments needed.



Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2013-2014

ATTACHMENT "C"

RIVERSIDE COUNTY
 OFFICE ON AGING



Original: X
 Revision:
 OTO:

July 1, 2014 to March 31, 2015

Date: 04/28/2014

Council on Aging
 HICAP-SHIP
 1234567890

Contractor:
 Program and Service:
 Vendor #:

Budget Line Items	Line #	Total RCOoA	Explanation
Travel & Training *	18	13,500	\$2,505 for Sacramento HICAP meeting, \$500 for staff development & \$10,495 for Reimburse staff and volunteers for personal car use at \$0.51 per mile
Consultants *	25	0	
Lease / Rent *	28	0	
Utilities *	29	5,000	Telephone
Office Expense *	30	3,400	Various office supplies \$1,400 plus \$2,000 for postage
Vehicle Operations and Maintenance *	31	1,000	Maintenance for auto
Outside Services *	32	0	
Accounting *	33	0	
Audit * **	34	0	
Volunteer Expense *	35	1,800	To educate volunteers on program information and recognition
Insurance *	36	2,608	Allocation of General and Professional Insurance
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	8,268	Advertising \$5,968 and Conferences \$2,300
Indirect Costs (Maximum 9% of Total) *	40	0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2013-2014

July 1, 2014 to March 31, 2015

Original:
Revision:
OTO:

Date: 04/28/2014

Contractor: Council on Aging
Program and Service: HICAP-SHIP
Vendor #: 1234567890

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1	Data Intake Specialist	20.00	14.00	39	10,920	
2	Education/Outreach Specialist	20.00	20.00	39	15,600	
3	Volunteer Coordinator	12.00	20.00	39	9,360	
4	Program Assistant	16.00	16.00	39	9,984	
5	HICAP Legal Advisor	6.00	52.88	39	12,374	
6	CEO/President	2.20	60.82	39	5,218	
7	Director of Finance	2.20	35.00	39	3,003	
8	Executive Assistant	2.20	17.00	39	1,459	
9	Accounting Assistant/Office Manager	2.20	15.00	39	1,287	
10	Receptionist	1.25	14.00	39	681	
11				39	0	
12				39	0	
13				39	0	
14				39	0	
15				39	0	
16				39	0	
17				39	0	
18				39	0	
19				39	0	
20				39	0	
	Total Salaries / Wages: Section A				69,886	
	Total Salaries / Wages: Section B				0	See detail in Section B
	Total Salaries / Wages: Section C				0	See detail in Section C
	TOTAL SALARIES / WAGES				69,886	
	Total Payroll Taxes				5,346	
	Total Workers' Compensation				433	
	Total Other Benefits				2,676	
	TOTAL EMPLOYEE BENEFITS				8,455	
	TOTAL PAID PERSONNEL				78,341	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21				39	0	
22				39	0	
23				39	0	
24				39	0	
25				39	0	
26				39	0	
27				39	0	
28				39	0	
29				39	0	
30				39	0	
31				39	0	
32				39	0	
33				39	0	
34				39	0	
35				39	0	
36				39	0	
37				39	0	
38				39	0	
39				39	0	
40				39	0	
	Total Salaries / Wages: Section B				0	

PAID PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
41				39	0	
42				39	0	
43				39	0	
44				39	0	
45				39	0	
46				39	0	
47				39	0	
48				39	0	
49				39	0	
50				39	0	
51				39	0	
52				39	0	
53				39	0	
54				39	0	
55				39	0	
56				39	0	
57				39	0	
58				39	0	
59				39	0	
60				39	0	
	Total Salaries / Wages: Section C				0	



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2013-2014

Original: X
Revision:
OTO:

July 1, 2014 to March 31, 2015

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 04/28/2014

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1				39	0	
2				39	0	
3				39	0	
4				39	0	
5				39	0	
6				39	0	
7				39	0	
8				39	0	
9				39	0	
10				39	0	
11				39	0	
12				39	0	
13				39	0	
14				39	0	
15				39	0	
16				39	0	
17				39	0	
18				39	0	
19				39	0	
20				39	0	
21				39	0	
22				39	0	
23				39	0	
24				39	0	
25				39	0	
Third-Party In-Kind Personnel: Section A					0	
Third-Party In-Kind Personnel: Section B					0	See detail in Section B
Third-Party In-Kind Personnel: Section C					0	See detail in Section C
TOTAL THIRD-PARTY IN-KIND PERSONNEL					0	

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
26				39	0	
27				39	0	
28				39	0	
29				39	0	
30				39	0	
31				39	0	
32				39	0	
33				39	0	
34				39	0	
35				39	0	
36				39	0	
37				39	0	
38				39	0	
39				39	0	
40				39	0	
41				39	0	
42				39	0	
43				39	0	
44				39	0	
45				39	0	
46				39	0	
47				39	0	
48				39	0	
49				39	0	
50				39	0	
Third-Party In-Kind Personnel: Section B					0	

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION C						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
51				39	0	
52				39	0	
53				39	0	
54				39	0	
55				39	0	
56				39	0	
57				39	0	
58				39	0	
59				39	0	
60				39	0	
61				39	0	
62				39	0	
63				39	0	
64				39	0	
65				39	0	
66				39	0	
67				39	0	
68				39	0	
69				39	0	
70				39	0	
71				39	0	
72				39	0	
73				39	0	
74				39	0	
75				39	0	
Third-Party In-Kind Personnel: Section C					0	

**Council on Aging – Nine Months
July 1, 2014 through March 31, 2015**

FY2014 - 2015

**CERTIFICATE OF
INSURANCE**

CERTIFICATE OF LIABILITY INSURANCE

Date

7/1/2013

Producer

MANION/BELL INSURANCE ASSOCIATES
 P. O. BOX 36186
 LOS ANGELES, CA. 90036
 (213) 387-8294* FAX (213) 389-5833
 LIC. # 0655274

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGES

Company A Nonprofits' Ins. Alliance of Calif.(NIAC) Best: A Rated
 Company B United States Fire Ins. Co.(USFIC) Best: A Rated
 Company C
 Company D

Insured

Council on Aging of Orange County
 1971 E. 4th Street, Ste. 200
 Santa Ana, CA 92705

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THEIR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO			POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
LTR	TYPE OF INSURANCE	POLICY NUMBER	DATE(MM,DD,YY)	DATE(MM,DD,YY)		
COMM. GENERAL LIABILITY					GENERAL AGGREGATE	\$2,000,000
A	X OCCURRENCE FORM	201309600 NPO	7/1/2013	7/1/2014	PRODUCTS*COMP/OP AGG	\$1,000,000
	OTHER _____				PERSONAL & ADV INJURY	\$1,000,000
	X SEXUAL MISCONDUCT(1M AGG)				EACH OCCURRENCE	\$1,000,000
	X PROFESSIONAL LIABILITY				FIRE DAMAGE(Any one fire)	\$500,000
					MED EXP(Any one person)*	\$20,000
AUTOMOBILE LIABILITY					*EXCLUDES PARTICIPANTS/STAFF	
A	ANY AUTO				COMBINED SINGLE LIMIT	\$1,000,000
	ALL OWNED AUTOS				BODILY INJURY	
	X SCHEDULED AUTOS	2013 22727 NPO	7/1/2013	7/1/2014	(Per person)	
	X HIRED AUTOS				BODILY INJURY	
	X NON-OWNED AUTOS				(Per accident)	
	X \$ 250. DED. ON COMP/COLL				PROPERTY DAMAGE	
EXCESS LIABILITY						
A	X UMBRELLA FORM	2013 22727 UMB	7/1/2013	7/1/2014	EACH OCCURRENCE	\$2,000,000
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$2,000,000
VOLUNTEER ACCIDENT					RETENTION	\$10,000
B	X PRIMARY	SRG BND 4005	7/1/2013	7/1/2014	ACCIDENT LIMIT	\$10,000
	EXCESS				AD&D	\$5,000
	DEDUCTIBLE				DEDUCTIBLE	\$0
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Health Insurance Counseling & Advocacy Program (HICAP) – FT 2013-14
 The County of Riverside, The Department of Aging, State of California, its officers, agents, employees, and servants are included as
 Additional insureds, with respect to work performed for the State of California under this agreement

CERTIFICATE HOLDER & ADDITIONAL INSURED

County of Riverside
 6296 River Crest DR # K
 Riverside, CA 92507

CANCELLATION

30 DAYS NOTICE OF CANCELLATION, EXCEPT 10 DAYS NON-PAYMENT OF PREMIUM
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

Glory Manion 213 387 8294

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p> <p>County of Riverside, The Department of Aging, The State of California, its officers, agents and employees</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Milestone Risk Management & Insurance Agency License No. 0B72766 8 Corporate Park, Ste 130 Irvine CA 92606	CONTACT NAME: Laura Schaefer PHONE (A/C, No. Ext): (949) 852-0909 FAX (A/C, No): (949) 852-1131 E-MAIL ADDRESS: lschaefer@milestonepromise.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Technology Insurance Co INSURER B: Scottsdale Indemnity Co. INSURER C: Axis Insurance Co. INSURER D: INSURER E: INSURER F:	NAIC # 15580
INSURED Council on Aging of Orange County 1971 E 4th St, Ste 200 Santa Ana CA 92705		

COVERAGES **CERTIFICATE NUMBER:** 14/15 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TWC3387232	1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
B	D&O / Emp Practices Liab			EKI3078117	11/13/2013	11/13/2014	Limit \$1,000,000	
C	E&O / Media Liability			MCN000080281301	11/2/2013	11/2/2014	Limit \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

County of Riverside
 4080 Lemon St.
 Riverside, CA 92501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Laura Schaefer/LAURA

**BOARD RESOLUTION
STATEMENT AND
SIGNATURES**

**ACTION BY WRITTEN CONSENT
BY THE BOARD OF DIRECTORS OF
THE COUNCIL ON AGING – ORANGE COUNTY**

The undersigned, being the Executive Committee of the directors of THE COUNCIL ON AGING – ORANGE COUNTY (the "COUNCIL"), do hereby consent in writing as of July 24, 2012 to the following actions by the Board of Directors (the "Board"):

WHEREAS, the Board has determined that it is in the best interested of the Chief Executive Officer/President of the Council, Lisa Wright Jenkins, be permitted to manage, in an expeditious manner, the day to day business activities of the Council including payment of any and all proper claims and other obligations from vendors and creditors in the form of the issuance of checks and/or various methods of electronic payment and to sign contracts on behalf of the Council;

WHEREAS, this Board has previously reviewed procedures for contracting, hiring, purchasing, and disbursing policies that implement effective internal controls that are reviewed by independent, third party auditors; and

WHEREAS, in order to expedite the payment of claims and other obligations, this Board hereby finds, determines and declares that it is necessary and proper to establish a procedure for the approval of checks and contracts of the Council;

NOW, THEREFORE, BE IT RESOLVED: That this Board hereby finds and determines that beginning July 1, 2012 for the fiscal year thereafter, the following are authorized signatories to issue checks in payment of claims or other obligations of the Council.

Lisa Wright Jenkins
Daryl YeeLitt
Michael Bader
Maria Arakaki
Ken Cornelison


Chief Executive Officer/President
Board Chair
2nd Corporate Vice President & Board Vice Chair
Treasurer
Secretary

FURTHER RESOLVED: That any authorized signer shall have a signature limit of \$10,000 on any single payment transactions;

FURTHER RESOLVED: Any payment transactions that exceed \$10,000 must be co-signed by an authorized individual.

This Written Consent shall be filed in the minute book of the Council and become a part of the records of the Council.

IN WITNESS WHEREOF, the undersigned have executed this Written Consent as of the date first written above.



Daryl YeeLitt




Michael Bader



Maria Arakaki

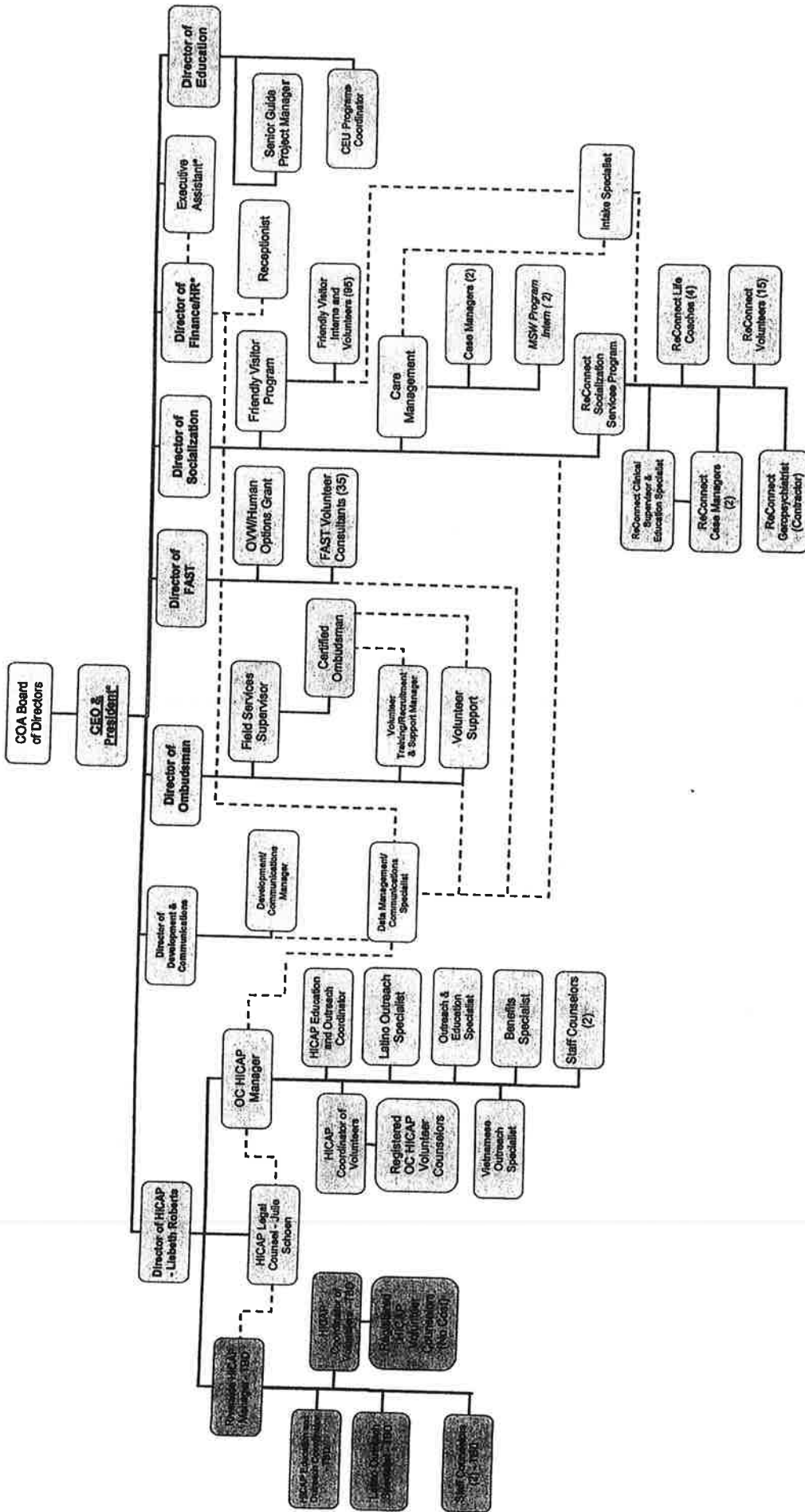


Ken Cornelison



Lisa Wright Jenkins

ORGANIZATIONAL CHART



* Position would be paid in part by Riverside HICAP funding.
 Jobs marked by green are proposed positions for the Riverside HICAP.