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



FROM: Office on Aging

SUBMITTAL DATE: May 22, 2015

SUBJECT: No cost extension amendment to FY 2014/15 Standard Agreement SP-1415-21 Amendment No. 1 Between Riverside County Office on Aging (OoA) and California Department of Aging (CDA) for the SNAP-Ed Program. [Districts – ALL] [Total Cost: \$0]

RECOMMENDED MOTION: That the Board of Supervisors:

- 1. Approve and authorize the Chairman to execute the attached FY 2014/15 Standard Agreement SP-1415-21 Amendment 1 between Riverside County Office on Aging (OoA) and California Department of Aging (CDA) for the SNAP-Ed Program;
- 2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, based on the availability of fiscal funding, and to sign amendments that do not change the substantive terms of the agreement, as approved by County Counsel; and
- 3. Return four (4) copies of the Agreement to the Office on Aging for further processing.

BACKGROUND:

Summary

The California Department of Aging has awarded a contract to the Riverside County Office on Aging to administer a SNAP-Ed nutrition education and obesity prevention program targeting the SNAP-Ed eligible

(Continued on Page 2)

Rachelle Román, Deputy Director for Michele Haddock, Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Oı	ngoing Cost:	POLICY/CO (per Exec.	
COST	\$ 0	\$ 0	\$ 0	\$	0	Concept 🗆	Daliau M
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$	0	Consent □ Policy ⊠	
SOURCE OF FUNDS: Budget Adjustment: No							
					For Fiscal Year:	2014/2	2015
C.E.O. RECOMME	NDATION:	APPROVE		-			

County Executive Office Signature

Prev. Agn. Ref.: 3-53 9/23/2014

Samuel Wong

District: ALL

MINUTES OF THE BOARD OF SUPERVISORS

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

FORM 11: No cost extension amendment to FY 2014/15 Standard Agreement SP-1415-21 Amendment No. 1 Between Riverside County Office on Aging (OoA) and California Department of Aging (CDA) for the SNAP-Ed Program. [Districts – ALL] [Total Cost: \$0]

DATE: May 22, 2015 **PAGE:** Page 2 of 2

BACKGROUND:

Summary (continued)

population. The goal of SNAP-Ed is to improve the likelihood that persons eligible for the Supplemental Nutrition Assistance Program (SNAP) will make healthy choices within a limited budget and choose active lifestyles consistent with the current Dietary Guidelines for Americans.

Office on Aging is providing evidence-based nutrition education and physical activity classes crafted specifically for seniors. Using approved behaviorally focused nutrition messages, OoA staff train and educate seniors to make nutritious food choices, make healthy lifestyle changes with their peers, and learn about nutrition assistance programs to reduce food insecurity. Seniors participate in age specific physical fitness training focused on maintaining strength and balance to reduce falls.

This amendment only extends the term of the original Standard Agreement SP-1415-21 that was approved by the Board of Supervisors on September 23, 2014, Agenda Item #3-53 from June 30, 2015 to September 30, 2015.

Impact on Citizens and Businesses

These funds are to be utilized to provide nutrition education to persons aged 60 and older with the greatest social and economic need.

SUPPLEMENTAL:

Additional Fiscal Information

No fiscal impact.

This program is federally funded by the USDA. There is no impact to County General Funds and we are requesting no additional matching requirements.

ATTACHMENTS:

1. Contract between CDA and OoA: Standard Agreement SP-1415-21 Amendment No. 1

CALIFORNIA DEPARTMENT OF AGING

1300 National Drive, Suite 200 SACRAMENTO, CA 95834 Internet Home Page: www.aging.ca.gov TDD Only 1-800-735-2929 FAX Only (916) 928-2500 (916) 419-7531



April 29, 2015

To: COUNTY OF RIVERSIDE

Enclosed are four Standard Agreements for Contract # SP-1415-21 Amendment 1. You must have current supporting documents in order for us to process this amendment.

As a reminder, we have listed below the expiration dates for your Insurance Certificate or letter of self-insurance and the DUNS expiration for this contract. If they are expired or will be prior to us receiving the signed amendment back, you will need to renew your insurance and send it with the amendment or update your DUNS # on the SAM.gov website.

- General Liability will expire on 7/1/2015
- Auto Liability will expire on <u>7/1/2015</u>
- Professional Liability will expire on 10/1/2015
- DUNS # will expire on 11/10/2015.

\boxtimes	A nev	v resol	ution is	need	ed (True)
	A nev	v resol	ution is	NOT	needed

Please sign and return all four copies of the Contract and any additional documents required to:

California Department of Aging 1300 National Drive, Suite 200 Sacramento, CA 95834

If you have any questions, please contact me at (916) 419-7157 or at the email address listed below. Thank you.

Don Fingado
Contract Analyst
California Department of Aging
Don.Fingad@aging.ca.gov



X CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED Pages

				SP-1415-21		1
				REGISTRATION	NUMBER	
1.	This Agreement is enter	ad into trata, and the Otal				
١,	This Agreement is enterestate AGENCY'S NAME	ed into between the Stat	te Agency ar	id Contractor nar	med below:	
	California Department	of Aging				
	COUNTY OF RIVERSIDE					
2.	The term of this					
	Agreement is	July 1, 2014	through	September 30 2015),	
3.	The maximum amount o Agreement after this am	7,		sand three hundre	d ten and 00/10	00 dollars
4.	The parties mutually agreed of the Agreement and inc	ee to this amendment as corporated herein:	s follows. Al	actions noted b	elow are by t	his reference made a part
	The amendment extends period of time is needed	s the term of this Agreem to allow the contractor to	nent from Jui o complete tl	ne 30, 2015 to S neir contract acti	eptember 30 vities.	, 2015. This additional
	This amendment only ex The original Scope of Wo extended time period.	tends the original time foork and Budget remain t	or completion he same. No	of performance additional fund	of the contra	act. allocated to the
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	All other terms and cond	itions shall remain the s	ame	Hut		
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IN W	/ITNESS WHEREOF, this A		uted by the p	arties hereto.	T	CALIFORNIA
		CONTRACTOR		no l	Depa	rtment of General Services
	FRACTOR'S NAME (If other than an I INTY OF RIVERSIDE	individual, state whether a corpora	tion, partnership,	etc.) O		Use Only
	uthorized Signature)		DATE SIGNE	D (Denot type)		
Ø				300		
PRINT	TED NAME AND TITLE OF PERSON	I SIGNING		NA SINA		
ADDR 6296	ess Rivercrest Drive, Suite K. Ri	iverside CA 92507-0738		AL R		
		STATE OF CALIFORNIA			1	
	CY NAME			B €	1	
	ornia Department of Aging	9				
	uthorized Signature)		DATE SIGNE	D (Do not type)		
Ø DDINIT	TED NAME AND TITLE OF DEDOON	LCICNINO				
	TED NAME AND TITLE OF PERSON IN Wallace Manager,				SCM 3.09.A.3	
ADDR					1	
1300	National Drive, Suite 200), Sacramento, CA 9583	4			

AGREEMENT NUMBER

AMENDMENT NUMBER

	CHECK HERE IF ADDITIONAL PAGES ARE ATTAC	CHED Pages	AGREEMENT NUMBER SP-1415-21 REGISTRATION NUMBER	AMENDMENT NUMBER 1
1.	This Agreement is entered into between t	he State Agency and	Contractor named below	:
	California Department of Aging CONTRACTOR'S NAME COUNTY OF RIVERSIDE	7.1-	a:	
2.	The term of this			
	Agreement is July 1, 2014	_	September 30, 2015	
3,		07,310.00 ne hundred seven thous	and three hundred ten and 00	/100 dollars
4.	The parties mutually agree to this amendr of the Agreement and incorporated herein	ment as follows. All a	actions noted below are b	y this reference made a part

The amendment extends the term of this Agreement from June 30, 2015 to September 30, 2015. This additional period of time is needed to allow the contractor to complete their contract activities.

This amendment <u>only</u> extends the original time for completion of performance of the contract. The original Scope of Work and Budget remain the same. No additional funds have been allocated to the extended time period.

All other terms and conditions shall remain the same.

CONTRACTOR		CALIFORNIA Department of General Services
CONTRACTOR'S NAME (If other than an individual, state whether a corporation COUNTY OF RIVERSIDE	n, partnership, etc.)	Use Only
BY (Authorized Signature)	DATE SIGNED (Do not type)	1
€ S	20	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 6296 Rivercrest Drive, Suite K Riverside CA 92507-0738	K KIP	
STATE OF CALIFORNIA	A IA	
AGENCY NAME	ΣZ	T
California Department of Aging	R >:	
BY (Authorized Signature)	DATE SIGNED (Do not type)	
⊠	30 1000 30	
PRINTED NAME AND TITLE OF PERSON SIGNING Glenn Wallace Manager, CBSS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SCM 4.10.A.
ADDRESS 1300 National Drive, Suite 200, Sacramento, CA 95834		

STANDARD AGREEMENT AMENDMENT

		NAL PAGES ARE ATTACHED	Pages	AGREEMENT NUMBER SP-1415-21	AMENDMENT NUMBER		
				REGISTRATION NUMBER			
			72				
	This Agreement is entered into between the State Agency and Contractor named below:						
	California Departm	ent of Aging					
	CONTRACTOR'S NAME						
)	COUNTY OF RIVERSI	DE					
2.	The term of this	11.4.004		_			
	Agreement is	July 1, 2014	through	September 30,			
3.	The maximum amou	nt of this 6 407 2	40.00	2015			
	Agreement after this	7 , .		sand three hundred ten and 00	/100 dollors		
	The amendment exterperiod of time is need	d incorporated herein: ends the term of this Agreded to allow the contracto y extends the original time	ement from Jun r to complete th	of performance of the con	30, 2015. This additiona		

All other terms and conditions shall remain the same.

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

CONTRACTOR	00)	CALIFORNIA Department of General Services
CONTRACTOR'S NAME (If other than an individual, state whether a corporati	on, partnership, etc.)	Use Only
COUNTY OF RIVERSIDE	Z.	ì
BY (Authorized Signature)	DATE SIGNED (DO Got Sype)	
€ S	8/10	
PRINTED NAME AND TITLE OF PERSON SIGNING	NAW.	
ADDRESS	<u>a</u> 70°	
6296 Rivercrest Drive, Suite K Riverside CA 92507-0738	EAL	
STATE OF CALIFORNIA	OR.	
AGENCY NAME	<u>u. m</u>	
California Department of Aging		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
K		
PRINTED NAME AND TITLE OF PERSON SIGNING		☐ SCM 4.10.A.
Glenn Wallace Manager, CBSS		SCM 3.09.A.3
ADDRESS		
1300 National Drive, Suite 200, Sacramento, CA 95834	1	

X	CHECK HERE IF ADDITIONAL PA	AGES ARE ATTACHED	Pages	AGREEMENT NUMBER SP-1415-21 REGISTRATION NUMBER	AMENDMENT NUMBER 1
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	California Department o	f Aging			
	COUNTY OF RIVERSIDE				
2.	The term of this				
	Agreement is	July 1, 2014	through	September 30, 2015	
3.	The maximum amount of t Agreement after this amen	¥ . v . j v .		sand three hundred ten and 00	/100 dollars
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S

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto. CALIFORNIA CONTRACTOR **Department of General Services** CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) Use Only COUNTY OF RIVERSIDE BY (Authorized Signature) DATE SIGNED (Dong type) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS 6296 Rivercrest Drive, Suite K Riverside CA 92507-0738 STATE OF CALIFORNIA AGENCY NAME California Department of Aging BY (Authorized Signature) DATE SIGNED (Donot type) PRINTED NAME AND TITLE OF PERSON SIGNING SCM 4.10.A. Glenn Wallace Manager, CBSS SCM 3.09.A.3 ADDRESS 1300 National Drive, Suite 200, Sacramento, CA 95834

State of California

California Department of Aging

Agreement #: SP-1415-21

Date: 07/01/14

Amendment #: Interim

Date 03/23/15

Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Interim Budget Display State Fiscal Year 2014-15 July 1, 2014 - June 30, 2015

County of Riverside

	Project	Baseline	Total	Net Change
SNAP-Ed Reimbursement Funds	s (July 1, 2014-Septer	mber 30, 2014)		
Program	SPFL14-14	24,145	14,784	(9,361)
Administration	SPAL14-14	2,683	2,683	-
3 MONTHS TOTAL		26,828	17,467	(9,361)
SNAP-Ed Reimbursement Funds Program	s (October 1, 2014-Ju SPFL15-14		81.795	9.361
Program		72,434	81,795	9,361
Administration	SPAL15-14	8,048	8,048	
9 MONTHS TOTAL		80,482	89,843	9,361
GRAND TOTAL (12 MONTHS)		107,310	107,310	

Funds for this contract are provided by using the United States Department of Agriculture, Food and Nutrition Services (USDA-FNS) Food and Nutritional Act (FNA) grant:

CFDA Number: 10.561

CFDA Program Title: State Administrative Matching Grants for the Supplemental Nutrition Assistance Program

15/16 Budset Adjustment