

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

120



FROM : Office on Aging

SUBMITTAL DATE:
March 14, 2013

SUBJECT: Approval to increase funding amount to service provider Colorado River Senior/Community Center and allow Purchasing Agent to enter into contract amendments with Colorado River Senior/Community Center.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the \$7,500 increase in the agreement with Colorado River Senior/Community Center for a new annual amount of \$49,158 and;
- 2) Authorize the Purchasing Agent to execute contract amendments that do not change the substantive terms of the agreement, and to increase funding not to exceed 10% of the new annual amount and to execute renewal options.

BACKGROUND: The Older Americans Act authorizes the Area Agency on Aging (AAA) to be the leader in all aging issues on behalf of older persons residing in the planning and service area. (Continued on Page 2)

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: Lisette Rose 3/27/13

Michele Wilham
Michele Wilham, Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 7,500.00	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

SOURCE OF FUNDS: Federal 100%	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE
BY: Lani Sioson
County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: April 9, 2013
xc: Office on Aging, Purchasing, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: [Signature]
Deputy

Dep't Recomm.
Per Exec. Ofc.:

BY: NEAL R. KIPNIS 3/26/13 DATE

Purchasing: [Signature] Mark Seiler, Assistant Director

SUBJECT: Approval to increase funding amount to service provider Colorado River Senior/Community Center and allow Purchasing Agent to enter into contract amendments with Colorado River Senior/Community Center.

BACKGROUND:

The County through the Office on Aging is responsible for meeting the needs of special populations including, but not limited to: Older individuals residing in rural areas; older individuals with greatest economic needs (with particular attention to low-income minority individuals and older individuals residing in rural areas); and older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas).

This increase will assist with the provision of critically needed senior services to older adults in the Colorado River Communities. The Colorado River Senior/Community Center is located in a rural, very low income, desolate desert area of the county. Clients are spread over a very large area, over 400 square miles. The main purpose of the center is to promote the general welfare and economic development of seniors residing in this area. The center provides nutrition services, commodities distribution, transportation assistance, and daily activities to attain and/or maintain the physical and mental well-being of clients. Without the services supported through this agreement, the quality of life for seniors in the Colorado River Communities would be compromised.

The FY 2012-2013 Title IIIB original contract with Colorado River Senior/Community Center approved and signed by the Board on July 31, 2012 Agenda item 3.33; total the amount of \$41,658.00 of federal funds. The terms of this agreement remains unchanged (7/1/12 – 6/30/13) however; an adjustment of \$7,500.00 is needed for total contract amount of \$49,158.00.

The Office on Aging respectfully requests that the Board of Supervisors allow the Purchasing Agent to expedite this contract budget increase for Colorado River Senior/Community Center and allow to enter into contract amendments with the provider to increase funding amounts not to exceed 10% of the new contract amount. Approval by the Board of Supervisors of this recommended motion would allow the Office on Aging to efficiently expedite contract budget adjustments to deliver much needed services to the Colorado River Community in a timely manner, while minimizing the costs associated with processing Form 11's.

There is no impact to County General Funds and we are requesting for no additional matching requirements.

CONTRACT CONTENTS CHECKLIST
FISCAL YEAR 2012/2013

Contract with: **Colorado River Senior Center**

✓ Check each box when complete

Contract: (4) Signed Signature Pages: Four Signature Pages Only

Attachment A:

Attachments A: Scope of Work - Title IIIB - Senior Center Support - Colorado River Senior Center: Amended

Attachment B:

Attachment B: Individual Contractor Allocation - Title IIIB - Senior Center Support - Colorado River Senior Center: Amended

Attachment C:

Attachment C: Contract budget Program Activity - Title IIIB - Senior Center Support - Colorado River Senior Center: Amended

Insurance Copies:

N/A Amendment Only

* Requires additionally insured letter:

Attach a copy Certificate of Insurance

Expiration Dates

N/A Workers Compensation

On File

N/A *Commerce General Liability

On File

N/A *Vehicle Liability

On File

N/A General Insurance

On File

N/A Professional Liability

if applicable

Board Resolution Stmt & Signatures:

N/A Authorization to enter into agreement

On File

Organizational Chart:

N/A Include names and job titles

On File

AGENCY CONTRACTS REPRESENTATIVE PLEASE FILL OUT THIS CONTRACT CONTENTS CHECKLIST FORM COMPLETELY AND RETURN WITH CONTRACT PACKAGE.

* Failure to include all required documents that are complete and correct will result in the package being returned to me via regular mail. The returned package will include a statement indicating the reason(s) for return. Execution of this Contract and the availability of funds WILL be delayed.

* Please provide the name(s) of the person(s) who complete the Monthly Reports and Reimbursements:

Monthly Reports/Name/Phone Number

John Ewing 760.922.6133

Reimbursements/Name/Phone Number

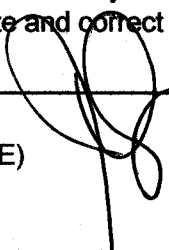
John Ewing 760.922.6133

Please provide an email address for your agency

* Upon receipt of a complete and correct contract package, the contract will be executed and a copy sent to.

1989crsc@gmail.com

SIGNATURE/DATE
(DIRECTOR OR DESIGNEE)


9/27/12

1. This Agreement is entered into between the Riverside County Agency and Contractor named below.

Riverside County Agency Name
Office on Aging

Contractor Name
Colorado River Senior Community Center

2. The term of this Agreement is: July 1, 2012 through June 30, 2013

3. Maximum amount of this Agreement: \$45,158.00
Forty Five Thousand One Hundred Fifty-Eight

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Attachment A Scope of Work
Title IIIB - Community Services and Senior Center Support: Amended

Attachment B Individual Contractor Allocations
Title IIIB - Community Services and Senior Center Support: Amended

Attachment C Contract Budget Program Activity
Title IIIB - Community Services and Senior Center Support: Amended

Exhibit A

Exhibit B

Exhibit D

Exhibit E

FORM APPROVED COUNTY COUNSEL
BY [Signature] DATE 3/20/13
NEAL R. KIPNIS

All other terms and conditions contained in the Agreement not changed, amended or modified through this Amendment shall remain unchanged and in full force and effect.

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

Contractor		County of Riverside	
Contractor Name: <u>Colorado River Senior Community Center</u>	Agency Name:		
BY (Authorized Signature) <u>[Signature]</u>	Date Signed <u>4/27/12</u>	BY (Authorized Signature) <u>[Signature]</u>	Date Signed <u>4/19/13</u>
Printed Name And Title of Person Signing <u>John Ewing, Director</u>	Printed Name And Title of Person Signing JOHN J. BENOIT, CHAIRMAN, BOARD OF SUPERVISORS		
Address <u>HCR 20, Box 3408 Blythe, CA 92225</u>	Address		

ATTEST:
KECIA HARPER-IHEM, Clerk
By [Signature]
DEPUTY

**ATTACHMENT A
SCOPE OF WORK**

SCOPE OF WORK
FY 2012-2013

AMENDED 2012-13(1)
COLORADO RIVER SENIOR/COMMUNITY CENTER
TITLE IIIB
SENIOR CENTER SUPPORT

I. PROGRAM SPECIFICATIONS

A. Program # -
Unit of Service

Definition -

1. Unit Measurement:	<u>1 hour</u>
2. Units of Service/Clients Served:	
a. Units of Service to be Provided Under Contract:	<u>1561</u>
b. Unit Rate:	<u>28.92</u>
c. Number of New Clients to be Served:	<u>12</u>
d. Number of New Minorities to be Served:	<u>0</u>
e. Number of Clients in Target Groups:	<u>14</u>

II. INTAKE/SCREEN FORMS

Contractor must use the "New Senior Intake Form", 100x, (OoA Form 2), for each new client served, and take appropriate measures to ensure confidentiality of such client information. **A copy of this form for each new senior served during the reporting month must be submitted to the Office on Aging along with the Monthly Supportive Services Report and Request for Reimbursement.**

III. STAFFING PLAN

Attach to this Scope of Service an organization chart and job descriptions for key paid and volunteer staff. Describe how non-English speaking clients will be served and what training will be available to staff.

ATTACHMENT A

AMENDED 2012-13(1)

IV. PLAN OF ACTION

Briefly answer the following questions about the program/services to be provided under this Contract. If you use additional pages, please repeat the question(s) with your answers.

- A. Describe the day-to-day activities you will undertake to provide this service, i.e., how you will reach out to specific neighborhoods, how you will handle referrals, record keeping, etc."
1. With our newsletter, postings at each community, email and word of mouth we will announce the meals on wheels program
 2. The Food Service Manager and Director will maintain all records on the clients.
 3. We will insure that each client is treated with dignity and confidentiality
- B. Hours/days of operation:
1. Monday through Friday 9:00 to 3:00 Except July & August 9:00 to 1:00
- C. Describe the Service Area(s) (SA), your program will serve:
1. Colorado River Communities
- D. Describe how you will find and serve, or involve members of target population groups:
1. Membership referrals, word of mouth and notices in newsletter.
- D. Describe how you will coordinate your program with other senior services providers in your community, i.e., transportation, housing, health providers, churches, civic groups, etc.
1. We work with the local food bank
- F. Include other pertinent\unique information about your program:

Staffing Plan for the Colorado River Senior Community Center

Director

Oversee Operation

Food Service Manager

Plan Meals

Oversee Deliveries

Sign up of new clients

Keeps records of all meal deliveries

Volunteer Drivers (3)

Deliver Meals

Maintain records of miles/gas usage

Keep Meals in a sanitary condition

Volunteer (Non English speaking) (3)

Work with staff to communicate with non-English speaking clients when necessary

All people handling the meals will be trained in how work with the clients and get a meal handling certificate.

**ATTACHMENT B
ALLOCATION**

ATTACHMENT B
Amended No. 2012-13(1)

Contracts for Services Fiscal Year 2012/2013
Vendor #46713

Provider	Funding Source Project/Grant	Program	Unit of Service	Unit Description	CFDA #	Number of Units	Unit Rate	Dollar Amount	Total Contract Amount per Provider
Colorado River Senior/Community Center HCR 20, Box 3408	Title IIIB Community Services and Senior Center Support		Senior Center Staffing	One Staff Hour	93.044	1,440	28.92	\$41,658.00	
Blythe, CA 92225	Title IIIB Community Services and Senior Center Support		Senior Center Staffing	Additional Staffing Hours		121 1,561	28.92	\$ 3,500.00	\$45,158.00

September 2012 added \$3500

**ATTACHMENT C
BUDGET**

**CONTRACT CONTENTS CHECKLIST
One Time Only (OTO)
FISCAL YEAR 2012/2013**

Contract with: **Colorado River Senior Center**

Contract: (4) Signed Signature Pages: Check each box when complete
 Four Signature Pages Only

Attachment A:	<input checked="" type="checkbox"/>	Attachments A: Scope of Work - Title IIIB - Senior Center Support - Colorado River Senior Center.
Attachment B:	<input checked="" type="checkbox"/>	Attachment B: Individual Contractor Allocation - Title IIIB - Senior Center Support - Colorado River Senior Center
Attachment C:	<input checked="" type="checkbox"/>	Attachment C: Contract budget Program Activity - Title IIIB - Senior Center Support - Colorado River Senior Center

Insurance Copies:

N/A Amendment Only

* Requires additionally insured letter:

Attach a copy Certificate of Insurance		Expiration Dates
<input type="checkbox"/> N/A	Workers Compensation	On File
<input type="checkbox"/> N/A	*Commerce General Liability	On File
<input type="checkbox"/> N/A	*Vehicle Liability	On File
<input type="checkbox"/> N/A	General Insurance	On File
<input type="checkbox"/> N/A	Professional Liability if applicable	

Board Resolution Stmt & Signatures: N/A Authorization to enter into agreement On File

Organizational Chart: N/A Include names and job titles On File

AGENCY CONTRACTS REPRESENTATIVE PLEASE FILL OUT THIS CONTRACT CONTENTS CHECKLIST FORM COMPLETELY AND RETURN WITH CONTRACT PACKAGE.

* Failure to include all required documents that are complete and correct will result in the package being returned to me via regular mail. The returned package will include a statement indicating the reason(s) for return. Execution of this Contract and the availability of funds WILL be delayed.

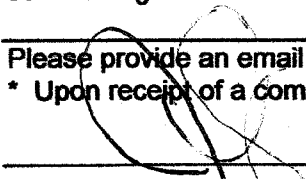
* Please provide the name(s) of the person(s) who complete the Monthly Reports and Reimbursements:

Monthly Reports/Name/Phone Number
John Ewing 760.922.6133

Reimbursements/Name/Phone Number
John Ewing 760.922.6133

Please provide an email address for your agency

* Upon receipt of a complete and correct contract package, the contract will be executed and a copy sent to.

 11/29/13

1989crsc@gmail.com

**SIGNATURE/DATE
(DIRECTOR OR DESIGNEE)**

ATTACHMENT A
SCOPE OF WORK

SCOPE OF WORK
FY 2012-2013
One Time Only
COLORADO RIVER SENIOR/COMMUNITY CENTER
TITLE IIIB - SENIOR CENTER SUPPORT

I. PROGRAM SPECIFICATIONS

**A. Program # -
Unit of Service**

Definition -

1. Unit Measurement:	<u>1 Hour</u>
2. Units of Service/Clients Served:	
a. Units of Service to be Provided Under Contract:	<u>1699</u>
b. Unit Rate:	<u>28.92</u>
c. Number of New Clients to be Served:	<u>0</u>
d. Number of New Minorities to be Served:	<u>0</u>
e. Number of Clients in Target Groups:	<u>93</u>

II. INTAKE/SCREEN FORMS

Contractor must use the "New Senior Intake Form", 100x, (OoA Form 2), for each new client served, and take appropriate measures to ensure confidentiality of such client information. A copy of this form for each new senior served during the reporting month must be submitted to the Office on Aging along with the Monthly Supportive Services Report and Request for Reimbursement.

III. STAFFING PLAN

Attach to this Scope of Service an organization chart and job descriptions for key paid and volunteer staff. Describe how non-English speaking clients will be served and what training will be available to staff.

ATTACHMENT A

Amended 2012-13(1)

IV. PLAN OF ACTION

Briefly answer the following questions about the program/services to be provided under this Contract. If you use additional pages, please repeat the question(s) with your answers.

A. Describe the day-to-day activities you will undertake to provide this service, i.e., how you will reach out to specific neighborhoods, how you will handle referrals, record keeping, etc."
As outlined in original Contract

B. Hours/days of operation:
As outlined in original Contract

C. Describe the Service Area(s) (SA), your program will serve:
As outlined in original Contract

D. Describe how you will find and serve, or involve members of target population groups:
As outlined in original Contract

E. Describe how you will coordinate your program with other senior services providers in your community, i.e., transportation, housing, health providers, churches, civic groups, etc.:
As outlined in original Contract

F. Include other pertinent/unique information about your program:
As outlined in original Contract

Staffing Plan for the Colorado River Senior Community Center

Director

Oversee Operation

Purchase of any additional commodities

Oversees the pickup of Commodities both purchased and USDA items.

Works with Cleaning contractor

Receives information on needy clients and takes action to remedy the situation.

Food Service Manager

Plan Meals

Purchase Food for meals

Keeps records of all meal costs

Volunteer (3)

Picks up commodities

Breaks down and package Commodities for distribution

Maintains files and submits reports to appropriate agencies

Volunteer (Non English speaking) (3)

Work with staff to communicate with non-English speaking clients when necessary

ATTACHMENT B
ALLOCATION

ATTACHMENT B

Contracts for Services Fiscal Year 2012/2013
Vendor #46713

Provider	Funding Source Project/Grant	Program	Unit of Service	Unit Description	CFDA #	Number of Units	Unit Rate	Dollar Amount	Contract Amount per Provider
Colorado River Senior/Community Center HCR 20, Box 3408 Blythe, CA 92225	OA61642FY13	Title IIIB Community Services and Senior Center Support	Senior Center Staffing	One Staff Hour	93.044	1,440	28.92	\$41,658.00	
	OA61642FY13	Title IIIB Community Services and Senior Center Support	Senior Center Staffing	One Staff Hour	93.044	121	28.92	\$ 3,500.00	
	OA61673FY13	Title IIIB Community Services and Senior Center Support - One Time Only (OTO)	Senior Center Staffing	One Staff Hour	93.044	138	28.92	\$ 4,000.00	
									\$49,158.00

**ATTACHMENT C
BUDGET**

