

ATTACHMENT B
ALLOCATION

ATTACHMENT B
Vendor#

Contracts for Services Fiscal Year 2015/2016
July 1, 2015 through March 30, 2015
 (Nine Months)

Provider	Funding Source Project/Grant	Program	Unit of Service	Unit Description	CFDA #	Number of Units	Unit Rate	Federal Funds	State Funds	Total Contract Amount
Council On Aging 200 Santa Ana, CA 92705	OA51056FY16	HICAP	HICAP Reimbursement (Ins. Fund)		93.779	n/a	Expenses		\$143,044.00	
	OA51091FY16	HICAP	State HICAP Funds		93.779	n/a	Expenses		\$71,504.00	
	OA51098FY16	HICAP	HICAP Federal Base (SHIP Funds)		93.779	n/a	Expenses	\$133,301.00		
Total								\$133,301.00	\$214,548.00	\$347,849.00

ATTACHMENT B
Vendor#

Contracts for Services Fiscal Year 2015/2016
April 1, 2016 - June 30, 2016
 (Three Months)

Provider	Funding Source Project/Grant	Program	Unit of Service	Unit Description	CFDA #	Number of Units	Unit Rate	Federal Funds	State Funds	Total Contract Amount
Council On Aging 1971 E. 4th Street, Suite 200 Santa Ana, CA 92705	OA51056FY16	HICAP	HICAP Reimbursement (Ins. Fund)		93.779	n/a	Expenses	\$0.00	\$47,675.00	
	OA51091FY16	HICAP	State HICAP Funds		93.779	n/a	Expenses	\$0.00	\$23,831.00	
	OA51098FY16	HICAP	HICAP Federal Base (SHIP Funds)		93.779	n/a	Expenses	\$43,996.00		
								\$43,996.00	\$71,506.00	\$115,502.00

ATTACHMENT C
BUDGET

ATTACHMENT "C"

**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
 Contractor Budget: Program Resources
 Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:
 Revision:
 OTO:

Contractor:
 Program and Service:
 Vendor #:

Council on Aging
 HICAP-FUND
 1234567890

Date: 09/02/2015

DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:			
11 Federal & State	HICAP-FUND	23,831	
12 Federal & State OTO			
13 Other Award (IFS *)			
14 Other Award (IFS *)			
15 Other Award (IFS *)			
16 Total RCOoA Award Amounts		23,831	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		23,831	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	2,648	0
Minimum Required Match	Title IIIE	25%	7,944	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 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

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

Date: 09/02/2015

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
Paid Personnel					
11 Total Salaries / Wages	13,416				13,416
12 Payroll Taxes	1,026				1,026
13 Workers' Compensation	83				83
14 Other Benefits	1,264				1,264
15 Total Paid Personnel	15,789	0	0		15,789
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	15,789	0	0	0	15,789
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 *	181				181
Other Direct Expenses					
27 Building Rent and Utilities					
28 Lease / Rent *	6,453				6,453
29 Utilities *	1,408				1,408
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 *					0
39 Total Other Direct Expenses	7,861	0	0	0	7,861
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	23,831	0	0	0	23,831

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**



Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2015-16

Original:
 Revision:
 OTO:

April 1, 2016 to June 30, 2016

Date:

Contractor:
 Program and Service:
 Vendor #:

Council on Aging
HICAP-FUND
1234567890

Budget Line Items	Line #	Total RCOoA	Explanation
Travel & Training *	18	0	
Consultants *	25	181	
Lease / Rent *	28	6,453	
Utilities *	29	1,408	
Office Expense *	30	0	
Vehicle Operations and Maintenance *	31	0	
Outside Services *	32	0	
Accounting *	33	0	
Audit * **	34	0	
Volunteer Expense *	35	0	To educate volunteers on program information and recognition
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 2015-16

Original:
Revision:
OTO:

April 1, 2016 to June 30, 2016

Date: 09/02/2015

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	20.00	17.00	13	4,420	
2	Benefits Counselor	10.00	18.00	13	2,340	
3	LIA Counselor	20.00	17.00	13	4,420	
4	CEO/President	1.20	60.82	13	949	
5	Director of Finance	1.30	35.00	13	592	
6	Executive Assistant	1.33	17.00	13	294	
7	Accounting Assistant/Office Manager	1.35	15.00	13	263	
8	Receptionist	0.76	14.00	13	138	
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	
Total Salaries / Wages: Section A					13,416	
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					13,416	
Total Payroll Taxes					1,026	
Total Workers' Compensation					83	
Total Other Benefits					1,264	
TOTAL EMPLOYEE BENEFITS					2,373	
TOTAL PAID PERSONNEL					15,789	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21				13	0	
22				13	0	
23				13	0	
24				13	0	
25				13	0	
26				13	0	
27				13	0	
28				13	0	
29				13	0	
30				13	0	
31				13	0	
32				13	0	
33				13	0	
34				13	0	
35				13	0	
36				13	0	
37				13	0	
38				13	0	
39				13	0	
40				13	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				13	0	
42				13	0	
43				13	0	
44				13	0	
45				13	0	
46				13	0	
47				13	0	
48				13	0	
49				13	0	
50				13	0	
51				13	0	
52				13	0	
53				13	0	
54				13	0	
55				13	0	
56				13	0	
57				13	0	
58				13	0	
59				13	0	
60				13	0	
Total Salaries / Wages: Section C					0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2015-16

Original: X
Revision:
OTO:

April 1, 2016 to June 30, 2016

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-FUND
1234567890

Date: 09/02/2015

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				13	0	
27				13	0	
28				13	0	
29				13	0	
30				13	0	
31				13	0	
32				13	0	
33				13	0	
34				13	0	
35				13	0	
36				13	0	
37				13	0	
38				13	0	
39				13	0	
40				13	0	
41				13	0	
42				13	0	
43				13	0	
44				13	0	
45				13	0	
46				13	0	
47				13	0	
48				13	0	
49				13	0	
50				13	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				13	0	
52				13	0	
53				13	0	
54				13	0	
55				13	0	
56				13	0	
57				13	0	
58				13	0	
59				13	0	
60				13	0	
61				13	0	
62				13	0	
63				13	0	
64				13	0	
65				13	0	
66				13	0	
67				13	0	
68				13	0	
69				13	0	
70				13	0	
71				13	0	
72				13	0	
73				13	0	
74				13	0	
75				13	0	
Third-Party In-Kind Personnel: Section C					0	



ATTACHMENT "C"

RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Resources
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

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

Date: 09/02/2015

DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:			
11 Federal & State	HICAP-SHIP	43,996	
12 Federal & State OTO			
13 Other Award (IFS *)			
14 Other Award (IFS *)			
15 Other Award (IFS *)			
16 Total RCOoA Award Amounts		43,996	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		43,996	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	4,888	0
Minimum Required Match	Title IIIE	25%	14,665	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 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

Date: 09/02/2015

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

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
Paid Personnel					
11 Total Salaries / Wages	31,148				31,148
12 Payroll Taxes	2,383				2,383
13 Workers' Compensation	193				193
14 Other Benefits	1,352				1,352
15 Total Paid Personnel	35,076	0	0		35,076
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	35,076	0	0	0	35,076
18 Travel & Training *	1,000				1,000
Equipment					
20 Expendable Equipment (unit cost of < \$500)					0
21 Non-Expendable Equipment (unit cost ≥ \$500)	6,000				6,000
22 Total Equipment	6,000	0	0	0	6,000
23 Catered Food					0
24 Raw Food					0
25 Consultants *					0
Other Direct Expenses					
27 Building Rent and Utilities					
28 Lease / Rent *					0
29 Utilities *					0
30 Office Expense *					0
31 Vehicle Operations and Maintenance *	301				301
32 Outside Services *					0
33 Accounting *					0
34 Audit * **					0
35 Volunteer Expense *					0
36 Insurance *	869				869
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *	750				750
39 Total Other Direct Expenses	1,920	0	0	0	1,920
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	43,996	0	0	0	43,996

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.



ATTACHMENT "C"
RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2015-16

Original:
 Revision:
 OTO:

April 1, 2016 to June 30, 2016

Date: 09/02/2015

Council on Aging
 HICAP-SHIP
 1234567890

Contractor:
 Program and Service:
 Vendor #:

Budget Line Items	Line #	Total RCOoA	Explanation
Travel & Training *	18	1,000	Reimburse staff and volunteers for personal car use at \$0.51 per mile
Consultants *	25	0	
Lease / Rent *	28	0	Copier/Printer lease
Utilities *	29	0	Telephone
Office Expense *	30	0	Various office supplies \$700 plus \$500 for postage and \$500 for printing of educational flyers
Vehicle Operations and Maintenance *	31	301	Maintenance for auto
Outside Services *	32	0	IT Support for computer issues needing resolving
Accounting *	33	0	
Audit * **	34	0	
Volunteer Expense *	35	0	To educate volunteers on program information and recognition
Insurance *	36	869	Allocation of General and Professional Insurance
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	750	Conferences and Meeting
Indirect Costs (Maximum 9% of Total) *	40	0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 09/02/2015

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1	Program Assistant	20.00	16.00	13	4,160	
2	Benefit Counselor	20.00	16.00	13	4,160	
3	Volunteer Coordinator	20.00	20.00	13	5,200	
4	HICAP Program Director	14.00	45.67	13	8,312	
5	HICAP Legal Advisor	6.00	52.88	13	4,125	
6	CEO/President	2.90	60.82	13	2,293	
7	Director of Finance	2.90	35.00	13	1,320	
8	Executive Assistant	3.00	17.00	13	663	
9	Accounting Assistant/Office Manager	3.05	15.00	13	595	
10	Receptionist	1.76	14.00	13	320	
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	
Total Salaries / Wages: Section A					31,148	
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					31,148	
Total Payroll Taxes					2,383	
Total Workers' Compensation					193	
Total Other Benefits					1,352	
TOTAL EMPLOYEE BENEFITS					3,928	
TOTAL PAID PERSONNEL					35,076	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21				13	0	
22				13	0	
23				13	0	
24				13	0	
25				13	0	
26				13	0	
27				13	0	
28				13	0	
29				13	0	
30				13	0	
31				13	0	
32				13	0	
33				13	0	
34				13	0	
35				13	0	
36				13	0	
37				13	0	
38				13	0	
39				13	0	
40				13	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				13	0	
42				13	0	
43				13	0	
44				13	0	
45				13	0	
46				13	0	
47				13	0	
48				13	0	
49				13	0	
50				13	0	
51				13	0	
52				13	0	
53				13	0	
54				13	0	
55				13	0	
56				13	0	
57				13	0	
58				13	0	
59				13	0	
60				13	0	
Total Salaries / Wages: Section C					0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2015-16

Original:
Revision:
OTO:

April 1, 2016 to June 30, 2016

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 09/02/2015

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"

RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Resources
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

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

Date: 09/02/2015

DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:			
11 Federal & State	HICAP-Reimbursement	47,675	
12 Federal & State OTO			
13 Other Award (IFS *)			
14 Other Award (IFS *)			
15 Other Award (IFS *)			
16 Total RCOoA Award Amounts		47,675	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		47,675	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	5,297	0
Minimum Required Match	Title IIIE	25%	15,892	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 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

Date: 09/02/2015

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

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
Paid Personnel					
11 Total Salaries / Wages	39,901				39,901
12 Payroll Taxes	3,052				3,052
13 Workers' Compensation	247				247
14 Other Benefits	3,739				3,739
15 Total Paid Personnel	46,939	0	0		46,939
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	46,939	0	0	0	46,939
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 *					0
Other Direct Expenses					
27 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 * **					0
35 Volunteer Expense *					0
36 Insurance *					0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *	736				736
39 Total Other Direct Expenses	736	0	0	0	736
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	47,675	0	0	0	47,675

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



ATTACHMENT "C"

Riverside County Office on Aging

Contractor Budget: Explanations

Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original: X
Revision:
OTO:

Date: 09/02/2015

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

Budget Line Items	Line #	Total RCOA	Explanation
Travel & Training *	18	0	
Consultants *	25	0	
Lease / Rent *	28	0	Office Lease at \$1.30 per sq ft at 1,654.6 sq ft
Utilities *	29	0	
Office Expense *	30	0	
Vehicle Operations and Maintenance *	31	0	
Outside Services *	32	0	IT Support for computer issues needing resolving
Accounting *	33	0	
Audit * **	34	0	
Volunteer Expense *	35	0	To educate volunteers on program information and recognition
Insurance *	36	0	
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	736	Copier/Printer Lease and maintenance expenses
Indirect Costs (Maximum 9% of Total) *	40	0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

Date: 09/02/2015

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	10.00	18.00	13	2,340	
2	HICAP Program Manager	40.00	26.44	13	13,750	
3	Outreach Coordinator-Bilingual	20.00	17.00	13	4,420	
4	Call Center Specialist	20.00	14.00	13	3,640	
5	Benefits Specialist	20.00	18.00	13	4,680	
6	HICAP Regional Coordinator	17.90	19.00	13	4,421	
7	HICAP Director	3.21	30.40	13	1,269	
8	CEO/President	3.25	60.82	13	2,570	
9	Director of Finance	3.25	35.00	13	1,479	
10	Executive Assistant	3.25	17.00	13	718	
11	Accounting Assistant/Office Manager	3.15	15.00	13	614	
12	Receptionist		14.00	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	
Total Salaries / Wages: Section A					39,901	
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					39,901	
Total Payroll Taxes					3,052	
Total Workers' Compensation					247	
Total Other Benefits					3,739	
TOTAL EMPLOYEE BENEFITS					7,038	
TOTAL PAID PERSONNEL					46,939	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21				13	0	
22				13	0	
23				13	0	
24				13	0	
25				13	0	
26				13	0	
27				13	0	
28				13	0	
29				13	0	
30				13	0	
31				13	0	
32				13	0	
33				13	0	
34				13	0	
35				13	0	
36				13	0	
37				13	0	
38				13	0	
39				13	0	
40				13	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				13	0	
42				13	0	
43				13	0	
44				13	0	
45				13	0	
46				13	0	
47				13	0	
48				13	0	
49				13	0	
50				13	0	
51				13	0	
52				13	0	
53				13	0	
54				13	0	
55				13	0	
56				13	0	
57				13	0	
58				13	0	
59				13	0	
60				13	0	
Total Salaries / Wages: Section C					0	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2015-16

April 1, 2016 to June 30, 2016

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-Reimbursement
1234567890

Date: 09/02/2015

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				13	0	
27				13	0	
28				13	0	
29				13	0	
30				13	0	
31				13	0	
32				13	0	
33				13	0	
34				13	0	
35				13	0	
36				13	0	
37				13	0	
38				13	0	
39				13	0	
40				13	0	
41				13	0	
42				13	0	
43				13	0	
44				13	0	
45				13	0	
46				13	0	
47				13	0	
48				13	0	
49				13	0	
50				13	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				13	0	
52				13	0	
53				13	0	
54				13	0	
55				13	0	
56				13	0	
57				13	0	
58				13	0	
59				13	0	
60				13	0	
61				13	0	
62				13	0	
63				13	0	
64				13	0	
65				13	0	
66				13	0	
67				13	0	
68				13	0	
69				13	0	
70				13	0	
71				13	0	
72				13	0	
73				13	0	
74				13	0	
75				13	0	
Third-Party In-Kind Personnel: Section C					0	



ATTACHMENT "C"

RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Resources
Fiscal Year 2015-16

July 1, 2015 to March 31, 2016

Original:
Revision:
OTO:

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

Date: 09/02/2015

DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:			
11 Federal & State	HICAP-FUND	71,504	
12 Federal & State OTO			
13 Other Award (IFS *)			
14 Other Award (IFS *)			
15 Other Award (IFS *)			
16 Total RCOoA Award Amounts		71,504	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		71,504	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	7,945	0
Minimum Required Match	Title IIIE	25%	23,835	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 2015-16

July 1, 2015 to March 31, 2016

Original:
 Revision:
 OTO:

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

Date: 09/02/2015

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
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	7,612				7,612
15 Total Paid Personnel	50,398	0	0		50,398
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	50,398	0	0	0	50,398
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					
27 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	71,504	0	0	0	71,504

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**



Riverside County Office on Aging
Contractor Budget: Explanations
Fiscal Year 2015-16

Original:
Revision:
OTO:

July 1, 2015 to March 31, 2016

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

Date: 09/02/2015

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 2015-16

July 1, 2015 to March 31, 2016

Original: X
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-FUND
1234567890

Date: 09/02/2015

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					7,612	
TOTAL EMPLOYEE BENEFITS					10,880	
TOTAL PAID PERSONNEL					50,398	

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: 2015-16

July 1, 2015 to March 31, 2016

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-FUND
1234567890

Date: 09/02/2015

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"
RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
 Contractor Budget: Program Resources
 Fiscal Year 2015-16

July 1, 2015 to March 31, 2016

Original:
 Revision:
 OTO:

Contractor:
 Program and Service:
 Vendor #:

Council on Aging
 HICAP-SHIP
 1234567890

Date: 09/02/2015

DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:			
11 Federal & State	HICAP-SHIP	133,301	
12 Federal & State OTO			
13 Other Award (IFS *)			
14 Other Award (IFS *)			
15 Other Award (IFS *)			
16 Total RCOoA Award Amounts		133,301	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		133,301	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	14,811	0
Minimum Required Match	Title IIIE	25%	44,434	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 2015-16

July 1, 2015 to March 31, 2016

Original:
 Revision:
 OTO:

Date: 09/02/2015

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

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
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	2,060				2,060
15 Total Paid Personnel	77,725	0	0		77,725
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	77,725	0	0	0	77,725
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					
27 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	133,301	0	0	0	133,301

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**



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2015-16

July 1, 2015 to March 31, 2016

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 09/02/2015

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



Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2015-16

Contractor:
 Program and Service:
 Vendor #:

July 1, 2015 to March 31, 2016

Council on Aging
 HICAP-SHIP
 1234567890

Date: 09/02/2015

Original: X
 Revision:
 OTO:

ATTACHMENT "C" RIVERSIDE COUNTY OFFICE ON AGING



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 2015-16

Original: X
Revision:
OTO:

July 1, 2015 to March 31, 2016

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 09/02/2015

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					2,060	
TOTAL EMPLOYEE BENEFITS					7,839	
TOTAL PAID PERSONNEL					77,725	

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	



ATTACHMENT "C"
RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
 Contractor Budget: Program Resources
 Fiscal Year 2015-16

July 1, 2015 to March 31, 2016

Original:
 Revision:
 OTO:

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

Date: 09/02/2015

DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:			
11 Federal & State	HICAP-Reimbursement	143,044	
12 Federal & State OTO			
13 Other Award (IFS *)			
14 Other Award (IFS *)			
15 Other Award (IFS *)			
16 Total RCOoA Award Amounts		143,044	OK
Program Income (May not be used for match):			
17 Donations from Program Participants			
18 Other Program Income (IFS *)			
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):			
22 Donations NOT from Program Participants			
23 Fundraising Events			
24 Proceeds from Sale of Property / Equipment			
25 Service Fees Income (Non-RCOoA units)			
26 Other Match Cash (IFS *)			
27 Total Match Cash		0	OK
Match Third-Party In-Kind:			
28 Volunteer Services			
29 Donated Materials / Space			
30 Other Match Third-Party In-Kind (IFS *)			
31 Other Match Third-Party In-Kind (IFS *)			
32 Total Match Third-Party In-Kind		0	OK
33 Total Program Resources		143,044	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	15,894	0
Minimum Required Match	Title IIIE	25%	47,681	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.



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2015-16

Original:
 Revision:
 OTO:

July 1, 2015 to March 31, 2016

Date:

Contractor:
 Program and Service:
 Vendor #:

Council on Aging
 HICAP-Reimbursement
 1234567890

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 2015-16

July 1, 2015 to March 31, 2016

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-Reimbursement
1234567890

Date: 09/02/2015

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					13,003	
TOTAL EMPLOYEE BENEFITS					22,728	
TOTAL PAID PERSONNEL					140,317	

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 2015-16

July 1, 2015 to March 31, 2016

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-Reimbursement
1234567890

Date: 09/02/2015

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	

**CERTIFICATE OF
INSURANCE**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2014

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, Suite 130 Irvine CA 92606	CONTACT NAME: Teresa Shen PHONE (A/C No. Ext): (949) 852-0909 FAX (A/C No.): (949) 852-1131 E-MAIL ADDRESS: tshen@milestonepromise.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Technology Insurance Co</td> <td>42376</td> </tr> <tr> <td>INSURER B: Scottsdale Indemnity Co.</td> <td>15580</td> </tr> <tr> <td>INSURER C: Axis Insurance Co.</td> <td>37273</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Technology Insurance Co	42376	INSURER B: Scottsdale Indemnity Co.	15580	INSURER C: Axis Insurance Co.	37273	INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Technology Insurance Co	42376														
INSURER B: Scottsdale Indemnity Co.	15580														
INSURER C: Axis Insurance Co.	37273														
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Council on Aging of Orange County 1971 E 4th St, Ste 200 Santa Ana CA 92705															

COVERAGES **CERTIFICATE NUMBER:** 15/16 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 SUBR INSR 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	TWC3452204	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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		EKI3142145	11/13/2014	11/2/2015	Limit \$1,000,000
C	E&O / Media Liability		MCN000080281401	11/2/2014	11/2/2015	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 Teresa Shen/TERESA
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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

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

- 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

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

CD	LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM,DD,YY)	POLICY EXPIRATION DATE(MM,DD,YY)	LIMITS	
		GENERAL LIABILITY				GENERAL AGGREGATE	\$2,000,000
A	X	OCCURRENCE FORM	2014 09600 NPO	7/1/2014	7/1/2015	PROFESSIONAL LIABILITY AGG.	\$2,000,000
		OTHER				PRODUCTS*COMP/OP AGG	\$1,000,000
	X	SEXUAL MISCONDUCT(1M AGG)				PERSONAL & ADV INJURY	\$1,000,000
	X	PROFESSIONAL LIABILITY				EACH OCCURRENCE	\$1,000,000
		AUTOMOBILE LIABILITY				FIRE DAMAGE(Any one fire)	\$500,000
A		ANY AUTO				MED EXP(Any one person)*	\$20,000
		ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$1,000,000
	X	SCHEDULED AUTOS	2014 22727 NPO	7/1/2014	7/1/2015	BODILY INJURY	
	X	HIRED AUTOS				(Per person)	
	X	NON-OWNED AUTOS				BODILY INJURY	
	X	\$ 250. DED. ON COMP/COLL				(Per accident)	
		EXCESS LIABILITY				PROPERTY DAMAGE	
A	X	UMBRELLA FORM	2014 22727 UMB	7/1/2014	7/1/2015	EACH OCCURRENCE	\$2,000,000
		OTHER THAN UMBRELLA FORM				AGGREGATE	\$2,000,000
		VOLUNTEER ACCIDENT				RETENTION	\$10,000
B	X	PRIMARY	US 1928D	7/1/2014	7/1/2015	ACCIDENT LIMIT	\$10,000
		EXCESS				AD&D	\$5,000
		DEDUCTIBLE				DEDUCTIBLE	\$0

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

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

30 DAYS NOTICE OF CANCELLATION, EXCEPT 10 DAYS NON-PAYMENT OF PREMIUM

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)

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.

County of Riverside, the Department of Aging, the State of California, its officers,
agents, employees, and servants

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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.

**BOARD RESOLUTION
STATEMENT AND
SIGNATURES**



Promoting the independence, health and dignity of older adults through compassion, education and advocacy

**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 21, 2014 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, 2014 for the fiscal year thereafter, the following are authorized signatories to issue checks in payment of claims or other obligations of the Council.

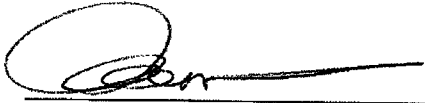
Lisa Wright Jenkins	Chief Executive Officer/President
Daryl YeeLitt	Board Chair & 1 st Vice President
Michael Bader	2 nd Corporate Vice President & Board Vice Chair
Maria Arakaki	Treasurer
Ken Cornelison	Secretary

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

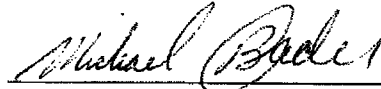
FURTHER RESOLVED: Any payment transactions that exceed \$10,000 must be co-signed by an authorized individual.

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

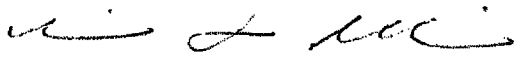
IN WITNESS WHEREOF, the undersigned have executed this Written Consent as of the date first written above.



Daryl YeeLitt



Michael Bader



Maria Arakaki

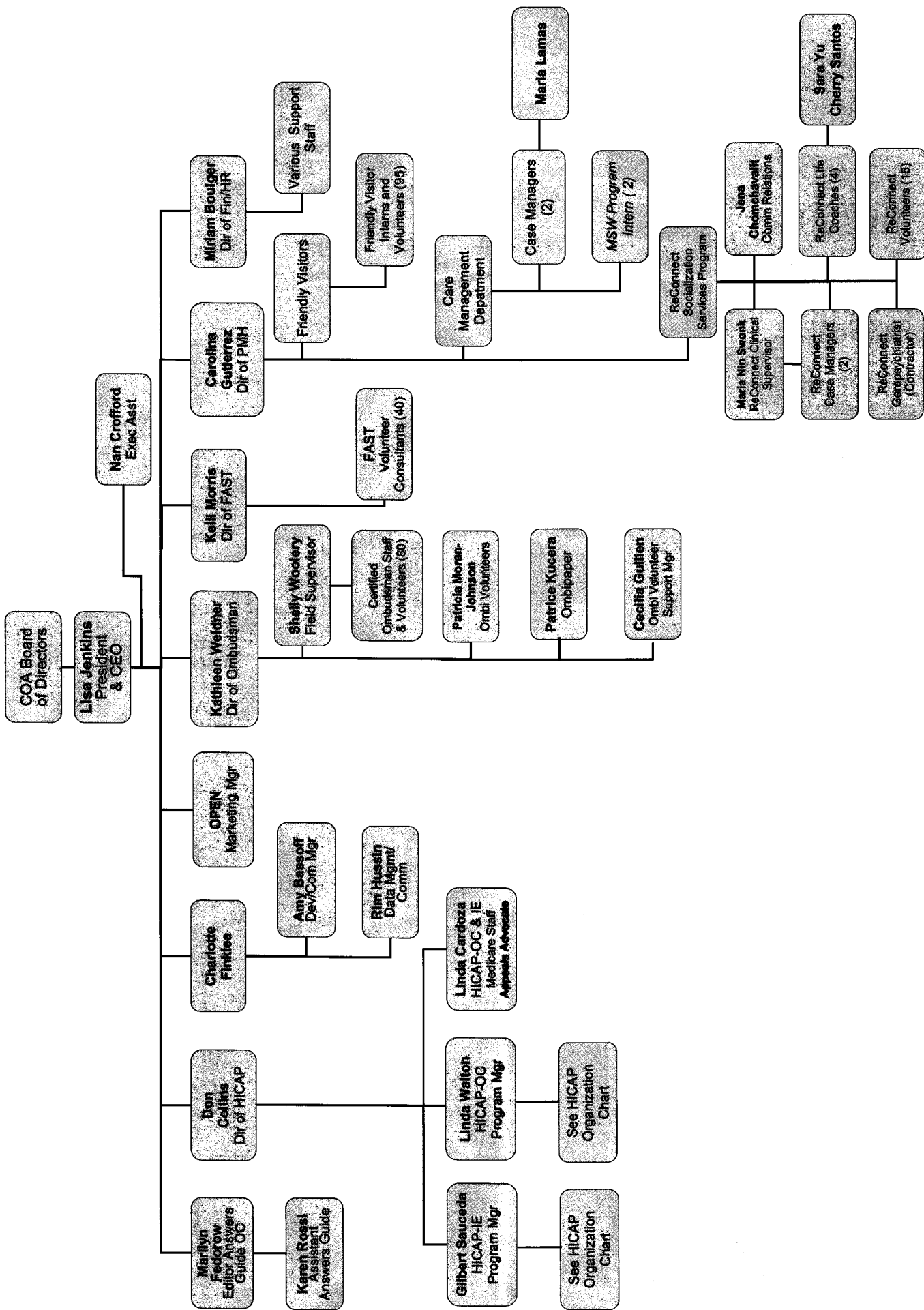


Ken Cornelison

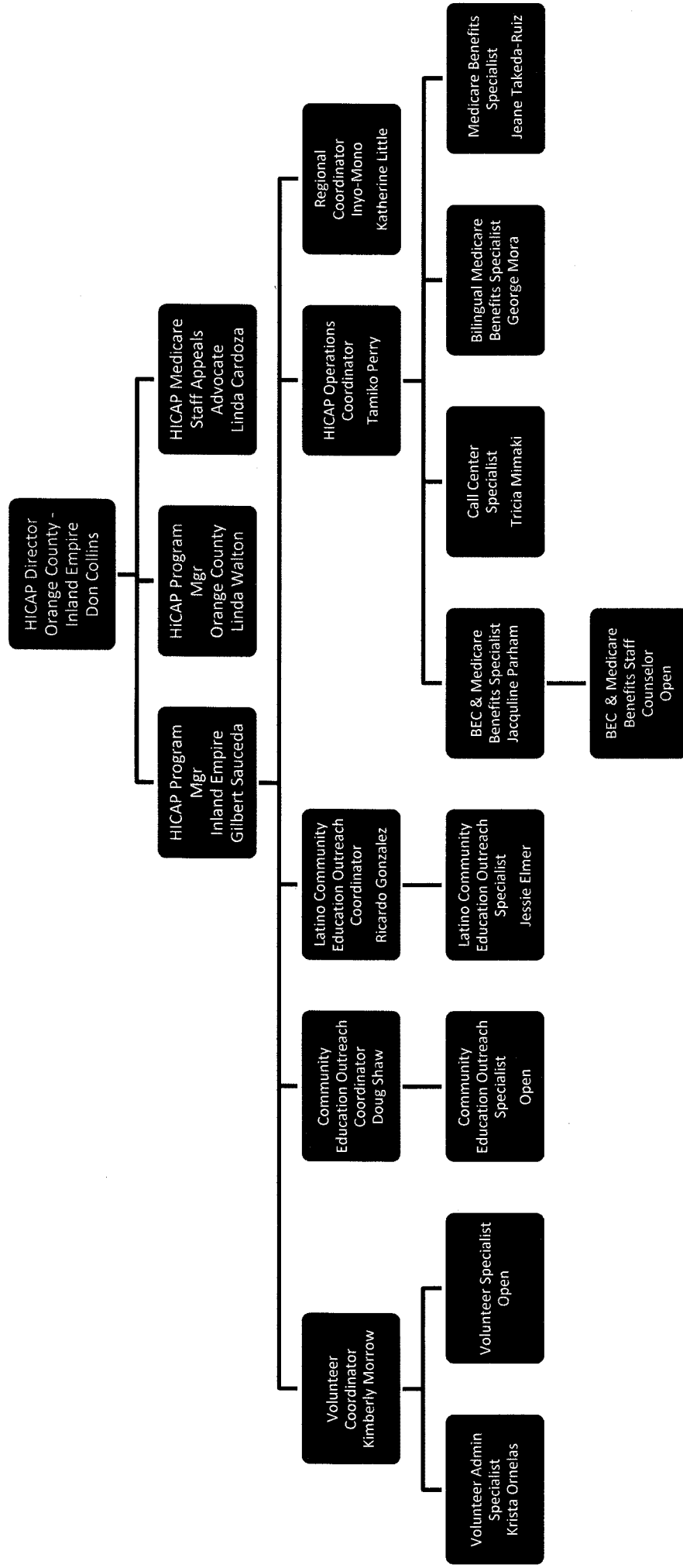


Lisa Wright Jenkins

ORGANIZATIONAL CHART



HICAP Inland Empire Organizational Structure



ATTACHMENT E

COMMUNITY FOCAL POINT LIST

ATTACHMENT "E"

FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

Designated Community Focal Point	Address
Ageless Reflections – Blythe Community Center	445 North Broadway Blythe, CA 92225
Albert A. Chatigny Senior Community Recreation Center	1310 Oak Valley Parkway Beaumont, CA 92223
Arlanza Community Center – Bryant Park	7950 Philbin Avenue Riverside, CA 92503
Banning Senior Center	769 North San Gorgonio Avenue PO Box 998 Banning, CA 92220
Cathedral Center	37-171 West Buddy Rogers Avenue Cathedral City, CA 92234
Coachella Senior Center	1540 Seventh Street Coachella, CA 92236
Colorado River Senior Community Center	HCR 20, Box 3408 – Rio Loco Blythe, CA 92225
Corona Senior Center	921 South Belle Street Corona, CA 92882
Dales Senior Center	3936 Chestnut Street Riverside, CA 92501
Desert Hot Springs Senior Center	11-777 West Drive Desert Hot Springs, CA 92240
Eddie Dee Smith Senior Center	5888 Mission Boulevard Rubidoux, CA 92509
Idyllwild Town Hall	25925 Cedar Street Idyllwild, CA 92549
Indio Senior Center	45-700 Aladdin Street Indio, CA 92201
James A. Venable Community Center	50-390 Carmen Avenue Cabazon, CA 92230
James Simpson Memorial Center	305 East Devonshire Avenue Hemet, CA 92543
Janet Goeske Center	5257 Sierra Street Riverside, CA 92504
Jerry Rummonds Senior Center	87-225 Church Street PO Box 701 Thermal, CA 92274
Joslyn Senior Center	73-750 Catalina Way Palm Desert, CA 92260
Kay Cenicerros Senior Center	29995 Evans Road Sun City, CA 92586

ATTACHMENT "E"

FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

Designated Community Focal Point	Address
La Quinta Senior Center	78-450 Avenida La Fonda La Quinta, CA 92247
La Sierra Senior Center	5215 La Sierra Riverside, CA 92505
Lake Elsinore Activity Center	420 East Lakeshore Drive Lake Elsinore, CA 92530
Marion Ashley Community Center	25625 Briggs Road Menifee, CA 92585
Mary Phillips Senior Center	41845 Sixth Street Temecula, CA 92590
Mead Valley Community Center	21091 Rider Street Perris, CA 92570
Mizell Senior Center	480 South Sunrise Way Palm Springs, CA 92262
Moreno Valley Senior Center	25075 Fir Avenue Moreno Valley, CA 92553
Murrieta Senior Center	41717 Juniper Street Murrieta, CA 92562
Norco Senior Center	2690 Clark Avenue PO Box 428 Norco, CA 92860
Norton Younglove Community Center	459 West Center Street Riverside, CA 92507
Norton Younglove Community Center	908 Park Street PO Box 1190 Calimesa, CA 92320
Perris Senior Center	100 North "D" Street Perris, CA 92570
Riverside-San Bernardino County Indian Health	11555 1/2 Potrero Road Banning, CA 92220
Ruth H. Lewis Community Center at Reid Park	701 North Orange Street Riverside, CA 92501
San Jacinto Community Center	625 South Pico Avenue San Jacinto, CA 92583
Stratton Community Center at Bordwell Park	2008 Martin Luther King Boulevard Riverside, CA 92507
The Center	611 S. Palm Canyon Drive, Suite 201 Palm Springs, CA 92262
Ysamel Villegas Community Center	3091 Esperanza Street Riverside, CA 92503