

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



FROM: Office on Aging

SUBMITTAL DATE:
September 22, 2016

SUBJECT: Approve and Ratify FY 2016/17 Service Provider Agreement between the Riverside County Office on Aging (OoA) and the Council on Aging-Orange County (CA-OC) to provide Health Insurance Counseling and Advocacy Program services for the period July 1, 2016 to June 30, 2017, annually renewable through June 30, 2020. [Districts-All] [Total Cost:\$2,186,656] [Source of Funds-Federal 45%, State 55%]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve, Ratify and Authorize the Chairman of the Board to sign the FY 2016/17 Service Provider Agreement between the Riverside County Office on Aging (OoA) and the Council on Aging - Orange County (CA-OC) to provide Health Insurance Counseling and Advocacy Program (HICAP) services for the period July 1, 2016 to June 30, 2017, annually renewable through June 30, 2020; and,
2. Authorize the Purchasing Agent, based on the availability of funding, to sign amendments and annual renewals, as approved by County Counsel that do not change the substantive terms of the agreement through June 30, 2020.

Policy

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 546,664	\$546,664	\$ 2,186,656	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Federal 45%, State 55%			Budget Adjustment:	No
			For Fiscal Year:	16/17

C.E.O. RECOMMENDATION: [CEO use]

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MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
 Nays: None
 Absent: None
 Date: October 4, 2016
 xc: OoA, Purchasing

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

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BACKGROUND:

Summary

The California Department of Aging (CDA) awards Federal and State Grant Funds to Area Agencies on Aging (AAA) to ensure the delivery of the Health Insurance Counseling and Advocacy Program (HICAP), State Health Insurance Program (SHIP), and Medicare Improvement Patient and Provider Act (MIPPA) services to California's older adult and disabled population. Outreach and education in Riverside County is targeted to older adults and people with disabilities, who may or may not have dual eligibility for both Medi-Cal and Medicare coverage. Education in community settings, along with offering counseling and advocacy in Medicare, Medi-Cal, and other insurance information and clarification is provided to beneficiaries to help them understand the various coverage options available and how to navigate the health insurance obstacle to ensure the most appropriate care is sought. The goal is to promote a single organized system of care, by informing beneficiaries how to best coordinate the delivery of medical, behavioral health, long-term institutional care services, along with in-home and community-based services, as appropriate.

Impact on Citizens and Businesses

These funds are to be utilized in accordance with the Older Americans Act, for individuals aged 60 and older, who will be sought through outreach to provide education, counseling, and advocacy services, as appropriate. The goals of the HICAP is to educate and counsel older adults of Riverside County in their specific health insurance options, to be better informed to make decisions regarding their health insurance coverage and out of pocket costs. The OA-OC will advocate, as necessary, to help the older adult seek services from the most appropriate provider.

SUPPLEMENTAL:

Additional Fiscal Information

The FY 2016/17 Standard Agreement No. HI-1617-21 between California Department of Aging and the County of Riverside for HICAP was approved by the Board of Supervisors, Agenda Item 3-33, on July 26, 2016. A budget adjustment is not needed for this contract agreement, as the funding was approved by the Board of Supervisors through the countywide budget process on July 26, 2016, and budgeted accordingly. The total cost to deliver the HICAP services in the current fiscal year is \$546,662. The amount is anticipated to remain steady for the duration of the term of the agreement with OA-OC, which could be renewed through June 30, 2020. There are sufficient funds in the OoA FY 2016/17 budget for the delivery of these HICAP services and no additional County funds are being requested or are required. These services will be budgeted annually, as funding is allocated to the OoA.

Price Reasonableness

The OoA, through the Purchasing Department, released a Request for Proposal (RFP) #OAARC-015 in December 2015, to solicit providers of Title III and Title VII federally mandated senior services for the OoA. On February 10, 2016, proposals were received by the Purchasing Department in response to the RFP. The proposals received were reviewed and evaluated by a team of four people from the OoA and OoA Advisory Council. The CA-OC submitted the only bid for this particular Title IIIB, Supportive Services. To align with the separate funding sources allocated by CDA, approved Board of Supervisors Agenda Item 3-33 on July 26, 2016, this service provider agreement is being brought before the Riverside County Board of Supervisors separately than those approved on Board of Supervisors Agenda Item 3-27, on July 21, 2016. The costs proposed by CA-OC to deliver the services are within the maximum allowable

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amount available to Riverside County with the federal and state grant funds and are consistent with industry standard.

Riverside County Office on Aging
 Standard Agreement
 OOA 2016-17

1 This Agreement is entered into between the County of Riverside

OFFICE ON AGING

and

COUNCIL ON AGING - ORANGE COUNTY

2 This Agreement period of performance is

July 1, 2015 to June 30, 2017 and may be renewed annually for up to three (3) years.

3 The maximum obligation awarded to the Service Provider through this Agreement is \$ 546,664.00

Five Hundred Forty-Six Thousand, Six hundred Sixty-Four Dollars and zero cents

4 The parties agree to comply with the obligations as defined in the following documents which are by this reference incorporated into the Agreement for services:

Authorized Signatory Form

Agreement Terms and Conditions

Exhibit A. Scope of Work

Attachment 1 to Exhibit A. Service Objectives

Exhibit B. Service Provider Budget Allocations

Attachment 1 to Exhibit B. Budget & Reimbursement Provisions

Exhibit C. Service Provider Budget Detail

Exhibit C-1. HICAP Reimbursement

Exhibit C-2. HICAP Fund

Exhibit C-3. HICAP SHIP

Exhibit C-4. HICAP MIPPA

Exhibit C-5. 12:09 PM HICAP FA

Exhibit D. Insurance Requirements

Exhibit E. Community Focal Points

ATTEST:

KECIA HARPER-IHEM, Clerk

By

[Signature]
 DEPUTY

IN WITNESS WHEREOF, this Agreement for services has been executed by an authorized agent of each party.

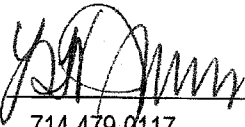
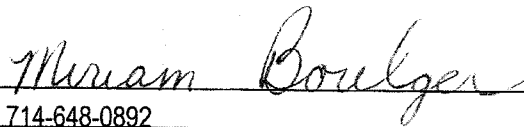
SERVICE PROVIDER		COUNTY OF RIVERSIDE	
Council on Aging - Orange County		Office on Aging	
Date Signed: <i>[Signature]</i>	Date Signed: OCT 04 2016	<i>[Signature]</i>	
BY: <i>[Signature]</i>	BY: <i>[Signature]</i>		
Printed Name: Lisa Wright Jenkins	Printed Name: John J. Benoit		
Title: CEO/President	Title: Chairman of the Riverside County Board of Supervisors		
Address: 2 Executive Circle, Suite 175 Irvine CA 92614	Address: 6297 River Crest Drive, Suite K Riverside CA 92507		

COUNTY OF RIVERSIDE
 CLERK OF SUPERVISORS
 DATE

OCT 04 2016 3-11

AUTHORIZED SIGNATORY FORM:

The following persons have personally signed below and are authorized to sign and submit documents as indicated:

Agreement/Amendments/Fiscal Year Closeout Report	
Name: <u>Lisa Wright Jenkins</u>	Title: <u>CEO/President</u>
Signature: 	
Phone: <u>714-479-0117</u>	E-mail address: <u>lwjenkins@coaoc.org</u>
Mailing Address(if different): _____	
Fiscal Documentation, Monthly Reimbursement Reports, Audits	
Name: <u>Miriam Boulger</u>	Title: <u>Director of Finance/HR</u>
Signature: 	
Phone: <u>714-648-0892</u>	E-mail address: <u>mboulger@coaoc.org</u>
Mailing Address(if different): _____	
Program Services, Program Reports	
Name: <u>Joe Batarse Don Collins</u>	Title: <u>Program Manager</u>
Signature: _____	
Phone: <u>909-758-5787</u>	E-mail address: <u>jbatarse ^{dcollins}@hicansbc.org</u>
Mailing Address(if different): _____	
In the event of an emergency, RCOoA may contact SERVICE PROVIDER Board Chairperson:	
Name: <u>Daryl YeeLitt</u>	
Phone #: <u>949-310-7810 (cell)</u>	
Mailing: <u>2 Executive Circle, Ste. 175 Irvine, CA 92614</u>	
Email: <u>dyeelitt@coaoc.org</u>	

TERMS AND CONDITIONS

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Article I. AGREEMENT TERM

This Agreement for services is valid from **July 1, 2016 through June 30, 2017**, unless extended annually for an additional three (3) fiscal years as stipulated in RFP #OAARC-015. No work shall commence before the Agreement is approved by both parties. Any work performed prior to a fully approved Agreement is considered performed at risk and may not qualify for reimbursement or compensation. SERVICE PROVIDER agrees to comply with all requirements set forth. Reimbursement provisions are included in Attachment 1 to Exhibit B.

Article II. ASSURANCES AND CERTIFICATIONS

CERTIFICATIONS UNDER PENALTY OF PERJURY:

A. LABOR BOARD RELATIONS:

By signing this Agreement, SERVICE PROVIDER swears under penalty of perjury, that no more than one final unappealable finding of contempt of court by a federal court has been issued against SERVICE PROVIDER within the immediately preceding two-year period because of SERVICE PROVIDER'S failure to comply with an order of a federal court which ordered SERVICE PROVIDER to comply with an order of the National Labor Relations Board.

B. AIR OR WATER POLLUTION VIOLATION:

By signing this Agreement, the SERVICE PROVIDER swears under penalty of perjury that the SERVICE PROVIDER is not:

1. In violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district;
2. Subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or
3. Determined to be in violation of provisions of federal law relating to air or water pollution.

C. NON-DISCRIMINATION:

1. SERVICE PROVIDER hereby certifies it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by, or pursuant to the Regulation of HHS (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age (over 40), or gender, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any ANY program or activity for which the Service Provider receives federal financial assistance.
2. The SERVICE PROVIDER assures that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to ADA. (42 USC Sections 12101 et. seq.).
3. Unless exempted, SERVICE PROVIDER assures compliance with the requirements of the Government Code sections 11135-11139.5, and Section 98000 et. seq. of Title 22 of the California Code of Regulations, which prohibits discrimination of recipients of state financial assistance against persons based on race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, or disability. (22 CCR 98323) (Chapter 182, Stats. 2006); and,
4. Unless specifically exempted, SERVICE PROVIDER assures compliance with Government Code Section 12990 and California Code of Regulations, Title 2, Division 4, Chapter 5 in matters relating to reporting requirements and the development, implementation, and maintenance of a Nondiscrimination Program.

5. SERVICE PROVIDER agrees not to unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical disability, medical condition, marital status, sex, sexual orientation (or perceived sexual orientation), age (over 40), or denial of family care leave and denial of pregnancy disability leave.
6. Benefits may not be denied to any individual who refuses to provide information with respect to citizenship or alien status unless such information is required by statute to determine eligibility for the benefit.
7. As part of the civil protections under Title VI, any SERVICE PROVIDER receiving federal funding may not exclude anyone otherwise eligible from receiving services because of limited proficiency in the English language; and Based on the Privacy Act of 1974, it is unlawful for any Federal, State, or local government to deny any individual a right, benefit, or privilege because that individual refuses to provide a Social Security number, unless disclosure of the Social Security number is required by Federal statute.

D. DRUG-FREE WORKPLACE CERTIFICATION:

SERVICE PROVIDER hereby certifies compliance with Government Code Section 8355-8357 in matters relating to providing a drug-free workplace and will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying action to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
 - a. The dangers of drug abuse in the workplace,
 - b. The person's or organization's policy of maintaining a drug-free workplace;
 - c. Any available counseling, rehabilitation and employee assistance programs, and
 - d. Penalties that may be imposed upon employees for drug abuse violations.
3. As required by Government Code Section 8355(c), provide every employee who works on behalf of this Agreement:
 - a. Will receive a copy of the company's drug-free policy statement, and
 - b. Will agree to abide by the terms of the company's statement as a condition of employment on the project or Award.

E. LOBBYING CERTIFICATION:

SERVICE PROVIDER certifies, to the best of his/her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or any employee of a Member of Congress connected with the awarding of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal funds have been paid, are paid, or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or any employee of a Member of Congress connected with the awarding of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

F. COVENANT AGAINST CONTINGENT FEES

SERVICE PROVIDER warrants that no person or selling agency has been or was employed or retained to solicit this Agreement. There has been no agreement to make commission payments in order to obtain this Agreement.

G. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

1. The SERVICE PROVIDER certifies to the best of its knowledge and belief, that neither it nor its principals or subcontractors [45 CFR 92.35]:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or is involuntarily excluded from covered transactions by any federal department or agency;
 - b. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction or contract under a public transaction; violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, State, or local) with commission of any of the offenses enumerated of this certification.
 - d. Have not within a three-year period preceding this application had one or more public transactions (federal, State, or local) terminated for cause or default; and
 - e. Where the recipient of Federal/State assistance funds is unable to certify to any of the statements in this certification, SERVICE PROVIDER will attach an explanation to this contract.
2. Immediately report to RCOoA in writing any incidents of alleged fraud and/or abuse by either SERVICE PROVIDER or subcontractor. Maintain any and all records, documentation, and other evidence of fraud and abuse until otherwise notified. Cooperate with authorities and RCOoA in any investigation.

H. PAYROLL TAXES AND DEDUCTIONS:

The SERVICE PROVIDER shall promptly forward payroll taxes, insurances, and contributions, including the State Disability Insurance, Unemployment Insurance, Old Age Survivors Disability Insurance, and federal and State income taxes withheld, to designated governmental agencies.

I. CHILD SUPPORT OBLIGATIONS:

The SERVICE PROVIDER acknowledges and follows the Child Support Compliance Act as follows:

1. The importance of child and family support obligations and shall fully comply with all applicable State and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with Section 5200) of Part 5 of Division 9 of the Family code; and
2. To the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

J. Conflict of Interest:

1. The SERVICE PROVIDER shall prevent employees, consultants or members of governing bodies from using their positions for purposes including, but not limited to, the selection of subcontractors that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as family, business or other ties. In the event that RCOoA determines that a conflict of interest exists, any increase in costs associated with the conflict of interest may be disallowed by RCOoA and such conflict may constitute grounds for termination of the Agreement.

2. This provision shall not be construed to prohibit employment of persons with whom the SERVICE PROVIDER'S officers, agents or employees have family, business, or other ties, so long as the employment of such persons does not result in a conflict of interest (real or apparent) or increased costs over those associated with the employment of any other equally qualified applicant, and such persons have successfully competed for employment with the other applicants on a merit basis.
3. RCOoA will not reimburse salary costs associated with one staff member who is being supervised by, or subordinate to, a family member. In the event that family members are co-equal within an agency, or when one family member is paid and one is not, sufficient internal controls must exist in order to prevent possible conflict of interest or financial improprieties.

Article III. DEFINITIONS

- A. "Administrative" and "Administration" means the make-up of the organization/company who is awarded a contract with RCOoA, through the competitive bidding process and is referred to as SERVICE PROVIDER herein. The make-up of the organization/company includes, but not limited to, the; business licensure, Internal Revenue Services (IRS) status, Board of Directors and hierarchy organization, internal control policies/procedures/processes for all aspects of the SERVICE PROVIDER.
- B. "Agreement" means this Service Provider Agreement and all contents; Authorized Signatory Form, Awarded Proposal for #OAARC-015-Senior Services: 2016-2020, Terms and Conditions, Exhibit A- Scope of Work, Exhibit B-Budget Summary, Exhibit C-Program Budget, including Attachment A to Exhibit C-Budget & Reimbursement and Exhibit D-Insurance and any amendments and renewals thereto
- C. "Budget" means the allowable and reimbursable costs which are necessary to deliver the service as identified in the awarded cost proposal and in Exhibit C-Budget and Payment. Budget details include salaries, direct and indirect costs identified in line item details and administrative costs. Exhibit C provides the funding, budget, and payment provisions.
- D. "CDA" and "State" mean the State of California and the California Department of Aging, used interchangeably.
- E. Eligible Service Target Population for HICAP and SHIP services includes an eligible individual, described above who are: Medicare beneficiaries, including Medicare beneficiaries by virtue of a disability, Medicare & Medi-Cal dual beneficiaries, and those persons imminent of Medicare eligibility¹; other eligibility criteria is outlined in the HICAP Program Manual. MIPPA funding targets the low-income Medicare beneficiaries who access the Part D Low Income Subsidy (LIS/Extra Help) and Medicare Savings Programs (MSPs).
- F. "FA" means Financial Alignment, which is a funding source
- G. "HICAP" means Health Insurance Counseling and Advocacy Program.
- H. "MIPPA" means Medicare Improvement Program Plan Administration and is a funding source for HICAP.
- I. "MFR" means Monthly Financial Report of Expenditures/Request for Funds. The MFR is submitted to RCOoA monthly to request reimbursement and report service expenditures.
- J. "OAA" means Older Americans Act.

¹ [W&C§9541(a)(c)(1)]

- K.** The Priority Service Population for the HICAP includes those who are eligible and are in the greatest economic or social need, along with those who are limited with the English language.
- L.** "Program Requirements" means the service delivery requirements as obligated through this Agreement and fulfill the federal requirements for services, which can be found in the; OAA (42U.S.C.3001-3058); Code of Federal Regulations 45CFR1321; California Code of Regulations 22CCR7700 et seq., Welfare and Institutions Code 9541, CDA Program Memoranda and RCOoA guidance.
- M.** RCOoA" means the Riverside County Office on Aging.
- N.** "Service Provider" means the legal entity that submitted a proposal to provide specific services on behalf of the RCOoA and awarded an Agreement through a competitive bid process and agrees to the terms and conditions of this Agreement. Service provider is accountable to RCOoA for the use of these funds and is responsible for fulfilling the required service provisions.
- O.** "Service Recipient" is an individual over the age of 60 years or who is disabled and has Medicare, Medi-Cal or a private insurance plan, who is in need of information, counseling or advocacy with their plan.
- P.** "Services" means Health Insurance Counseling and Advocacy Program Services (HICAP) and State Health Insurance Program (SHIP), which consists of education, counseling, advocacy services related to health insurance whether it's Medicare, Medi-Cal, or a private insurance plan.
- Q.** "SHIP" means the State Health Insurance Plan.
- R.** "Subcontractor Agreement" means a written contractual arrangement between Service Provider and Subcontractor to carry out a portion of the services and supported with funding from this Agreement.

Article IV. AGREEMENT ADMINISTRATION

In accordance with Riverside County Ordinance 459, which includes the federal and state requirements for Procurement of Services, set forth in 45 CFR 92.36 and 22 CCR 7352, all elements of the Procurement Process including: Request for Proposal #OAARC-015-Senior Services from 2016-2020, Proposal submitted, Background, Program/Financial Evaluation, and Award, as facilitate by the Purchasing Department, the Title III and Title VII Older Adult Services competitive bid is awarded to SERVICE PROVIDER.

A. APPROVAL:

1. SERVICE PROVIDER shall be a nonprofit entity. For-Profit Entities require approval from CDA prior to RCOoA making an award.
2. Submit written approval documentation for Board of Directors authorization to sign the Agreement which supports the service provisions, as proposed and negotiated, in response to the competitive bid for senior services.
3. SERVICE PROVIDER has no authority or approval to enter into any Agreement or incur obligations on behalf of RCOoA.
4. Technical guidance regarding any Term and/or Condition of this Agreement will be obtained from RCOoA.

B. REVISIONS/MODIFICATIONS:

1. Any Revision/Modification to this Agreement shall be in a written Amendment signed by the authorized representatives of both parties. No oral understanding or agreement is binding by either RCOoA or SERVICE PROVIDER.
2. An Amendment is required to change the SERVICE PROVIDER'S legal entity name, address, maximum obligation, service provision(s) or any restrictions, limitations, conditions as specified herein, by an Act of Congress or the Legislature or as directed by the CDA.
3. RCOoA may determine SERVICE PROVIDER is considered "high risk" as described in 45 CFR 74.14 for non-profits. Upon such determination, SERVICE PROVIDER will be notified in writing, of any special conditions, accommodations, limitations, or restrictions.

C. SERVICE PROVISIONS:

1. Standards of Work:

The SERVICE PROVIDER shall perform Title III B, C-1, C-2, and/or III E services as appropriate and described in the awarded proposal, in accordance with applicable federal regulations, state laws and county requirements as specified in the Articles of this Agreement. The ultimate goal is to meet the requirements under OAA§301a.1.a; to secure and maintain maximum independence and dignity in a home environment for the eligible service population, capable of self-care, with appropriate supportive and nutrition services. The service provision(s) and budget requirements are, identified in Exhibit A-Scope of Services, Exhibit B-Budget Allocation Summary, Attachment 1 to Exhibit B-Budget & Reimbursement Provisions, Exhibit C-Service Provider Budget Detail, and shall be performed in accordance with accepted professional standards.

2. Staff and Volunteers:

- a. Maintain adequate staff, as required by governing federal, state laws and county requirements, to fulfill the service provision(s). The staffing requirements necessary for the successful delivery of services are described in Exhibit A-Scope of Services and at rates and amounts identified in Exhibits B-Budget Allocation Summary, and Attachment 1 to Exhibit B-Budget & Reimbursement Provisions.

- b. Volunteers may also assist SERVICE PROVIDER in meeting service obligations. Procedures for acquiring, utilizing and retaining volunteers shall be separate from staff and subcontractors, yet may include similar requirements.
- c. As applicable to the specific service being provided, staff and volunteers will maintain appropriate credentials, provide a current and valid license, pass background check, have experience and/or be otherwise qualified to perform and deliver the services.
- d. Staff, volunteer and subcontractor time, in hours, spent providing service(s) and service related activities shall be documented and reported as required and requested.
- e. Record(s) for each staff and/or volunteer shall contain proof of staff and volunteer mandated requirements as needed by the service(s) requirements and shall be maintained and retained by SERVICE PROVIDER.

3. Training/Education:

- a. Training and Education is required and may include but not be limited to; Safety regulations/precautions/actions, Elder Abuse Detection and Reporting requirements, Confidentiality of service recipient information (paper and electronic), information systems and data entry, Security Awareness, service related training, such as how to perform service task, document services, process requests.
- b. Within thirty (30) days of beginning services and annually thereafter, all staff, including volunteers, and subcontractors who handle personal, sensitive, and/or confidential information must complete Security Awareness Training. The module is located on CDA's website, www.aging.ca.gov.
- c. A staff and volunteer training plan shall be developed annually and include initial and ongoing education and training, as required by the service provision and by law.
- d. Additional staff training requirements specific to the service being provided is included in the Exhibit A-Scope of Services.
- e. Training may be provided on an individual basis or in groups. Certificates of completion for individuals who completed the CDA and other training(s) will remain on file and provided upon request. A sign-in sheet for group training is also acceptable documentation.
- f. Staff shall be available to the RCOoA or CDA for training and meeting(s).

4. Reporting Requirements:

- a. SERVICE PROVIDER will use Reporting Forms, along with other reporting measures, such as service data entry into the RCOoA information system, as described. Forms used for reporting will either be provided by RCOoA or developed by SERVICE PROVIDER and approved by RCOoA, as appropriate.
- b. Forms will be current, by periodically reviewing the contents for completeness, accuracy and relevancy of the information being collected. Updates to information collected such as service recipient information, demographic, program and/or financial information will be made as necessary. Changes made to RCOoA forms, will be communicated via electronic or written notice.
- c. Complete reports and back-up reporting documentation will be submitted, timely, as required or requested. Incomplete forms will be returned to the SERVICE PROVIDER for completion and will resubmit accordingly.
- d. The Monthly Financial Report of Expenditures/Request for Funds, along with other service and performance reports shall be submitted to RCOoA by the 5th working day of each month following the service month end. SERVICE PROVIDER may be required to enter referral, assessment, service and/or client information into the information system used by RCOoA. Quarterly and/or annual reports will be submitted as required or requested.
- e. Additional reporting requirements, specific to the service being provided is included in the Exhibit A-Scope of Work. Additional fiscal reporting requirements are, identified in the Attachment 1 to Exhibit B.

- f. Reports may be submitted electronically or in the requested reporting format.
- g. RCOoA and SERVICE PROVIDER shall keep reports on file, in accordance with the service provision, law/regulation and made available for review.
- h. Failure to comply with Program and/or Fiscal reporting requirements will exclude SERVICE PROVIDER from eligibility to receive One-Time-Only funding, which is further, described in Attachment 1 to Exhibit B.

5. Fiscal Year Closeout Report:

- a. The Fiscal Year Closeout Report covering July 1 to June 30 is required to be submitted annually, no later than July 10 and signed by a designated Authorized Signatory.
- b. The final Fiscal Year Closeout Report includes, but may not be limited to; actual accruals for any unpaid obligations; program expenditures and revenues, any corrections or adjustments necessary to bring the report into agreement with balanced general ledger; adjustments for prepaid expenses to be partially credited to the current fiscal year and charged to the following fiscal year, such as insurance premiums.

6. Interagency Cooperation:

SERVICE PROVIDER shall demonstrate efforts to initiate cooperative working agreements with other community agencies providing services to older persons and persons with disabilities to establish a comprehensive, coordinated system of services that will facilitate access to, and utilization of, all existing services to avoid service duplication and assist the service recipient with all available resources. Acceptable methods of cooperation include, but are not limited to, letters of or cooperative agreement, co-location and membership in interagency organizations. Services, whenever possible, must be provided at/or coordinated with focal points. At the minimum, the SERVICE PROVIDER shall assure that the community focal points and senior community centers have information pertaining to the services provided.

7. Grievances:

- a. Grievances are complaints, unresolved issues, negative interactions/results experienced with service and/or service delivery. SERVICE PROVIDER must establish and maintain a written grievance process for service recipients to resolve complaints of negative situations in the delivery of service. Efforts to resolve the grievance topic/situation will be made. At a minimum, the grievance process will include:
 - 1) How to file a grievance, which may include a form and where to file a complaint;
 - 2) Time frames of the grievance process for review, investigation and written response;
 - 3) A statement in the written response that if grievant is dissatisfied with the results of the review, the next step is to submit a written appeal to the RCOoA;
 - 4) Confidentiality provisions to protect the privacy of the grievant and situation, as allowed by law. The minimum necessary information relevant to the grievance may be released during the investigation, review and response.
- b. The grievance process shall be posted and accessible in visible areas, as well as delivered by person or mail to homebound service recipients.
- c. The grievance process and/or forms will be available in the primary languages of service participants who communicate in another language.
- d. Refer other individuals to the appropriate governmental agency to resolve issues that fall outside of the SERVICE PROVIDER area of expertise or authority.

8. Monitoring, Assessment and Evaluation:

SERVICE PROVIDER shall develop, implement and maintain policies, procedures and processes for internal monitoring and evaluation of service delivery, as well as external through the input of the service recipients and accounting practices.

a. Service Recipient:

SERVICE PROVIDER shall maintain formal procedures for obtaining the views and opinions of the service recipients regarding the services they receive. Acceptable methods for requesting input may include: suggestion box, project council/advisory group, questionnaires, interviews or electronic survey. Suggestions to revise or modify program service and/or methods of service, as a result of the views/opinions and/or internal monitoring evaluation, will be submitted to RCOoA for approval prior to implementation. The RCOoA will also survey service recipients at least annually regarding the services they receive and may include a satisfaction with service survey.

b. Internal Procedures and Processes:

- 1) SERVICE PROVIDER quality standards, outcome goals, internal processes and/or other service delivery requirements shall be documented to ensure provisions of applicable federal/state/county requirements are being met. Monitoring criteria to assess and evaluate internal controls will be developed to ensure and confirm appropriate internal controls.
- 2) Self-Monitoring to evaluate service delivery requirements and standards are being met shall be conducted, as appropriate and periodically throughout the term of Agreement.

9. Disaster Planning:

As part of the area-wide disaster assistance planning, SERVICE PROVIDER shall:

- a. Designate an Emergency Services Coordinator and Alternate and submit a Disaster Assistance Form/CDA 42, available on our website at <http://www.RCaging.org>.
- b. Develop and maintain a Disaster Plan. A template for a plan is available at [https://www.aging.ca.gov/ProgramsProviders/AAA/Disaster Preparedness/](https://www.aging.ca.gov/ProgramsProviders/AAA/Disaster%20Preparedness/). The plan should be reviewed annually, revised as needed, and available for review.

E. DOCUMENTS & RECORDS:

1. General Requirements:

- a. Documents and records developed, utilized, and required for successful delivery of services through this Agreement will be made available for review, inspection, monitoring and/or audit at appropriate times during and/or after the Agreement ends.
- b. Documents and records necessary in the delivery of services funded through this Agreement, will be made available for inspection and audit by RCOoA and/or State authorized agents, at any time during normal business hours.
- c. A procedure to process requests for documents, records, confidential information or other information shall be maintained and may include notification to RCOoA of certain requests received and/or processed.
- d. Records and information requests from RCOoA shall be processed within 10 working days of the request.
- e. SERVICE PROVIDER shall acknowledge funding by RCOoA when resources are explained verbally or in writing, specifically in brochures and press releases.
- f. Statistical reports and information relevant to program outcomes, demographics, costs, etc. that provide overview project information will not identify any participant.
- g. Complete, auditable records of service delivery, expenditures and other information relating to the services provided will be maintained and retained.

2. Record Retention:

Retention schedules provide specific times of when documents are allowed/authorized to be destroyed. The appropriate retention schedules will be adhered to for the records and documents acquired in the delivery of service(s). Records Retention Schedules for the documents and records contained herein include:

- a. As required by statute, law, regulation or other authority.
- b. Until authorized in writing by RCOoA, that the documents/records are no longer required after an audit has been completed and the audit resolution is satisfied.
- c. For longer period as is required by applicable statute or if notified by RCOoA or the state.
- d. In conjunction with the record retention schedule of RCOoA.
- e. In the event of any litigation, claim, negotiation, audit exception, or other action, all records relative to such action shall be maintained and made available until every action has been cleared to the satisfaction of RCOoA and stated in writing.
- f. If the allowance of expenditures cannot be determined because records or documents are non-existent or inadequate, the expenditures will be questioned and may be disallowed by RCOoA.
- g. After the retention period has expired, confidential documents, records, information shall be shredded or destroyed in a manner that will maintain confidentiality.

3. Rights in Data and Materials:

- a. Materials produced and funded through this agreement shall not be published, transferred or sold without the written consent of the RCOoA. Consent shall be given or denied after the written request is received by the RCOoA. A copy of the material for review should be submitted with the request.
- b. This subsection is not intended to prohibit SERVICE PROVIDERS from sharing information as authorized by the service recipient, as allowed by law, or provide summary program information that contains no confidential information.
- c. Materials published shall:
 1. State that, "The materials or product were a result of a project funded through RCOoA";
 2. Give the name of the entity, the address and telephone number at which the supporting data is available; and,
 3. Include a statement that, "The conclusions and the opinions expressed may not be those of the State and/or RCOoA", and where applicable, "The publication may not be based upon or inclusive of all raw data."

4. Copyright:

- a. The material(s) required for the service delivery and funded by this Agreement is subject to copyright. The State or RCOoA reserves the right to copyright such material and the SERVICE PROVIDER agrees not to copyright such material. Permission to copyright material is requested through the Director of RCOoA. The Director shall consent to or give the reason for denial, in writing.
- b. If the material is copyrighted by the state or by RCOoA, either agency reserves a royalty-free, non-exclusive and irrevocable license to reproduce, prepare derivative works, publish, distribute and use such materials, in whole or in part, and to authorize others to do so, provided written credit is given to the author.
- c. SERVICE PROVIDER certifies it has appropriate systems and controls in place to ensure Federal, State or County funds will not be used for the acquisition, operation, or maintenance of computer software or other copyright material in violation of copyright laws.

5. Non-Disclosure, Confidential Data, Records and Systems Security:

- a. "Confidential Information" also referred to as, "Individual Identifying Information", may be collected in the delivery or evaluation of services. Individual identifying information may include any combination of a service recipient's: name; along with number(s) used for social security, insurance, medical, Medi-Care or health insurance, state driver's license or identification, financial account or credit card; a symbol or other identifying characteristic assigned to the individual; a finger or voice, print or picture. Protected Health Information including medical diagnosis, treatment or prescriptions, assessment and counseling is also

confidential, in addition to client-attorney privilege. Such identifying information may not be used for any purpose other than carrying out the service obligations.

- b. Personal, sensitive, and confidential information will be protected from inappropriate/unauthorized access/disclosure in accordance with applicable federal, state, county laws, regulations and policies.
- c. Protect from unauthorized disclosure of names and other identifying information of service recipients.
- d. SERVICE PROVIDER shall not, except as otherwise specifically authorized by the service recipient or required by this Agreement, court order, law or regulation, disclose any identifying information obtained under the terms of this Agreement to anyone other than the RCOoA and CDA. Service recipient may not be asked to give a blanket authorization or sign a blank release. SERVICE PROVIDER shall not accept such blanket authorization from any service recipient.
- e. Policies to protect, maintain and preserve confidential information collected from service recipients shall be in place. Reasonable actions to prevent unauthorized access to confidential information kept in files or electronically will include storage in a secured environment with limited access or keeping files locked and requiring log-in procedures when accessing computer systems.
- f. SERVICE PROVIDER agrees to comply with the privacy and security requirements of Health Insurance Portability and Accountability Act (HIPAA) to the extent applicable and to take all reasonable efforts to implement HIPAA requirements.

6. Security Incident Reporting:

A "security incident" occurs when confidential information is accessed, modified, compromised, destroyed, or disclosed without proper authorization or is lost/stolen. SERVICE PROVIDER must report all security incidents to RCOoA immediately upon detection. A Security Incident Report form (CDA 1025) must be submitted to RCOoA, within five (5) business days from the date the incident was detected. Notification of the security breach will be sent to the service recipients.

- a. Notice must be given immediately to any service recipient whose personal information could have been breached.
- b. Notice may be provided in writing, electronically, or by substitute notice in accordance with State law, regulation, or policy.

E. ACCESS:

1. Access will be provided to RCOoA, the Bureau of State Audits, the Comptroller General of the United States, or any duly authorized federal and State representatives to any books, documents, papers, records and electronic files of the SERVICE PROVIDER for the purposes including but not limited to; an audit, examination, inspection, investigation, or litigation.
2. Permit RCOoA access to its premises and/or facility(ies), upon reasonable notice, during normal business hours for the purpose of interviewing employees and inspecting and copying such books, records, accounts and other material that may be relevant to a matter under investigation for the purpose of determining compliance with service provisions and/or audit requirements including, but not limited to GC 8546.7 et seq.

F. AUDIT:

1. The SERVICE PROVIDER expending more than \$750,000 in federal funds within the Agreement year shall arrange for and provide RCOoA with an audit as required by the Single Audit Act of 1984, Public Law 98-502, Single Audits Act Amendments of 1996, Public Law 104-156, and Office of Management and Budget (OMB) Circular A-133. To meet the requirements of OMB Circular A-133 the audit shall be: 1. Performed timely—within 30 days after the receipt of the auditor's report or nine months after the end of the audit period, whichever occurs first; 2. Properly procured—use procurement standards provided for in OMB Circular 133 and provide maximum opportunities to small and minority audit firms; 3. Performed in accordance with Government

Auditing Standards—shall be performed by an independent auditor and be organization-wide; 4. All inclusive—includes an opinion (or disclaimer of opinion) of the financial statements; a report on internal control related to the financial statements and major programs; an opinion (or disclaimer of opinion) on compliance with laws, regulations, and the provisions of the Agreements; and the schedule of findings and questioned costs; and 5. All audits shall be performed in accordance with provisions applicable to this program as identified in OMB Circular A-133 Compliance Supplement. All audits must be performed by either: (1) the appropriate audit branch for a governmental agency; or (2) an independent Certified Public Accountant. The cost of this audit may be charged against federal grants. A copy of the Audit Report must be submitted to the:

Riverside County Office on Aging
Attn: Fiscal Division
6296 River Crest Drive, Suite K
Riverside, CA 92507

2. A SERVICE PROVIDER expending less than \$750,000 in federal funds is not required to obtain an audit and is thereby exempted from filing under OMB Circular A-133, Subsection. 200(d), and should obtain a standard financial audit. The cost of this audit cannot be charged to the grant awarded by RCOoA. This audit shall be received at RCOoA within 90 days after the end of the fiscal year. Should SERVICE PROVIDER not be able to submit this audit with the time requested, an extension must be obtained in advance from RCOoA.
3. SERVICE PROVIDER assures RCOoA that all subcontractors are audited as required by State and federal law.
4. Subcontractor shall be required to include in its contracts with the auditors selected by subcontractors that the auditors will comply with all applicable audit requirements/standards. SERVICE PROVIDER shall prepare a summary worksheet of results from the contract resolutions performed of all subcontractors. The summary worksheet shall include, but not be limited to, contract amount; amount resolved; variances; whether an audit was relied upon or the SERVICE PROVIDER performed an independent expense verification review (alternative procedures) of the subcontractor in making a determination; whether audit findings were issued and how findings were resolved.
5. The audit timeframe shall include the period of performance of this Agreement. If SERVICE PROVIDER is not on the same fiscal year (July 1-June 30) as RCOoA, a reconciliation and supplementary information, prepared by the same certified public accountant, who performed the audit, so accounts can be reconciled to the Agreement. Audit reports must include any One-Time-Only (OTO) as additional funding to the grant award.
6. RCOoA shall have access to all audit reports and supporting work papers of the SERVICE PROVIDER and subcontractors.
7. Where the SERVICE PROVIDER engages an independent auditor, the SERVICE PROVIDER shall provide a clause for permitting access by allowing RCOoA the right to review and to copy any records with supporting documentation pertaining to the performance of this Agreement. Maintaining such independent audit records shall be for a period of three (3) years after final payment under the Agreement or until a California Department of Aging audit of RCOoA has been completed, whichever is longer.
8. The SERVICE PROVIDER shall cooperate with and participate in any audit or review which may be required by RCOoA.
9. Failure to comply with Audit requirements will exclude SERVICE PROVIDER from eligibility for One-Time-Only (OTO) funding, and other sanctions may also be imposed.
10. Authorized RCOoA representatives have the right to monitor, assess, and evaluate the SERVICE PROVIDER'S administrative, fiscal, and program performance controls. Monitoring, assessment, and evaluation may include, but is not limited to, administrative, fiscal and program processes, policies, audits, inspections of service(s) premises, inspection of food preparation sites, interviews of project staff, and participants.
11. SERVICE PROVIDER shall cooperate with RCOoA in the monitoring, assessment, and evaluation processes, which includes making any administrative program and fiscal staff, available during any audit review.

12. SERVICE PROVIDER shall, upon request, make available client participation records and fiscal records which confirm all data contained in Monthly Performance and Monthly Financial Report (MFR). SERVICE PROVIDER is responsible for maintaining supporting documentation including financial and statistical records, contracts, subcontracts or grant agreements, monitoring reports, and all other pertinent records until a CDA audit of RCOoA has been completed and an audit resolution has been issued. The information shall be maintained in an organized manner.

Article V. GENERAL REQUIREMENTS

A. PROPERTY/EQUIPMENT:

1. Acquisition and Use:

- a. Unless otherwise provided for in this Article, property refers to all assets, equipment which also includes tangible and intangible items used to perform services in accordance with this Agreement. Property includes land, buildings, improvements, machinery, vehicles, furniture, tools and tangible items.
- b. Purchases of property and equipment shall ensure appropriate purchasing practices are followed.
- c. Property with the following criteria are subject to reporting requirements:
 - 1) Has a normal useful life of at least one (1) year;
 - 2) Has a minimum unit acquisition cost of \$500 (e.g., a desktop or laptop setup, including all peripherals, is considered a unit, if purchased as a unit; and
 - 3) Is used to conduct business under this Agreement.
- d. Intangible items lack physical substance but give valuable rights to the owner may also be used to fulfill Agreement obligations. Examples of intangible property include patents, copyrights, leases and computer software. By contrast, hardware consists of tangible equipment (e.g., computer printer, terminal, etc.).
- e. SERVICE PROVIDER shall use the electronic version of form CDA 32: Report of Property Furnished Purchased with Agreement Funds to report inventory with the following information when acquired and disposed of on behalf of RCOoA:
 - 1) Date acquired OR disposed
 - 2) Property description (include make and model number)
 - 3) CDA/RCOoA Tag Number
 - 4) Serial Number (if applicable)
 - 5) Cost of acquired property OR disposed value
 - 6) Fund Source
- f. Costs include all amounts incurred to acquire and to ready the intangible asset for its intended use. Typical intangible property costs include the purchase price, legal fees and other costs incurred to obtain title to the asset.
- g. Property and equipment acquisition shall follow appropriate purchasing guidelines, which include competitive bidding and/or pricing when acquiring property and equipment.

2. Computer Requirements:

SERVICE PROVIDER must have at least one computer and one back-up, with sufficient space, size, internet connection and log-in capability to meet Agreement reporting requirements.

a. Encryption on Portable Computing Devices

SERVICE PROVIDER is required to encrypt (or use an equally effective measure), any data collected under this Agreement that is confidential, sensitive, and/or personal including data stored on portable

computing devices (including but not limited to laptops, personal digital assistants, and notebook computers) and/or portable electronic storage media (including but not limited to, discs and thumb/flash drives, portable hard drives).

b. Software Maintenance

SERVICE PROVIDER shall regularly apply security patches and upgrades and keep anti-virus software up-to-date on all systems to which State data may be used.

c. Electronic Backups

SERVICE PROVIDER shall ensure that all electronic information pertaining is protected by performing regular backups of automated files and databases, and ensure the availability of information for continued business.

3. Disposal of Property:

- a. Written approval from CDA, requested through RCOoA, is required before the disposal of property. Disposal of any item with a unit cost of \$500 or more through sale, trade-in, transfer to another agency, discarding, salvage, etc. may not occur until written approval is received. SERVICE PROVIDER shall complete and submit to RCOoA the electronic form CDA248: Request to Dispose of Property prior to disposition of any property acquired by the SERVICE PROVIDER with funds from this Agreement or any predecessor Agreement. Upon approval of disposal request, the item(s) shall be removed from the Contractor's inventory report.
- b. SERVICE PROVIDER must remove all confidential, sensitive, or personal information from RCOoA property prior to disposal, including removal or destruction of data on computing devices with digital memory and storage capacity. This includes, but is not limited to magnetic tapes, flash drives, personal computers, personal digital assistants (PDAs), cell or smart phones, multi-function printers, and laptops.

4. Additional Property Requirements:

- a. Property will be utilized for the purpose for which it was intended under the Agreement. When no longer needed for that use, property may be returned to RCOoA or disposed of as agreed upon by both parties.
- b. Property and/or equipment may be shared or utilized by other programs, upon written approval of RCOoA.
- c. Failure to comply with updating inventory list or form CDA 32 will prevent SERVICE PROVIDER from eligibility for One-Time-Only funding.
- d. RCOoA reserves the title to all RCOoA purchased or financed property not fully consumed in the performance of this Agreement, unless otherwise required by federal law or regulations, or as otherwise agreed by parties.
- e. Exercise due care in the use, maintenance, protection and preservation of such property during the period of the project, and shall assume responsibility for replacement or repair of such property during the period of the project, until SERVICE PROVIDER has complied with all written instructions from RCOoA regarding the final disposition of the property.
- f. SERVICE PROVIDER shall notify RCOoA within twenty-four (24) hours, by telephone, followed by written report, of any loss, destruction, or theft of such property to RCOoA (if such damage has been a result of a crime, please notify the Police Department immediately). SERVICE PROVIDER shall submit an incident report to RCOoA, with the following information:
 - 1) Form CDA 32, with the damaged property highlighted;
 - 2) Date and description of the incident and/or copy of the Police Report;
 - 3) Description of disposal of damaged property and how it was used, if applicable; and
 - 4) Description of how property will be replaced and cost of replacement, if known.

- g. Equipment or supplies acquired with Agreement funds are not for personal gain or to usurp the competitive advantage of a privately-owned business entity.
- h. To exercise the above right, no later than 120 days after termination of the Agreement or notification of the SERVICE PROVIDER dissolution, specific written instructions shall be given to the SERVICE PROVIDER.

B. FACILITY CONSTRUCTION OR REPAIR (TITLE III ONLY)

- 1. Construction or repair of facilities, as allowed, shall comply with the provisions contained in the following provisions:
 - a. Copeland "Anti-Kickback" Act (18 USC 874, 40 USC 276c) (29 CFR, Part 3);
 - b. Davis-Bacon Act (40 USC 276a to 276a-7) (29 CFR, Part 5);
 - c. Contract Work Hours and Safety Standards Act (40 USC 327-333) (29 CFR, Part 5, 6, 7, and 8); and
 - d. Executive Order 11246 of September 14, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, as supplemented in Department of Labor Regulations (41 CFR, Part 60).
- 2. SERVICE PROVIDER shall not use payment for construction, renovation, alteration, improvement, or repair of privately-owned property which would enhance the owner's value of such property to the benefit of the owner except where permitted by law.
- 3. If funding for construction is provided and non-construction activities are warranted, the SERVICE PROVIDER must obtain prior written approval making any fund or budget transfers between construction and non-construction.
- 4. Agreements in Excess of \$100,000: If funding provided herein exceeds \$100,000, the SERVICE PROVIDER shall comply with all applicable orders or requirements issued under the following laws:
 - a. Clean Air Act, as amended (42 USC 1857);
 - b. Clean Water Act, as amended (33 USC 1368);
 - c. Federal Water Pollution Control Act, as amended (33 USC 1251, et seq.);
 - d. Environmental Protection Agency Regulations (40 CFR, Part 15, and Executive Order 11738); and
 - e. Benefits for Domestic Partners (Public Contract Code Section 10295.3).

C. HARMLESS/INDEMNIFICATION:

SERVICE PROVIDER shall indemnify and hold harmless the County of Riverside, its departments, agencies and districts including their officers, employees and agents (collectively "County Indemnitees"), from any liability, claim, damage or action based or asserted upon any act or omission of SERVICE PROVIDER, its officers, employees, subcontractors, agents or representatives, arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death. SERVICE PROVIDER shall defend, at its sole cost and expense, including but not limited to attorney fees, cost of investigation, defense and settlements or awards, County Indemnitees, in any such action or claim. The specified insurance limits required in this Agreement shall in no way limit or circumscribe SERVICE PROVIDER obligations to indemnify and hold harmless County Indemnitees.

D. SUBCONTRACTOR AGREEMENTS:

- 1. SERVICE PROVIDER shall refer to the guidance in OMB Circular A-133 Section 210 in making a determination of whether a subcontractor and/or vendor relationship exists. If a vendor relationship exists, SERVICE PROVIDER shall follow the procurement requirements to secure the relationship. A Subcontract with a for-profit organization shall obtain the approval of RCOoA.
- 2. SERVICE PROVIDER shall require the Assurances and Certifications in the award documents for subcontracts and contain language of Agreement to comply with all Federal, State and County requirements. All applicable requirements of this Agreement shall also be a requirement of subcontractor.

3. SERVICE PROVIDER is responsible for subcontractor responsibilities and will ensure the service deliverables are being met including to fulfill all of the obligations of this Agreement.
4. Copies of subcontractor agreements, interagency cooperation arrangements, Memorandums and/or Letters of Understanding shall be maintained and available to RCOoA for review upon request.
5. SERVICE PROVIDER shall monitor subcontractor(s) to ensure compliance with the service provisions and other requirements included in this Agreement, including insurance requirements.
6. Notification of any changes to subcontractors or subcontracted services shall be sent to RCOoA.
7. Agreement funds shall not be obligated for services beyond the ending date.

E. APPEAL/DISPUTE RESOLUTION PROCESS:

1. In the event of inconsistency between the Articles, attachments, or provisions, which constitute this Agreement, the following order of precedence shall apply:
 - a. The Older Americans Act Amendments of 2006 (OAA as amended);
 - b. Other applicable Federal statutes and their implementing regulations;
 - c. Older Californians Act;
 - d. Title 22 CCR § 7000 et. seq.;
 - e. Terms and Conditions, and any amendments thereto;
 - f. Scope of Service;
 - g. All other Exhibits incorporated herein by reference; and
 - h. Program memos and other guidance issued by CDA.
2. In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of the Agreement have full force and effect.
3. In the event of an Agreement dispute or grievance regarding the terms and conditions of this Agreement, both parties shall abide by the following procedures:
 - a. The SERVICE PROVIDER shall first discuss the problem informally with the appropriate RCOoA Program Manager or Fiscal staff. If the problem is not resolved, SERVICE PROVIDER may, within fifteen (15) working days of the failed attempt to resolve the dispute with the Manager or staff, submit a written complaint, with any evidence to the Director of RCOoA. The complaint must include the disputed issues, the legal authority/basis for each issue, which supports the SERVICE PROVIDER'S position and remedy sought. The Director of RCOoA shall, within fifteen (15) working days after receipt of the written complaint make a determination on the dispute and issue a written decision and reasons. Should the SERVICE PROVIDER disagree with the decision of the Director, the SERVICE PROVIDER may appeal the decision to the CDA Deputy Director.
 - b. SERVICE PROVIDER appeal must be submitted in writing within ten (10) working days from the date of receipt of the decision of the RCOoA Director; state the reasons why the decision is unacceptable; and include the original complaint, the decision that is the subject of appeal, and all supporting documents.
 - c. Costs associated with the appeal process, such as an administrative or court review are not reimbursable.
 - d. SERVICE PROVIDER will continue with the responsibilities under this Agreement during any dispute.
 - e. Contract resolution must occur within 15 months of the contract closeout.

F. Notices:

1. Any notice as required by this Agreement or by law is considered successful when delivered; in person, by mail (registered/certified, overnight, postage prepaid, return receipt requested) with a trackable delivery, as appropriate, and in some cases electronically.

2. Notices delivered in person or by mail, as described above will be addressed as follows:

RCOoA

Riverside County Office on Aging
Attention: Contracts Office
6296 River Crest Drive, Suite K,
Riverside, CA 92507

Notices sent to SERVICE PROVIDER will be addressed as indicated on the coversheet of this Agreement or Authorized Signatory Form, as appropriate.

Article VI. TERMINATION

- A.** This Agreement may be terminated by either party, in whole or in part, during any time of the Agreement period of performance, upon a sixty (60) day written notice to the other party without cause.
- B.** Termination shall be effective immediately in the case of threat to life, health or safety of the public.
- C.** RCOoA may terminate Agreement obligations and be relieved of the payment of any consideration to the SERVICE PROVIDER in the event of:
1. A violation of the law or failure to comply with any condition of this Agreement;
 2. Inadequate program performance or failure to make progress so as to endanger performance of this Agreement;
 3. Failure to comply with Fiscal and Program reporting requirements including audits;
 4. Evidence that the SERVICE PROVIDER is in such an unsatisfactory financial condition as determined by RCOoA, which includes the loss of other funding sources, as to endanger performance of this Agreement;
 5. Delinquency in payment of taxes or the costs of performance of this Agreement in the ordinary course of business;
 6. Appointment of a trustee, receiver, or liquidator for all or a substantial part of the SERVICE PROVIDER'S property, or institution of bankruptcy, reorganization, arrangement of liquidation proceedings by or against the SERVICE PROVIDER;
 7. Service of any writ of attachment, levy of execution, or commencement of garnishment proceedings against the SERVICE PROVIDER'S assets or income;
 8. The filing of bankruptcy;
 9. Finding of debarment or suspension;
 10. SERVICE PROVIDER'S organizational structure has materially changed;
 11. Failure to comply with RCOoA insurance requirements; and/or
 12. Suspended program operations for more than (3) consecutive months in any budgeted year, unless permission has been granted in writing by RCOoA.
- D.** Upon Notice of Termination to the SERVICE PROVIDER of the action being taken, the reason for such action, any conditions (such as, but not limited to, transfer of clients, care of clients, resource documents, inventory of and disposition of property, return of unspent funds, etc.), the date upon which termination becomes effective, and a final date for which a claim for payment may be submitted to RCOoA. Said notice shall also inform the SERVICE PROVIDER of its right to appeal such decision to RCOoA and of the procedure for doing so. After the notice of

termination has been received, SERVICE PROVIDER shall cease providing services, as described and on the date provided in the Notice of Termination.

- E. After receipt of a Notice of Termination, submit to RCOoA a termination claim, in the form and with certification described by RCOoA. All costs to RCOoA shall be deducted from any sum due the SERVICE PROVIDER, under this Agreement, and the balance, if any, shall be paid to the SERVICE PROVIDER. Upon failure of the SERVICE PROVIDER to submit a termination claim within the time allowed in the notice of termination, RCOoA may, on the basis of information available, pay the amount, if any, which it determines due to the SERVICE PROVIDER.
- F. Upon receipt of Notice of Termination, no further orders or subcontracts for materials, services or facilities, except as may be necessary for completion of such portion of the work under the Agreement.
- G. SERVICE PROVIDER will notify RCOoA immediately of any intent to discontinue existence of the entity or to bring an action for dissolution.

EXHIBIT A
SCOPE OF WORK
FY2016-17

Health Insurance Counseling and Advocacy Program (HICAP)
State Health Insurance Plan (SHIP)
Medicare Improvement Program Plan Administration (MIPPA)
Agency Area on Aging (AAA)
Federal Alignment (FA)

COUNCIL ON AGING - ORANGE COUNTY

I. GENERAL PROGRAM REQUIREMENTS:

The State Health Insurance Assistance Program (SHIP) is the national program supported by the federal Administration for Community Living (ACL) that offers one-on-one counseling and assistance to people with Medicare and their families. Through federal grants, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. In 1996 legislation, AB 2800—Chapter 1097, known as the Mello-Granlund Older Californians Act, replaced the former codes with updated statutes - **Welfare and Institutions Code, Section 9541**. The Legislature, in adopting this law, declared the purpose of the HICAP is to provide Medicare beneficiaries and those imminent of becoming eligible for Medicare with counseling and advocacy regarding Medicare, private health insurance, and related health care coverage plans, on a statewide basis, and preserving service integrity. SHIP is the same as HICAP and these terms are used interchangeably.

The HICAP and SHIP are governed by federal guidelines, State law and regulation, and by Program Manuals issued and periodically updated by the California Department of Aging (CDA) and disseminated by the Office on Aging. Federal guidelines for the Program emanate from the annual grant renewal process of the Centers for Medicare and Medi-Caid Services (CMS), which funding is disbursed to California. CA State law contained in W&I Code, Section 9541 and other sections of the Older Californians Act contain the guidelines for the HICAP administrative, operational, and training standards.

The California Department of Aging (CDA) allocates the Federal grant funds to Area Agencies on Aging (AAA) to provide enhanced Medicare Improvements for Patients and Providers Act (MIPPA) outreach, education and counseling related to Medicare benefits, prescription drug plans and health plans. The MIPPA funds are to be used to promote a coordinated delivery of medical, behavioral health, long-term institutional and home and community-based services through a single organized system to older adults and people with disabilities who are dually eligible for both Medi-Cal and Medicare.

II. SERVICE AND SERVICE OBJECTIVES:

- A. Ensure statutory provisions of the HICAP (W&I Code, Section 9541) are met and services provided in accordance with all applicable law, regulations, and the HICAP Program Manual as issued by the California Department on Aging (CDA) and in any other subsequent program memos, provider bulletins or similar instruction issued.

- B. Maintain and distribute an up-to-date HICAP Program Manual and related Department requirements so that all HICAP Counselors and responsible persons have ready access to standards, policies, and procedures. Additionally, all Counselors shall be provided the latest HICAP Counselor Handbook¹.
- C. Provide timely notice of any changes to the program or changes in the status of the Contractor that could restrict the operations of, or access to, HICAP services.
- D. Recruit and maintain a strong, well-trained, cadre of volunteer Counselors, Long-Term Care Counselors, Long Term Care Community Educators and General Community Educators². New counselors shall be recruited, trained, apprenticed, and registered as needed to adjust for attrition and to maintain the agreed upon performance levels, which are based upon the current Area Service Unit Plan. The HICAP Program Manager will act as the lead Medicare trainer and will be fully up to date on topics affecting Medicare beneficiaries and will network with other programs to incorporate best practices to improve and increase HICAP community education.
- E. The Standard HICAP work week business hours, open to the public, shall be five days a week, Monday through Friday, at least 9 a.m. to 4 p.m., except holidays.
- F. The Program Manager and/or designated representative shall attend all CDA required HICAP training sessions or conferences conducted each fiscal year. Additional training conducted by the National Council on Aging, Justice in Aging, and CA Health Advocates in topics such as Covered CA for Medicare beneficiaries, the CA Coordinated Care Initiative/CA Medi-Connect Basic and Advanced Trainings, MIPPA and other relevant trainings are encouraged. The Program Manager may also participate in Medicare technical assistance calls hosted by the California Health Advocates.
- G. The Service Provider will meet the performance requirements included in the Area Service Unit Plan. The minimum service level goal is to serve 2,888 Riverside County eligible participants. The CDA Program Manual will include the new performance requirements. The three (3) goals for this contracting period are; community relationship building, building the volunteer base from 23 to 50 volunteers; and, improving HICAP counselor development trainings through the use of teleconferencing equipment.
- H. Partnerships with community based organizations, governmental agencies and others to raise awareness of HICAP services is encouraged; along with, educating professionals who serve Medicare beneficiaries and addressing trends affecting the target population of Riverside County.

III. TARGET PROGRAM SERVICE AREA(s) (SA or PSA):

- A. The HICAP services will be offered to the target population of Riverside County who reside in Service Areas 1-10. The HICAP services are administered from the Inland Empire Regional Office located in Rancho Cucamonga. There are multiple points of service delivery throughout the service areas, including outreach to partnering agencies in Riverside County. The HICAP will target the following SAs:
 - SA 1: Corona/Norco/Lake Elsinore
 - SA 2: Riverside/Eastvale/Jurupa Valley
 - SA 3: Moreno Valley/Perris/ Canyon Lake/Menifee
 - SA 4: Murrieta/Temecula/Wildomar
 - SA 5: Banning/Beaumont/Calimesa
 - SA 6: Hemet/San Jacinto

¹ [W&C§9100 (c)-(d), §9541(b) (1)(2)]

² [W&C§9541(c)(7)]

- SA 7: Desert Hot Springs/ Palm Springs/Cathedral City
- SA 8: Rancho Mirage/Palm Desert/Indian Wells
- SA 9: La Quinta/Indio/Coachella
- SA 10: Blythe

- B. The Service Provider will outreach to the communities and focal points to deliver the HICAP to the eligible and priority population. Members of the target population are encouraged to volunteer with the service provider for the outreach and delivery of the HICAP.
- C. As appropriate, services will target the eligible service population of PSA 16 (Inyo/Mono County).

IV. TARGET POPULATION:

- A. Outreach to the public at large includes education in the services of HICAP. This education is conducted to narrow the target population to those who may need the HICAP services.
- B. The Eligible Service Population for specific HICAP and SHIP services may vary according to the funding source. The common eligible individual is an individual over the age of 60 years or who is disabled.
- C. Specific eligible service population criteria includes, an eligible individual, described above who are: Medicare beneficiaries, including Medicare beneficiaries by virtue of a disability, Medicare & Medi-Cal dual beneficiaries, and those persons imminent of Medicare eligibility³; other eligibility criteria is outlined in the HICAP Program Manual.
- D. The Priority Service Population for the HICAP includes those who are eligible and are in the greatest economic or social need, along with those who are limited with the English language.
- E. MIPPA funding targets the low-income Medicare beneficiaries who access the Part D Low Income Subsidy (LIS/Extra Help) and Medicare Savings Programs (MSPs).

V. SCOPE OF SERVICES:

- A. Services will be provided as described in the awarded proposal, in response to the Request for Proposals #OAARC-015, and as described herein.
- B. Telephone access by the public shall be during normal business hours, Monday through Friday, 9 a.m. through 4 p.m. In the event that clients cannot receive personal assistance immediately, they shall be offered an opportunity to leave their name, a message, and return telephone number with an answering service or answering machine. Calls from clients shall be returned within two business days.
- C. A Call Center to provide immediate counseling services, assistance, and in-person appointment scheduling to the target population. Information and counseling may include; general Medicare topics, new to Medicare counseling, the Dual Eligible Demonstration Project, MIPPA counseling and application assistance, Medicare options counseling, MA and Part D comparisons, Medicare billing assistance and advocacy, Medicare Appeals assistance, long term care insurance counseling, and more.

³ [W&C§9541(a)(c)(1)]

- D. Provide community education designed to inform the public about Medicare, Medicare Supplement and long-term care insurance options, Medicare Advantage plans, other related health care plans, Medicare Part D and prescription or durable medical equipment information, and other insurance topics.
- E. Provide a disclosure statement to clients needing counseling prior to beginning the counseling services, as prescribed by CDA in the HICAP Program Manual.
- F. Medicare Improvements for Patients and Providers Act (MIPPA) outreach, education and counseling related to Medicare benefits, prescription drug plans and health plans. Services will promote a coordinated delivery of medical, behavioral health, long-term institutional and home and community-based services through a single organized system to older adults and people with disabilities who are dually eligible for both Medi-Cal and Medicare.
- G. Refer instances of suspected misrepresentation in advertising or sales of services provided by Medicare, managed health care plans, and life and disability insurers and agents, in accordance with the HICAP Manual.
- H. Offer to HICAP volunteers and to other appropriate deliverers of the HICAP, Roundtable meetings for complex case review, and monthly HICAP In-Service Trainings that spotlight Medicare updates and topical presentations.
- I. Service Provider must use the referral and intake forms provided or approved by Riverside County Office on Aging (RCOoA), for each new client served, and take appropriate measures to provide, refer, or coordinate the necessary services as warranted by intake form. A copy of this form must be maintained on file and made available for review. RCOoA Intake Form can be found on the Office on Aging website at www.rcaging.org or by contacting RCOoA.
- I. Enter data into the State HICAP Automated Reporting System (SHARP). Data provided and entered must be timely, complete, accurate, and verifiable. Program data collection and reporting system shall comply with the State requirements to protect the data and data integrity.
- J. Provide timely input to the State HICAP Office or the RCOoA of any required program information and support documentation, for the development of required reports. Programs include; the SHIP Grant Application, Supplemental Grant Funding Applications and the SHIP Grant Mid-term Report. The information will be sent in the format requested, at intervals determined by CDA or RCOoA, and timely.
- K. Service Provider will coordinate program services, as appropriate, with other senior services providers in the community. Services must at a minimum, must include; legal services; other preferred services include referrals to ombudsman, transportation, housing, health (personal and behavioral) provider(s), churches, civic groups, etc.

VI. STAFFING

- A. An array of staff and a blend of volunteers are necessary for the successful delivery of HICAP. Staffing shall include a Program Director, Program Manager, Operations Coordinator, Volunteer Specialists, Coordinators, and a Benefits Specialist. Bi-lingual staff is encouraged. A bi-lingual staff member(s) is required...
- B. Volunteers will be recruited for the HICAP assignments through outreach, presentations and media. Bi-lingual volunteers are encouraged to meet the needs within the limited English speaking communities.



RIVERSIDE COUNTY OFFICE ON AGING



EXHIBIT B - BUDGET ALLOCATION July 1, 2016 through June 30, 2017

Council On Aging
175
Irvine, CA 92314
Vendor# 112252

**Board Approval date of
State Agreement for
funding**

Board Approval date of State Agreement for funding	Funding Source	Program Funding Source	Funding Source Project/Grant	Unit Description & Reimbursement Method	CFDA #	Federal Funds	State Funds	Total Contract Amount
March 15, 2016, Agenda #3-17	MI-1617-MIPPA Area on Aging (AAA)	Medicare Improvement Program Plan (MIPPA)	OA51028FY17	Actual Cost Expenditures	93.324	\$ 6,555	\$	6,555
March 15, 2016, Agenda #3-17	MI-1617-21: MIPPA_HICAP State Contract	HICAP-HICAP	OA51030FY17	Actual Cost Expenditures	93.324	6,012		6,012
04/29/2016 Agenda # 3-7 and 07/26/2016 Agenda #3-20	AP-1617-21: Area Designated Resource Center	MIPPA-Aging and Disability Resource Center (AAA)	OA51038FY17	Actual Cost Expenditures	93.324	7,925		7,925
July 26, 2016, Agenda #3-33	HI-1617-21: Financial Alignment SHIP Funds	Financial Alignment (FA)	OA51040FY17	Actual Cost Expenditures	93.324	36,145		36,145
July 26, 2016, Agenda #3-33	HI-1617-21: CDA303: Federal SHIP Funds (9 month)	HICAP-SHIP OTO (prior year rollover)	OA51073FY17	Actual Cost Expenditures	93.324	31,865		31,865
July 26, 2016, Agenda #3-33	HI-1617-21: HICAP Reimbursement (ins.) (9 mo.)**	HICAP-Federal	OA51098FY17A*	Actual Cost Expenditures	93.324	128,558		128,558
July 26, 2016, Agenda #3-33	HI-1617-21: HICAP Reimbursement (ins.) (3 mo.)**	HICAP-Federal	OA51098FY17B**	Actual Cost Expenditures	93.324	42,854		42,854
July 26, 2016, Agenda #3-33	HICAP Funds (9 mo.)*	HICAP-State	OA51056FY17A*	Actual Cost Expenditures	93.324		143,387	143,387
July 26, 2016, Agenda #3-33	HICAP Funds (3 mo.)**	HICAP-State	OA51056FY17B**	Actual Cost Expenditures	93.324		47,796	47,796
July 26, 2016, Agenda #3-33	HICAP Funds (9 mo.)*	HICAP-State	OA51091FY17A*	Actual Cost Expenditures	93.324		71,675	71,675
July 26, 2016, Agenda #3-33	HICAP Funds (3 mo.)**	HICAP-State	OA51091FY17B**	Actual Cost Expenditures	93.324		23,892	23,892
Total								\$ 546,564

* 9 mo. = July 1 - March 30; Project Grant "A" Funding
** 3 mo. = April 1 - June 30; Project Grant "B" Funding

ATTACHMENT 1 TO EXHIBIT B BUDGET & REIMBURSEMENT PROVISIONS

Funding awarded under this Agreement is made available under provisions of the Older Americans Act Amendments, Title III and/or Title VII, and the California Department on Aging Agreement appropriations. Funding awarded is summarized in Attachment B and represents the maximum obligation.

A. BUDGET AND BUDGET REVISION

1. SERVICE PROVIDER budget is agreed upon and is included as Attachment C-SERVICE PROVIDER BUDGET DETAIL. This budget detail identifies budget appropriation categories and line item reimbursable costs; including unit rates, quantity and totals associated with delivering services under this Agreement. The budget detail includes, at a minimum, the following appropriations (budget categories) & line items, as reimbursable and allowable, under this Agreement.
 - a. Direct and indirect (overhead) costs;
 - b. Monthly, weekly, or hourly rates, as appropriate, and personnel classifications together with the percentage of personnel time associated with providing services, as well as fringe benefits and training;
 - c. Rental reimbursement items should specify the unit rate, such as a property's rate per square foot;
 - d. Equipment necessary to successful delivery of service(s), as purchased, should be specified;
 - e. Any travel outside the State of California (prior approval required);
 - f. Any travel inside the State of California; and
 - g. A detailed list of other operating expenses.

2. Changes to line items within budget appropriations may be made, subject to the following conditions:
 - a. Transfer of Agreement line funds within the approved program budget, with prior approval of RCOoA, providing the amount of the change in that Cost Category is both less than 20% AND less than \$1,500;
 - b. For Titles III-B, C, D, and E those six (6) Cost Categories are:
 - 1) Personnel Costs;
 - 2) Travel/Training;
 - 3) Equipment;
 - 4) Consultants;
 - 5) Other Costs; and
 - 6) Indirect Costs.
 - 7) Title C has two additional Cost Categories:
 - i. Catered Food; and
 - ii. Raw Food.
 - c. The SERVICE PROVIDER is required prior approval from RCOoA before making any total change in a Budget Category that is both 20% or greater AND \$1,500 or more.
 - d. The SERVICE PROVIDER will maintain a written record of all budget changes and clearly document Budget Category changes. The record shall include the date of the transfer, the amount, and the purpose and shall be submitted electronically to RCOoA on form A1: Narrative Justification for Budget Revisions for approval.
 - e. A Budget and/or proposed budget shall be submitted to RCOoA any time as indicated and requested by RCOoA.
 - f. The final date to submit budget revision requests for the current fiscal year is **March 15** unless otherwise specified by RCOoA.

10. Minimum matching requirements are calculated on net costs, which are total costs less program income, non-matching contributions, and State funds.
11. Matching contributions generated in excess of the minimum required are considered overmatch.
12. Program overmatch from Title III-B, III-C, or III-D cannot be used to meet the program match requirement for III-E;
13. Title III-E programs have no State funds.
14. No minimum program matching contribution is required for the Health Insurance Counseling Advocacy Program (HICAP).
15. Minimum match requirements are subject to change at any time, to which RCOoA will send an electronic notification and an Amendment, as appropriate.

E. Program Income:

1. "Program income" is revenue generated by the Service Provider for delivered services. "Program income" includes:
 - a. Voluntary contributions received from a participant or responsible party as a result of the service.
 - b. Income from usage or rental fees of real or personal property acquired with grant funds, or funds provided under this Agreement;
 - c. Royalties received on patents and copyrights from Agreement-supported activities;
 - d. Proceeds from the sale of items attained under an Agreement including the sale of RCOoA property and equipment; and,
 - e. Interest earned on funds awarded by RCOoA, except for the HICAP Program.
2. Program Income must be reported and expended under the same program from which it is generated. Program Income must be used to pay for current allowable costs of that program in the same fiscal year the income was earned (except as noted in 4).
3. For Title III-B, III-C, III-D, III-E, VII Ombudsman, and VII Elder Abuse Prevention Programs: Program Income must be spent before the Agreement funds (except as noted in 4) and may reduce the total amount of Agreement funds payable to the SERVICE PROVIDER.
4. For Title III-B, III-C, III-D, III-E, VII Ombudsman, and VII Elder Abuse Prevention Programs, if Program Income is earned in excess of the amount approved by RCOoA in the Agreement budget, the excess amount may be deferred for use in the first quarter of the following Agreement period, which is the last quarter of the federal fiscal year: July, August, and September.
5. If Program Income is deferred for use it must be used by the last day of the federal fiscal year and reported when used.
6. Program Income may not be used to meet the matching requirements of this Agreement.
7. Program Income must be used to expand baseline services.

F. Expenditure of Funds:

- 1) The SERVICE PROVIDER shall expend and justify all funds received, as described in Attachment C-SERVICE PROVIDER Budget Detail.
- 2) Any reimbursement for authorized travel (i.e. travel, lodging, meals, and other incidentals) shall be at rates not to exceed those amounts paid by the State in accordance with Department of Personnel Administration's rules and regulations. Rates may be accessed on the State's website:
 - a) Mileage: <http://www.calhr.ca.gov/employees/Pages/travel-personal-vehicle.aspx>
 - b) Per Diem (meals and incidentals): <http://www.calhr.ca.gov/employees/Pages/travel-meals.aspx>
 - c) Lodging: <http://www.calhr.ca.gov/employees/Pages/travel-lodging-reimbursement.aspx>
- 3) This does not limit the SERVICE PROVIDER from paying any differences in costs, from funds other than those provided by RCOoA, between State rates and any rates the SERVICE PROVIDER is obligated to pay under other contractual agreements. No travel outside the State of California may be reimbursed unless prior written authorization is obtained from RCOoA. (CCR, Title 2 Section 599.615 et. Seq.)
- 4) RCOoA reserves the right to refuse payment to the SERVICE PROVIDER or disallow costs for any expenditure, which may include, but may not be limited to; Out of compliance with this Agreement's terms and conditions, unrelated or

M. Indirect Costs:

1. The maximum allowable reimbursement for indirect costs is eight percent (8%) of direct costs (excluding in-kind contributions and nonexpendable equipment). Indirect costs exceeding the 8% maximum may be budgeted and used to meet the minimum matching requirements.
2. Service Provider requesting reimbursement for indirect costs shall retain on file an approved indirect cost rate or an allocation plan documenting the methodology used to determine the indirect costs.

N. Financial Management Systems:

1. SERVICE PROVIDER shall meet the reporting standards for its financial management systems, as stipulated in 45 CFR, or Section 74.21 (non-profits):
 - a. Financial Reporting
 - b. Accounting Records
 - c. Internal Control
 - d. Budgetary Control
 - e. Allowable Costs
 - f. Source Documentation
 - g. Cash Management
2. RCOoA may require financial reports more frequently or with more detail (or both), upon written notice to the Service Provider, until such time as RCOoA determines that the financial management standards are met.

O. Unexpended Funds:

Upon termination, cancellation, or expiration of this Agreement, or dissolution of the entity, the SERVICE PROVIDER shall return to RCOoA immediately upon written demand, any funds provided under this Agreement, which are not payable for goods or services delivered prior to the termination, cancellation, or expiration of this Agreement, or the dissolution of the entity.

PAYMENT

A. Advance Payments:

1. RCOoA shall allow the SERVICE PROVIDER, funded under the Older Americans Act Amendments, Title III and Title VII, and HICAP, upon execution of this Agreement and availability of funds, to request and receive, in a timely manner, one advance payment per fiscal year which shall not exceed one-twelfth of the Agreement amount.
2. Beginning with the September Monthly Financial Report/Request for Funds (MFR), one-tenth of the advance payment shall be deducted each month from amounts due the SERVICE PROVIDER, until the advance is fully liquidated.
3. If, the advance payment has not been fully satisfied at the time of the final Monthly Financial Report, or upon completion or termination of this Agreement, SERVICE PROVIDER agrees to pay the balance to RCOoA upon demand.

B. Monthly Reimbursement Payments:

1. The SERVICE PROVIDER shall request payment monthly, on a reimbursement basis, and in arrears for actual expenses incurred, less any amount applied against the advance, beginning with the July expenditure report.
2. The SERVICE PROVIDER shall submit a Monthly Financial Report/Request for Funds (MFR) to be received at RCOoA by the 5th working day of each subsequent month.

C. Accruals:

Any accruals for any unpaid obligations at the end of the fiscal year is to be paid within 30 days.

EXHIBIT C-1A: HICAP Reimbursement



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Exhibit C1: HICAP-Reimbursement
 Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original: X
 Revision:
 OTO:

Contractor: Council on Aging-Southern California
Program and Service: HICAP-Reimbursement
Vendor #: 112252

Date: 07/29/2016

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	HICAP-Reimbursement	143,387	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		143,387	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		143,387	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	15,932	0
Minimum Required Match	Title IIIE	25%	47,796	0

* IFS = Include Funding Source

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

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

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

EXHIBIT C-1A: HICAP Reimbursement



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging

Contractor Budget: Program Costs

Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original:

Revision:

OTO:

Contractor:

Council on Aging-Southern California

Date:

07/29/2016

Program and Service:

HICAP-Reimbursement

Vendor #:

112,252

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOA
Paid Personnel					
11 Total Salaries / Wages	117,589				117,589
12 Payroll Taxes	8,996				8,996
13 Workers' Compensation	729				729
14 Other Benefits	13,003				13,003
15 Total Paid Personnel	140,317	0	0		140,317
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	140,317	0	0	0	140,317
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 *	748				748
Other Direct Expenses					
Building Rent and Utilities					
28 Lease / Rent *					0
29 Utilities *					0
30 Office Expense *					0
31 Vehicle Operations and Maintenance *					0
32 Outside Services *					0
33 Accounting *					0
34 Audit * **	2,322				2,322
35 Volunteer Expense *					0
36 Insurance *					0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *					0
39 Total Other Direct Expenses	2,322	0	0	0	2,322
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	143,387	0	0	0	143,387

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**



EXHIBIT C-1A: HICAP Reimbursement

Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original: X
 Revision:
 OTO:

Date: 07/29/2016

Contractor:
 Program and Service:
 Vendor #:

Council on Aging-Southern California
 HICAP-Reimbursement
 112,252

Budget Line Items	Line #	Total RCOA	Explanation
Travel & Training *	18	0	
Consultants *	25	748	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	

EXHIBIT C-1A: HICAP-Reimbursement



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2016-17

Original: X
Revision:
OTO:

July 1, 2016 to March 31, 2017

Date: 07/29/2016

Contractor: Council on Aging-Southern California
Program and Service: HICAP-Reimbursement
Vendor #: 112,252

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 2016-17

Original: X
Revision:
OTD:

July 1, 2016 to March 31, 2017

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-Reimbursement
112,252

Date: 07/29/2016

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						
Third-Party In-Kind Personnel: Section B						See detail in Section B
Third-Party In-Kind Personnel: Section C						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

EXHIBIT C-1B: HICAP Reimbursement



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Exhibit C1: HICAP-Reimbursement
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original:
Revision:
OTO:

Contractor: Council on Aging-Southern California
Program and Service: HICAP-Reimbursement
Vendor #: 112252

Date: 07/29/2016

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	HICAP-Reimbursement	47,796	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		47,796	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		47,796	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	5,311	0
Minimum Required Match	Title IIIE	25%	15,932	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.

EXHIBIT C-1B: HICAP Reimbursement



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
 Contractor Budget: Program Costs
 Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original:
 Revision:
 OTO:

Contractor:
 Program and Service:
 Vendor #:

Council on Aging-Southern California
 HICAP-Reimbursement
 112,252

Date: 07/29/2016

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					
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 *	857				857
39 Total Other Direct Expenses	857	0	0	0	857
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	47,796	0	0	0	47,796

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



EXHIBIT C-1B: HICAP Reimbursement

Riverside County Office on Aging
Contractor Budget: Explanations
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original: X
Revision:
OTO:

Date: 07/29/2016

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-Reimbursement
112,252

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	857	Copier/Printer Lease and maintenance expenses
Indirect Costs (Maximum 9% of Total) *	40	0	

EXHIBIT C-1B: HICAP Reimbursement



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original: X
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-Reimbursement
112,252

Date: 07/29/2016

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 2016-17

April 1, 2017 to June 30, 2017

Original: X
Revision:
OTD:

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-Reimbursement
112,252

Date: 07/29/2016

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	

EXHIBIT "C-2A: HICAP-FUND



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging

Exhibit C2: HICAP-Fund

Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original:

Revision:

OTO:

Contractor:

Council on Aging-Southern California

Date: 07/29/2016

Program and Service:

HICAP FUND

Vendor #:

112252

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	HICAP-FUND	71,675	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		71,675	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		71,675	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	7,964	0
Minimum Required Match	Title IIIE	25%	23,892	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.

EXHIBIT "C-2A: HICAP-FUND



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Costs
Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-FUND
112,252

Date: 07/29/2016

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					
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 *	1,373				1,373
39 Total Other Direct Expenses	20,733	0	0	0	20,733
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	71,675	0	0	0	71,675

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



EXHIBIT "C-2A: HICAP-FUND

Riverside County Office on Aging
Contractor Budget: Explanations
Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original: X
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-FUND
112,252

Date: 07/29/2016

Budget Line Items	Line #	Total RCOA	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	1,373	Advertising in local newspaper/radio/TV
Indirect Costs (Maximum 9% of Total) *	40	0	

EXHIBIT "C-2A: HICAP-FUND



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original: X
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging, Southern California
HICAP-FUND
112,252

Date: 07/29/2016

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/Ofr. 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 2016-17

July 1, 2016 to March 31, 2017

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-FUND
112,252

Date: 07/29/2016

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

EXHIBIT C-2B: HICAP-Fund



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Exhibit C2: HICAP-Fund
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original:
Revision:
OTO:

Date: 07/29/2016

Contractor: Council on Aging-Southern California
Program and Service: HICAP-FUND
Vendor #: 112252

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	HICAP-FUND	23,892	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		23,892	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		23,892	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	2,655	0
Minimum Required Match	Title IIIE	25%	7,964	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.

EXHIBIT C-2B: HICAP-Fund



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Exhibit C2: HICAP-Fund
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original:
Revision:
OTO:

Contractor: Council on Aging-Southern California
Program and Service: HICAP-FUND
Vendor #: 112,252

Date: 07/29/2016

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	1,230				1,230
15 Total Paid Personnel	15,755	0	0		15,755
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	15,755	0	0	0	15,755
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 *	276				276
Other Direct Expenses					
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	23,892	0	0	0	23,892

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



EXHIBIT C-2B: HICAP-Fund

Riverside County Office on Aging
Exhibit C2: HICAP-Fund
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original: X
Revision:
OTO:

Date: 07/29/2016

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-FUND
112,252

Budget Line Items	Line #	Total RCOA	Explanation
Travel & Training *	18	0	
Consultants *	25	276	IT Support
Lease / Rent *	28	6,453	Office Rent
Utilities *	29	1,408	Telephone
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	

EXHIBIT C-2B: HICAP-Fund



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Exhibit C2: HICAP-Fund
Fiscal Year 2016-17

Original: X
Revision:
OTO:

April 1, 2017 to June 30, 2017

Date: 07/29/2016

Contractor: Council on Aging-Southern California
Program and Service: HICAP-FUND
Vendor #: 112,252

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					1,230	
TOTAL EMPLOYEE BENEFITS					2,339	
TOTAL PAID PERSONNEL					15,755	

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



Exhibit C2: HICAP-Fund
Contractor Budget: In-Kind Personnel
Fiscal Year 2016-17

Original:
Revision:
OTO:

April 1, 2017 to June 30, 2017

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
HICAP-FUND
112,252

Date: 07/29/2016

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						
Third-Party In-Kind Personnel: Section B						See detail in Section B
Third-Party In-Kind Personnel: Section C						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						

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						

EXHIBIT C-3A: HICAP-State Health Insurance Program



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging

Exhibit C3: HICAP-SHIP (State Health Insurance Program)

Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original:

Revision:

OTO:

Contractor:

Council on Aging

Date: 07/29/2016

Program and Service:

HICAP-SHIP

Vendor #:

0000112252

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	HICAP-SHIP	128,558	
12	Federal & State OTO		31,865	
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		160,423	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		160,423	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	17,825	0
Minimum Required Match	Title IIIE	25%	53,474	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.

EXHIBIT C-3A: HICAP-State Health Insurance Program



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Costs
Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original:
Revision:
OTO:

Contractor: Council on Aging
Program and Service: HICAP-SHIP
Vendor #: 0000112252

Date: 07/29/2016

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
Paid Personnel					
11 Total Salaries / Wages	82,633				82,633
12 Payroll Taxes	5,346				5,346
13 Workers' Compensation	433				433
14 Other Benefits	2,060				2,060
15 Total Paid Personnel	90,472	0	0		90,472
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	90,472	0	0	0	90,472
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)	35,000				35,000
22 Total Equipment	37,500	0	0	0	37,500
23 Catered Food					0
24 Raw Food					0
25 Consultants *					0
Other Direct Expenses					
Building Rent and Utilities					
28 Lease / Rent *	5,000				5,000
29 Utilities *	420				420
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 *	4,723				4,723
39 Total Other Direct Expenses	18,951	0	0	0	18,951
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	160,423	0	0	0	160,423

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**



EXHIBIT C-3A: HICAP-State Health Insurance Program

Riverside County Office on Aging
Contractor Budget: Explanations
Fiscal Year 2016-17

July 1, 2016 to March 31, 2017

Original: X
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
0000112252

Date: 07/29/2016

Budget Line Items	Line #	Total HICoA	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	5,000	Office Rent
Utilities *	29	420	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	4,723	Advertising \$2,423 and Conferences \$2,300
Indirect Costs (Maximum 9% of Total) *	40	0	

EXHIBIT C-3A: HICAP-State Health Insurance Program

EXHIBIT C-3A: HICAP-State Health Insurance Program



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2016-17

Original: X
Revision:
OTO:

July 1, 2016 to March 31, 2017

Date: 07/29/2016

Contractor: Council on Aging
Program and Service: HICAP-SHIP
Vendor #: 0000112252

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	20.00	20.00	39	15,600	
4	Program Assistant	18.00	16.00	39	9,984	
5	HICAP Legal Advisor	6.00	52.88	39	12,374	
6	CEO/President	2.20	74.24	39	6,370	
7	Director of Finance	2.20	46.25	39	3,968	
8	Executive Assistant	2.20	17.00	39	1,459	
9	Accounting Assistants/Office Manager	3.30	24.00	39	3,089	
10	Receptionist	2.20	14.50	39	1,744	
11	Marketing/Communications	1.10	47.21	39	2,025	
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				82,633	
	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				82,633	
	Total Payroll Taxes				5,346	
	Total Workers' Compensation				433	
	Total Other Benefits				2,960	
	TOTAL EMPLOYEE BENEFITS				7,839	
	TOTAL PAID PERSONNEL				90,472	

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 2016-17

Original: X
Revision:
OTO:

July 1, 2016 to March 31, 2017

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
0000112252

Date: 07/29/2016

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					
	Third-Party In-Kind Personnel: Section B			0	0	See detail in Section B
	Third-Party In-Kind Personnel: Section C			0	0	See detail in Section C
	TOTAL THIRD-PARTY IN-KIND PERSONNEL			0	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	

EXHIBIT C-3B: HICAP-SHIP



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Resources
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original:
Revision:
OTO:

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

Date: 05/06/2016

	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
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		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.

EXHIBIT C-3B: HICAP-SHIP



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Costs
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 05/06/2016

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					
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.



RIVERSIDE COUNTY
OFFICE ON AGING



EXHIBIT C-3B: HICAP-SHIP

Riverside County Office on Aging
Contractor Budget: Explanations
Fiscal Year 2016-17

April 1, 2017 to June 30, 2017

Original: X
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging
HICAP-SHIP
1234567890

Date: 05/06/2016

Budget Line Items	Line #	Total RCOA	Explanation
Travel & Training *	18	1,000	Reimburse staff and volunteers for personal car use at \$.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	

EXHIBIT C-3B: HICAP-SHIP



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2016-17

Original: X
Revision:
OTO:

April 1, 2017 to June 30, 2017

Date: 05/06/2016

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

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1	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 2016-17

Original: X
Revision:
OTO:

April 1, 2017 to June 30, 2017

Date: 05/05/2016

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

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1				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	

EXHIBIT C-4: HICAP-MIPPA



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging

Exhibit C4: HICAP-MIPPA (Medicare Improvements for Patients and Providers Act)

Fiscal Year 2016-17

July 1, 2016 to September 29, 2016

Original:

Revision:

OTO:

Contractor:

Council on Aging-Southern California

Date: 07/29/2016

Program and Service:

MIPPA (Medicare Improvements for Patients and Providers Act)

Vendor #:

112252

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State	MIPPA	20,492	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		20,492	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		20,492	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	2,277	0
Minimum Required Match	Title IIIE	25%	6,831	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.

EXHIBIT C-4: HICAP MIPPA



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Program Costs
Fiscal Year 2016-17

July 1, 2016 to September 29, 2016

Original:
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
MIPPA (Medicare Improvements for Patients and Providers Act)
112252

Date: # 07/29/2016

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
Paid Personnel					
11 Total Salaries / Wages	5,616				5,616
12 Payroll Taxes					0
13 Workers' Compensation	60				60
14 Other Benefits	1,174				1,174
15 Total Paid Personnel	6,850	0	0		6,850
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	6,850	0	0	0	6,850
18 Travel & Training *					0
Equipment					
20 Expendable Equipment (unit cost of < \$500)					0
21 Non-Expendable Equipment (unit cost ≥ \$500)	0				0
22 Total Equipment	0	0	0	0	0
23 Catered Food					0
24 Raw Food					0
25 Consultants *					0
Other Direct Expenses					
Building Rent and Utilities					
28 Lease / Rent *	3,632				3,632
29 Utilities *	1,000				1,000
30 Office Expense *	652				652
31 Vehicle Operations and Maintenance *					0
32 Outside Services *					0
33 Accounting *					0
34 Audit * **	1,500				1,500
35 Volunteer Expense *	3,000				3,000
36 Advertising *					0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *	3,858				3,858
39 Total Other Direct Expenses	13,642	0	0	0	13,642
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	20,492	0	0	0	20,492

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-4-MIPPA

Riverside County Office on Aging
 Contractor Budget: Explanations
 Fiscal Year 2016-17

July 1, 2016 to September 29, 2016

Original: X
 Revision:
 OTO:

Date: 07/29/2016

Contractor:
 Program and Service:
 Vendor #:

Council on Aging-Southern California
 MIPPA (Medicare Improvements for Patients and Providers Act)
 112252

Budget Line Items	Line #	Total RCOOA	Explanation
Travel & Training *	18	0	
Consultants *	28	0	
Lease / Rent *		3,632	Portion of rent expense
Utilities *	29	1,000	Telephone and Electricity for Bishop Office
Office Expense *	30	652	Covers supplies, postage, and office printing
Vehicle Operations and Maintenance *	31	0	
Outside Services *	32	0	
Accounting *	33	0	
Audit * **	34	1,500	
Volunteer Expense *	35	3,000	Volunteer Recruitment, Appreciation and Training
Advertising *	36	0	
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	3,858	Program Supplies
Indirect Costs (Maximum 9% of Total) *	40	13,642	



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2016-17

Original: X
Revision:
OTD:

July 1, 2016 to September 29, 2016

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California Date: 07/29/2016
MIPPA (Medicare Improvements for Patients and Providers Act)
112252

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	#
1	HICAP Benefit Counselor	10.00	17.00	13	0	
2	Benefits Counselor	5.00	18.00	13	1,170	
3	LIA Counselor	10.00	17.00	13	2,210	
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					5,616	
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					5,616	
Total Payroll Taxes					600	
Total Workers' Compensation					60	
Total Other Benefits					1,174	
TOTAL EMPLOYEE BENEFITS					1,834	
TOTAL PAID PERSONNEL					7,450	

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
Fiscal Year 2016-17

Original: X
Revision:
OTO:

July 1, 2016 to September 29, 2016

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
112252
112,252

Date: 07/29/2016

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION A

#	Position / Title	Hours per Week	Rate	Contract # of Weeks	Contract Budget	#
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

EXHIBIT C-5: Financial Alignment



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
 Exhibit C5: HICAP-Federal FA (Financial Alignment)
 Fiscal Year 2016/2017

7/1/16 thru 6/30/17

Original:
 Revision:
 OTO:

Contractor: Council on Aging-Southern California
 Program and Service: Federal (FA) Financial Alignment
 Vendor #: 112252

Date: 07/29/2016

	DESCRIPTION OF REVENUE	FUNDING SOURCE	AMOUNT	
	RCOoA Award Amounts:			
11	Federal & State		36,145	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	Total RCOoA Award Amounts		36,145	OK
17	Program Income (May not be used for match):			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	Total Program Income (May not be used for match)		0	OK
22	Match Cash (From non-Federal sources):			
23	Donations NOT from Program Participants			
24	Fundraising Events			
25	Proceeds from Sale of Property / Equipment			
26	Service Fees Income (Non-RCOoA units)			
27	Other Match Cash (IFS *)			
28	Total Match Cash		0	OK
29	Match Third-Party In-Kind:			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	Total Match Third-Party In-Kind		0	OK
36	Total Program Resources		36,145	OK

Match Reference		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	4,016	0
Minimum Required Match	Title IIIE	25%	12,048	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.

EXHIBIT C-5: Financial Alignment



**RIVERSIDE COUNTY
OFFICE ON AGING**



Riverside County Office on Aging
 Contractor Budget: Program Costs
 Fiscal Year 2016-2017 7/1/16 thru 6/30/17

Original:
 Revision:
 OTO:

Contractor: Council on Aging-Southern California
 Program and Service: Federal (FA) Financial Alignment
 Vendor #: 112252

Date: 07/29/2016

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
Paid Personnel					
11 Total Salaries / Wages	32,428				32,428
12 Payroll Taxes	2,481				2,481
13 Workers' Compensation	292				292
14 Other Benefits	944				944
15 Total Paid Personnel	36,145	0	0		36,145
16 Third-Party In-Kind Personnel	0				0
17 Total Personnel	36,145	0	0	0	36,145
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				0
29 Utilities *	0				0
30 Office Expense *	0				0
31 Vehicle Operations and Maintenance *					0
32 Outside Services *					0
33 Accounting *					0
34 Audit * **					0
35 Volunteer Expense *					0
36 Insurance *	0				0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *					0
39 Total Other Direct Expenses	0	0	0	0	0
40 Indirect Costs (Maximum 9% of Total) *					0
41 Total Program Costs	36,145	0	0	0	36,145

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



EXHIBIT C-5: Financial Alignment

Riverside County Office on Aging
Contractor Budget: Explanations
Fiscal Year 2016-2017

7/1/16 thru 6/30/17

Original: X
Revision:
OTO:

Date: 07/29/2016

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
Federal (FA) Financial Alignment
112252

Budget Line Items	Line #	Total RCOA	Explanation
Travel & Training *	18	0	
Consultants *	25	0	
Lease / Rent *	28	8,000	3,960 sq ft at \$1.52 per sq ft
Utilities *	29	2,200	Telephone Expense
Office Expense *	30	5,625	Covers Program Supplies, Printing and Postage
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	0	
Indirect Costs (Maximum 9% of Total) *	40	0	

EXHIBIT C-5: Financial Alignment



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: Paid Personnel
Fiscal Year 2016-2017

7/1/16 thru 6/30/17

Original: X
Revision:
OTO:

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
Federal (FA) Financial Alignment
112252

Date: 07/29/2016

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1	Spanish Call Center Specialist	25.00	15.45	31	11,974	Program Cost
2	Benefits Coordinator	25.00	18.00	31	13,950	Program Cost
3					0	
4					0	
5					0	
6					0	
7					0	
8					0	
9					0	
10					0	
11					0	
12					0	
13					0	
14					0	
15					0	
16					0	
17					0	
18					0	
19					0	
20					0	
Total Salaries / Wages: Section A					25,924	
Total Salaries / Wages: Section B					6,504	See detail in Section B
Total Salaries / Wages: Section C					0	See detail in Section C
TOTAL SALARIES / WAGES					32,428	
Total Payroll Taxes					2,481	
Total Workers' Compensation					292	
Total Other Benefits					944	
TOTAL EMPLOYEE BENEFITS					3,717	
TOTAL PAID PERSONNEL					36,145	

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21	CEO/President	1.25	72.11	31	2,790	Administrative Costs
22	Director of Finance/HR	1.25	40.97	31	1,585	Administrative Costs
23	Executive Assistant	1.25	17.00	31	658	Administrative Costs
24	Office Manager/Accounting Assistants	1.25	24.00	31	929	Administrative Costs
25	Receptionist	1.25	14.00	31	542	Administrative Costs
26					0	
27					0	
28					0	
29					0	
30					0	
31					0	
32					0	
33					0	
34					0	
35					0	
36					0	
37					0	
38					0	
39					0	
40					0	
Total Salaries / Wages: Section B					6,504	

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



RIVERSIDE COUNTY
OFFICE ON AGING



Riverside County Office on Aging
Contractor Budget: In-Kind Personnel
Fiscal Year 2016-2017

Original: X
Revision:
OTC:

7/1/16 thru 6/30/17

Contractor:
Program and Service:
Vendor #:

Council on Aging-Southern California
Federal (FA) Financial Alignment
112252

Date: 07/29/2016

THIRD-PARTY IN-KIND PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1					0	
2					0	
3					0	
4					0	
5					0	
6					0	
7					0	
8					0	
9					0	
10					0	
11					0	
12					0	
13					0	
14					0	
15					0	
16					0	
17					0	
18					0	
19					0	
20					0	
21					0	
22					0	
23					0	
24					0	
25					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	

EXHIBIT D- INSURANCE

- A. Without limiting or diminishing the SERVICE PROVIDER'S obligation to indemnify or hold the COUNTY harmless, SERVICE PROVIDER shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.
1. Workers' Compensation:
If the SERVICE PROVIDER has employees as defined by the State of California, the SERVICE PROVIDER shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside.
 2. Commercial General Liability
Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of SERVICE PROVIDER'S performance of its obligations hereunder. Policy shall name COUNTY as Certificate Holder and as an Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit, such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.
 3. Vehicle Liability:
If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, the SERVICE PROVIDER shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If SERVICE PROVIDER or subcontractor are using vehicle with passenger seating capacity of 7 or more the insurance limits shall not be less than 5,000,000. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.
Policy shall name the COUNTY as Certificate holder and as Additional Insured.
 4. Errors and Omissions of not less than \$1,000,000 Combined Single Limit per occurrence is required as it appropriately relates to the services rendered. The entity providing Ombudsman services must be insured for activities including, but not limited to, investigation of patient complaints.
 5. Fidelity Bond/Crime Coverage, if SERVICE PROVIDER is not a governmental agency, in an amount of not less than \$25,000 covering all paid and volunteer employees, officers and other persons holding positions of trust, indemnifying RCOoA against all losses resulting from fraud or lack of integrity, honesty or fidelity.

6. Business Contents/Business Personal Property (BPP)/All Risk Property Insurance coverage of property purchased in whole or in part with RCOoA funds, and thus owned by the California Department of Aging and utilized by SERVICE PROVIDER. Property should be covered against any loss such as fire, theft, etc., policy limits shall be at sufficient amounts to ensure replacement value.
 7. Professional Liability (Ombudsman Services & Legal Services ONLY)
SERVICE PROVIDER shall maintain Professional Liability Insurance providing coverage for the SERVICE PROVIDER's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If SERVICE PROVIDER's Professional Liability Insurance is written on a claim made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and SERVICE PROVIDER shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also, known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement, or 3) demonstrate through Certificates of Insurance that SERVICE PROVIDER has Maintained continuous coverage with the same or original insurer. Coverage provided under item; 1), 2), or 3) will continue as long as the law allows.
- B. General Insurance Provisions - All lines:
1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an AMBEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
 2. The SERVICE PROVIDER must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceed \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to the COUNTY, and at the election of the County's Risk Manager, SERVICE PROVIDER's carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
 3. SERVICE PROVIDER shall cause SERVICE PROVIDER'S insurance carrier(s) to furnish the County of Riverside with either:
 - a. A properly executed Certificate(s) of Insurance and copies of Endorsements effecting coverage as required herein, and
 - b. If requested to do so orally or in writing by the County Risk Manager, provide copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. *Further, said certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) a minimum of thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. If SERVICE PROVIDER insurance carrier(s) policies does not meet the minimum notice requirement found herein, SERVICE PROVIDER shall cause*

SERVICE PROVIDER'S insurance carrier(s) to furnish a 30 day Notice of Cancellation Endorsement.

4. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate unless the County of Riverside receives, prior to such effective date, another properly executed Certificate of Insurance, including copies of endorsements and/or policies, including all endorsements and attachments there to evidencing coverages set forth herein, and the insurance required herein is in full force and effect. *SERVICE PROVIDER shall not commence operation until the COUNTY has been furnished with Certificate(s) of Insurance and copies of endorsements and if requested, copies of policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so, on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.*
5. It is understood and agreed to by the parties hereto that the SERVICE PROVIDER's insurance shall be construed as primary insurance, and the COUNTY's insurance and/or deductibles and/or self-insures retention's or self-insured programs shall not be construed as contributory.
6. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or there is a material change in the equipment to be used in the performance of the scope of work; or , the term of this Agreement, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance and the monetary limits of liability required under this Agreement, if in the County Risk Manager's reasonable judgement, the amount or type of insurance carried by the SERVICE PROVIDER has become inadequate.
7. SERVICE PROVIDER shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
8. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the COUNTY.
9. SERVICE PROVIDER agrees to notify COUNTY of any claim by a third party or any incident or event that may give rise to a claim from the performance of this Agreement.

EXHIBIT "E"
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 Geronio 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

EXHIBIT "E"
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