

# Exhibit C.IV - Budget Detail (Q A)



## RIVERSIDE COUNTY OFFICE ON AGING



Riverside County Office on Aging

Contractor Budget: Program Resources

Fiscal Year 2017/18

September 1, 2017 to June 30, 2018

Original: ☒

Revision: ☐

OTO: ☐

Contractor:

Council On Aging-Southern California

Date: 09/01/2017

Program and Service:

Ombudsman-SNF Quality & Accountability

Vendor #:

209174

DESCRIPTION OF REVENUE		FUNDING SOURCE	AMOUNT	
RCOoA Award Amounts:				
11	Federal & State	OA61929FY18	18,257.00	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	<b>Total RCOoA Award Amounts</b>		<b>18,257.00</b>	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	<b>Total Program Income (May not be used for match)</b>		<b>0</b>	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	<b>Total Match Cash</b>		<b>0</b>	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	<b>Total Match Third-Party In-Kind</b>		<b>0</b>	OK
36	<b>Total Program Resources</b>		<b>18,257.00</b>	OK

Match Reference - Not Applicable		Rate	Minimum	Reported
Minimum Required Match	Title III B, III C	10%	2,029	0
Minimum Required Match	Title III E	25%	6,086	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.IV - Budget Detail (Q A)



## RIVERSIDE COUNTY OFFICE ON AGING



Riverside County Office on Aging  
Contractor Budget: Program Costs  
Fiscal Year 2017/18

September 1, 2017 to June 30, 2018

Original: ☒  
Revision: ☐  
OTO: ☐

Contractor: Council on Aging-Southern California  
Program and Service: Ombudsman-SNF Quality & Accountability  
Vendor #: 209174

Date: 09/01/217

Budget Line Items	Total Cost	Program Inc	Cash Match	In-Kind Match	Total RCOoA
<b>Paid Personnel</b>					
11 Total Salaries / Wages	2,191.00				2,191.00
12 Payroll Taxes	0				0
13 Workers' Compensation	0				0
14 Other Benefits	0				0
15 Total Paid Personnel	2,191.00	0	0		2,191.00
16 Third-Party In-Kind Personnel	0				0
17 <b>Total Personnel</b>	<b>2,191.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,191.00</b>
18 <b>Travel &amp; Training *</b>					<b>0</b>
19 <b>Equipment</b>					
20 Expendable Equipment (unit cost of < \$500)					0
21 Non-Expendable Equipment (unit cost ≥ \$500)					0
22 <b>Total Equipment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
23 <b>Catered Food</b>					<b>0</b>
24 <b>Raw Food</b>					<b>0</b>
25 <b>Consultants *</b>					<b>0</b>
26 <b>Other Direct Expenses</b>					
27 <b>Building Rent and Utilities</b>					
28 Lease / Rent *	6,868.00				6,868.00
29 Utilities *	83.00				83.00
30 Office Expense *					0
31 Vehicle Operations and Maintenance *					0
32 Outside Services *	5,000.00				5,000.00
33 Accounting *					0
34 Audit * **	2,708.00				2,708.00
35 Volunteer Expense *					0
36 Insurance *					0
37 Subcontracted Direct Service Costs *					0
38 Miscellaneous *	1,407.00				1,407.00
39 <b>Total Other Direct Expenses</b>	<b>16,066.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,066.00</b>
40 <b>Indirect Costs (Maximum 9% of Total) *</b>					<b>0</b>
41 <b>Total Program Costs</b>	<b>18,257.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18,257.00</b>

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.



# Exhibit C.IV - Budget Detail (Q A)



## RIVERSIDE COUNTY OFFICE ON AGING



Riverside County Office on Aging  
Contractor Budget: Explanations  
Fiscal Year 2017/18

September 1, 2017 to June 30, 2018

Original: ☒  
Revision: ☐  
OTO: ☐

Contractor:  
Program and Service:  
Vendor #:

Council On Aging-Southern California  
Ombudsman-SNF Quality & Accountability  
209174

Date: 09/01/2017

Budget Line Items	Line #	Total RCOoA	Explanation
Travel & Training *	18	0	
Consultants *	25	0	
Lease / Rent *	28	6,868.00	Office Lease
Utilities *	29	83.00	
Office Expense *	30	0	
Vehicle Operations and Maintenance *	31	0	
Outside Services *	32	5,000.00	IT Support Services
Accounting *	33	0	
Audit * **	34	2,708.00	Audited Financial Statements/Single Audit & Tax Return
Volunteer Expense *	35	0	
Insurance *	36	0	
Subcontracted Direct Service Costs *	37	0	
Miscellaneous *	38	1,407.00	Various Miscellaneous Operating Expenses
Indirect Costs (Maximum 9% of Total) *	40	0	



Exhibit C.IV - Budget Detail (Q A)



Riverside County Office on Aging  
Contractor Budget: Paid Personnel  
Fiscal Year 2017/18

RIVERSIDE COUNTY  
OFFICE ON AGING



Original: ☒ X  
Revision: ☐  
OTO: ☐

September 1, 2017 to June 30, 2018

Contractor:  
Program and Service:  
Vendor #:

Council n Aging-Southern California  
Ombudsman-SNF Quality & Accountability  
209174

Date: 09/01/2017

PAID PERSONNEL BY POSITION - SECTION A						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1				0	0	
2				0	0	
3				0	0	
4				0	0	
5				0	0	
6				0	0	
7				0	0	
8				0	0	
9				0	0	
10				0	0	
11				0	0	
12				0	0	
13				0	0	
14				0	0	
15				0	0	
16				0	0	
17				0	0	
18				0	0	
19				0	0	
20				0	0	
	Total Salaries / Wages: Section A				0	
	Total Salaries / Wages: Section B				2,191.00	See detail in Section B
	Total Salaries / Wages: Section C				0	See detail in Section C
	TOTAL SALARIES / WAGES				2,191.00	
	Total Payroll Taxes				0	
	Total Workers' Compensation				0	
	Total Other Benefits				0	
	TOTAL EMPLOYEE BENEFITS				0	
	TOTAL PAID PERSONNEL				2,191.00	



# Exhibit C.IV - Budget Detail (Q A)

Riverside County Office on Aging  
 Contractor Budget: Paid Personnel  
 Fiscal Year 2017/18

Original: ☒  
 Revision: ☐  
 OTO: ☐

September 1, 2017 to June 30, 2018

Contractor:  
 Program and Service:  
 Vendor #:

Council n Aging-Southern California  
 Ombudsman-SNF Quality & Accountability  
 209174

Date: 09/01/2017

PAID PERSONNEL BY POSITION - SECTION B						
#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
21	CEO/President	0.200	75.72	43.20	654	
22	Director of Finance/HR	0.200	48.23	43.20	417	
23	Accounting Assistants-1.5 FTEs	0.300	31.67	43.20	410	
24	Executive Assistant	0.200	20.50	43.20	177	
25	Receptionist	0.200	14.00	43.20	266	
26	Data Communication	0.050	24.52	43.20	53	
27	Marketing Manager	0.150	33.00	43.20	214	
28				52	0	
29				52	0	
30				52	0	
31				52	0	
32				52	0	
33				52	0	
34				52	0	
35				52	0	
36				52	0	
37				52	0	
38				52	0	
39				52	0	
40				52	0	
Total Salaries / Wages: Section B					2,191	



# Exhibit C.IV - Budget Detail (Q A)

Riverside County Office on Aging  
 Contractor Budget: Paid Personnel  
 Fiscal Year 2017/18

Original: ☒  
 Revision: ☐  
 OTO: ☐

September 1, 2017 to June 30, 2018

Contractor:  
 Program and Service:  
 Vendor #:

Council n Aging-Southern California  
 Ombudsman-SNF Quality & Accountability  
 209174

Date: 09/01/2017

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	



Exhibit C4



# RIVERSIDE COUNTY OFFICE ON AGING



Riverside County Office on Aging  
Contractor Budget: In-Kind Personnel  
Fiscal Year 2017/18

Original: ☒  
Revision: ☐  
OTO: ☐

September 1, 2017 to June 30, 2018

Contractor:  
Program and Service:  
Vendor #:

Council On Aging-Southern California  
Ombudsman-SNF Quality & Accountability  
209174

Date: 09/01/2017

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

#	Position / Title	Hours per Week	Hourly Rate	Contract # of Weeks	Contract Budget	Comments / Notes
1				52	0	
2				52	0	
3				52	0	
4				52	0	
5				52	0	
6				52	0	
7				52	0	
8				52	0	
9				52	0	
10				52	0	
11				52	0	
12				52	0	
13				52	0	
14				52	0	
15				52	0	
16				52	0	
17				52	0	
18				52	0	
19				52	0	
20				52	0	
21				52	0	
22				52	0	
23				52	0	
24				52	0	
25				52	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



# Exhibit C.V - Budget Detail (PHL)



## RIVERSIDE COUNTY OFFICE ON AGING



Riverside County Office on Aging

Contractor Budget: Program Resources

Fiscal Year 2016-2017

September 1, 2017 to June 30, 2018

Original: ☒

Revision: ☐

OTO: ☐

Contractor:

Council on Aging-Southern CA

Date: 09/01/2017

Program and Service:

Ombudsman-Public Health Licensing & Certification

Vendor #:

209174

DESCRIPTION OF REVENUE		FUNDING SOURCE	AMOUNT	
<b>RCOoA Award Amounts:</b>				
11	Federal & State OA61927FY18		86,722.00	
12	Federal & State OTO			
13	Other Award (IFS *)			
14	Other Award (IFS *)			
15	Other Award (IFS *)			
16	<b>Total RCOoA Award Amounts</b>		<b>86,722.00</b>	OK
17	<b>Program Income (May not be used for match):</b>			
18	Donations from Program Participants			
19	Other Program Income (IFS *)			
20	Other Program Income (IFS *)			
21	<b>Total Program Income (May not be used for match)</b>		<b>0</b>	OK
22	<b>Match Cash (From non-Federal sources):</b>			
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	<b>Total Match Cash</b>		<b>0</b>	OK
29	<b>Match Third-Party In-Kind:</b>			
30	Volunteer Services			
31	Donated Materials / Space			
32	Other Match Third-Party In-Kind (IFS *)			
33	Other Match Third-Party In-Kind (IFS *)			
34	<b>Total Match Third-Party In-Kind</b>		<b>0</b>	OK
36	<b>Total Program Resources</b>		<b>86,722</b>	OK

Match Reference- Not applicable to Ombudsman		Rate	Minimum	Reported
Minimum Required Match	Title IIIB, IIIC	10%	9,636	0
Minimum Required Match	Title IIIE	25%	28,907	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 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

<b>Designated Community Focal Point</b>	<b>Address</b>
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
Blythe Community Center	445 North Broadway Blythe, CA 92225
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

<b>Designated Community Focal Point</b>	<b>Address</b>
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 ½ 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