

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



**ITEM: 3.38  
(ID # 28660)**

**MEETING DATE:**

**FROM :** PUBLIC SOCIAL SERVICES

Monday, September 22, 2025

**SUBJECT:** DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS): Ratify and Approve the Federal Demonstration Partnership (FDP) Cost Reimbursement Subaward #S-1932 Agreement with The Regents of the University of California, on behalf of the Riverside Campus for the Elder Abuse Forensic Center (EAFC), in the amount of \$54,430, for the period of January 1, 2025 through December 31, 2025, All Districts; [Total Cost \$54,430 - 100% Federal Funding]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify and Approve the Federal Demonstration Partnership (FDP) Cost Reimbursement Subaward #S-1932 Agreement with The Regents of the University of California, on behalf of the Riverside Campus for the Elder Abuse Forensic Center (EAFC), in the amount of \$54,430, for the period of January 1, 2025 through December 31, 2025, and authorize the Chair of the Board to sign the agreement on behalf of the County; and,
2. Authorize the Director of DPSS, or Designee, to administer the FDP Cost Reimbursement Subaward #S-1932 Agreement for the Elder Abuse Forensic Center (EAFC) Program and sign any questionnaires, certifications, assurances, reports, or other related documents required by UCR to administer the Agreement that is consistent with the Board's approval; and,
3. Authorize the Director of the Department of Public Social Services, or designee, charged with the responsibility of administering and implementing the Elder Abuse Forensic Center (EAFC) Program; and
4. Authorize the Director of DPSS, or Designee, to sign amendments, approved as to form by County Counsel, that (a) make modifications to the scope of work that stay within the intent of the Agreement.

**ACTION:Policy**


  
Charity Douglas, DPSS Director 9/3/2025

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**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Medina, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: September 22, 2025  
xc: DPSS

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 54,430	\$0	\$ 54,430	\$ 0
<b>NET COUNTY COST</b>	\$0	\$0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> 100% Federal Funding			<b>Budget Adjustment:</b>	No
			<b>For Fiscal Year:</b>	25-26

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

The Victims of Crime Act (VOCA) authorizes federal financial assistance to states through the VOCA Formula Grant Program for the purpose of supporting eligible crime victim assistance programs that: 1) respond to the emotional and physical needs of victims of crime; 2) help primary and secondary victims of crime to stabilize their lives after a victimization; 3) help victims of crime understand and participate in the criminal justice system; and 4) provide victims of crime with a measure of safety and security.

On December 24, 2024, the California Office of Emergency Services (Cal OES) Victim Services & Public Safety Branch awarded \$217,444 in VOCA and State supplemental funds Victim Compensation Grant Funding (VCGF) to The Regents of the University of California, on behalf of the Riverside Campus to support elder abuse prevention programs in Riverside County. From that amount, DPSS was awarded \$54,430 with a cost match of \$30,062 to support the Riverside County Elder Abuse Forensic Center (EAFC).

With the funding allocated by Cal OES, the EAFC can improve the community's ability to combat, investigate, and prosecute elder and dependent adult abuse, neglect, and exploitation, through enhanced service provisions among partner agencies. Services offered by the EAFC include, but are not limited to, in-home geriatric medical assessments, in-home neuropsychological evaluations (capacity assessments), forensic evaluations, case consultations with the EAFC multidisciplinary team, public outreach, and education.

DPSS will utilize these funds to support a series of events, including the annual Elder Abuse Symposium. Community members that participate will provide information on how to identify, investigate, and prosecute cases involving elder and dependent adult abuse. While serving as an introduction to those new in the field, these events will also address the latest issues and techniques in elder abuse prosecution.

DPSS will also utilize funds to support administrative expenses for staff training pertaining to elder and dependent adult abuse, in addition to supporting EAFC staff salaries. EAFC staff are responsible for engaging the community in the protection and empowerment of elderly and dependent adults throughout Riverside County. The EAFC personnel also consult with various

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

professionals from community agencies to improve the lives and safety of our clients, including medical and financial institutions, law enforcement, District Attorney representatives, and community service/faith-based organizations.

**Impact on Residents and Businesses**

Adult Protective Services (APS) utilizes the EAFC to provide services to vulnerable residents of Riverside County with complex needs that require multi-agency collaboration. The EAFC ensures that vulnerable clients requiring an increased level of intervention are connected to APS within the community to create a link between existing resources and comprehensive case management, thus closing gaps to improve our community's ability to combat, investigate, and prosecute elder and dependent adult abuse.

**Additional Fiscal Information**

DPSS will provide documentation of in-kind match amounts that correspond to all VOCA expenditures for which reimbursement is claimed. The VOCA Formula Grant Program requires a cash and/or in-kind match equal to twenty-five (25) percent of the total project cost. County expenditures of the Adult Services Division salaries will count towards the VOCA match requirement. The VOCA Grant allocation for DPSS is as follows:

Grant Year 2025	
	VOCA
<b>VOCA Amount</b>	\$54,430
<b>VOCA Cost Match</b>	\$30,062
<b>Total</b>	<b>\$84,492</b>

**ATTACHMENTS:**

1. FDP Cost Reimbursement Subaward #S-1932 Agreement

  
Stacey Pena, EO Management Analyst

9/10/2025

  
Gregg Gu, Chief of Deputy County Counsel

9/10/2025

## FDP Cost Reimbursement Subaward

<b>Federal Awarding Agency:</b> Other [Type in Agency]		Office of Justice / California Emergency Management Program
<b>Pass-Through Entity (PTE):</b> The Regents of the University of California, on behalf of		<b>Subrecipient:</b> County of Riverside, a political subdivision of the State
PTE PI: David Franklin		Sub PI: Maria Loera
PTE Federal Award No: XE24038701		Subaward No: S1932
Project Title: Elder Abuse - XE24		
<b>Subaward Period of Performance (Budget Period):</b> Start: 01/01/2025      End: 12/31/2025		Amount Funded This Action (USD): \$ 54430
<b>Estimated Project Period (if incrementally funded):</b> Start: 01/01/2025      End: 12/31/2025		Incrementally Estimated Total (USD): \$ 54430

### Terms and Conditions

1. PTE hereby awards a cost reimbursable Subaward, (as determined by 2 CFR 200.330), to Subrecipient. The Statement of Work and budget for this Subaward are as shown in Attachment 5. In its performance of Subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE.
2. Subrecipient shall submit invoices not more often than monthly and not less frequently than quarterly for allowable costs incurred. Upon the receipt of proper invoices, the PTE agrees to process payments in accordance with this Subaward and 2 CFR 200.305. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), breakdown by major cost category, Subaward number, and certification, as required in 2 CFR 200.415(a). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning invoice receipt or payments shall be directed to the party's Financial Contact, shown in Attachment 3A.
3. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachment 3A, not later than 60 days after the Project Period end date. The final statement of costs shall constitute Subrecipient's final financial report.
4. All payments shall be considered provisional and are subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.
5. Matters concerning the technical performance of this Subaward shall be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown in Attachment 4.
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward, and any changes requiring prior approval, shall be directed to the PTE's Authorized Official Contact and the Subrecipient's Authorized Official Contact shown in Attachments 3A and 3B. Any such change made to this Subaward requires the written approval of each party's Authorized Official as shown in Attachments 3A and 3B.
7. The PTE may issue non-substantive changes to the Period of Performance and budget Unilaterally. Unilateral modification shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient when sent to Subrecipient's Authorized Official Contact, as shown in Attachment 3B.
8. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
9. ~~Either party may terminate this Subaward at any time without notice. PTE notice shall be directed to the Authorized Official Contact and Subrecipient's Authorized Official Contact as shown in Attachments 3A and 3B. Termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR 200, shall be applicable.~~   
 ten notice. PTE notice shall be directed to the Authorized Official Contact and Subrecipient's Authorized Official Contact as shown in Attachments 3A and 3B. Termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR 200, shall be applicable.
10. By signing this Subaward, in which are hereby incorporated by reference, Subrecipient certifies that it will perform the Statement of Work and the applicable terms and conditions of this Subaward and the applicable terms and conditions ("RTCs") of the Federal Awarding Agency, as referenced in Attachment 2. Subrecipient certifies that they intend this Subaward to comply with all applicable laws, regulations, and requirements.



By an Authorized Official of the PTE:		By an Authorized Official of the Subrecipient:	
Name: Tim LeFort	Date: [ ]	Name: V. Manuel Perez	Date: 09/23/2025
Title: Principal Sponsored Programs Officer		Title: Chair of the Board	

ATTEST: *Whitney Mayo, Deputy*  
 Clerk of the Board  
 By: \_\_\_\_\_

Approval as to Form: *Minh Tran*  
 County Counsel  
 Deputy County Counsel: *9.9.25*

FDP SEPT 2019

**Attachment 1**  
**Certifications and Assurances**

Subaward Number:

S1932

**Certification Regarding Lobbying (2 CFR 200.450)**

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief, that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making 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 in accordance with 2 CFR 200.450.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the PTE.

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 31 U.S.C. 1352. 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.

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**Debarment, Suspension, and Other Responsibility Matters (2 CFR 200.213 and 2 CFR 180)**

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief that neither the Subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, in accordance with 2 CFR 200.213 and 2 CFR 180.

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**Audit and Access to Records**

Per 2 CFR 200.501- 200.521, Subrecipient certifies that it will provide notice of any adverse findings which impact this Subaward and will provide access to records as required by parts 2 CFR 200.336, 200.337, and 200.201 as applicable. If Subrecipient is not subject to the Single Audit Act, then Subrecipient will provide notice of the completion of any required audits and provide access to such audits upon request.

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**Program for Enhancement of Contractor Employee Protections (41 U.S.C 4712)**

Subrecipient is hereby notified that they are required to: inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the program; inform their employees in writing of employee whistleblower protections under 41 U.S.C §4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a subcontractor or subgrantee.

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The Subrecipient shall require that the language of the certifications above in this Attachment 1 be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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**Use of Name**

Neither party shall use the other party's name, trademarks, or other logos in any publicity, advertising, or news release without the prior written approval of an authorized representative of that party. The parties agree that each party may use factual information regarding the existence and purpose of the relationship that is the subject of this Subaward for legitimate business purposes, to satisfy any reporting and funding obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.

**Attachment 2**  
**Federal Award Terms and Conditions**

Subaward Number

S1932

**Required Data Elements**

The data elements required by Uniform Guidance are incorporated as entered.

Awarding Agency Institute (If Applicable)

Office of Justice

Federal Award Issue Date FAIN CFDA No.

09/04/25

2019-V2-GX-005 16575

CFDA Title

Crime Victim Assistance

Key Personnel Per NOA

**This Subaward Is:**

Research & Development  Subject to FFATA

**General Terms and Conditions**

By signing this Subaward, Subrecipient agrees to the following:

1. To abide by the conditions on activities and restrictions on expenditure of federal funds in appropriations acts that are applicable to this Subaward to the extent those restrictions are pertinent. This includes any recent legislation noted on the Federal Awarding Agency's website:

[www.caloes.ca.gov](http://www.caloes.ca.gov)

2. 2 CFR 200

3. The Federal Awarding Agency's grants policy guidance, including addenda in effect as of the beginning date of the period of performance or as amended found at:

[http://ojp.gov/financialguide/DOJ/pdfs/2015\\_DOJ\\_FinancialGuide.pdf](http://ojp.gov/financialguide/DOJ/pdfs/2015_DOJ_FinancialGuide.pdf)

4. Research Terms and Conditions, including any Federal Awarding Agency's Specific Requirements found at:

<https://www.nsf.gov/awards/managing/rtc.jsp>

except for the following :

- a. No-cost extensions require the written approval of the PTE. Any requests for a no-cost extension shall be directed to the Authorized Official Contact shown in Attachment 3A, not less than 30 days prior to the desired effective date of the requested change.
- b. Any payment mechanisms and financial reporting requirements described in the applicable Federal Awarding Agency Terms and Conditions and Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this Subaward; and
- c. Any prior approvals are to be sought from the PTE and not the Federal Awarding Agency.
- d. Title to equipment as defined in 2 CFR 200.33 that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall vest in the Subrecipient subject to the conditions specified in 2 CFR 200.313.
- e. Prior approval must be sought for a change in Subrecipient PI or change in Key Personnel (defined as listed on the NOA).
5. Treatment of program income: Additive

**Special Terms and Conditions:**

**Data Sharing and Access:**

Subrecipient agrees to comply with the Federal Awarding Agency's data sharing and/or access requirements as reflected in the NOA or the Federal Awarding Agency's standard terms and conditions as referenced in General Terms and Conditions 1-4 above.

No additional requirements

**Data Rights:**

Subrecipient grants to PTE the right to use data created in the performance of this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

**Copyrights:**

Subrecipient Grants to PTE an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Subrecipient grants to PTE the right to use any written progress reports and deliverables created under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its Federal Award.

**Promoting Objectivity in Research (COI):**

Subrecipient must designate herein which entity's Financial Conflicts of Interest policy (COI) will apply: Subrecipient

If applying its own COI policy, by execution of this Subaward, Subrecipient certifies that its policy complies with the requirements of the relevant Federal Awarding Agency as identified herein: Office of Justice / California Emergency Management Program

Subrecipient shall report any financial conflict of interest to PTE's Administrative Representative or COI contact, as designated on Attachment 3A. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awarding Agency. Such report shall be made before expenditure of funds authorized in this Subaward and within 45 days of any subsequently identified COI.

**Work Involving Human or Vertebrate Animals** (Select Applicable Options)

No Human or Vertebrate Animals

Consent and information will be provided upon request

PTE is acting as the sIRB

Upon Request

Approval will be sought after year 1.

This section left intentionally blank

**Human Subjects Data** (Select One) Not Applicable

This section left intentionally blank

In Attachment 7.

No

The work being conducted by this Subrecipient per this Subaward is not a clinical trial.

This Subaward is not subject to an MPI Leadership Plan.

The PTE will make the MPI plan available upon request

**Additional Terms**

**Attachment 3A**  
**Pass-Through Entity (PTE) Contacts**

Subaward Number:  
S1932

**PTE Information**

Entity Name: The Regents of the University of California, on behalf of the Riverside Campus

Legal Address: 249 University Office Building  
Riverside CA, 92521

Website:

**PTE Contacts**

Central Email: Awards@ucr.edu

Principal Investigator Name: David Franklin

Email: david.franklin@ucr.edu Telephone Number: 951-827-4605

Administrative Contact Name: Tim LeFort

Email: tlefort@ucr.edu Telephone Number: 951-827-2717

COI Contact email (if different to above):

Financial Contact Name: EMF Accounting

Email: apinvoice@ucr.edu Telephone Number: 951-827-1948

Email invoices?  Yes  No Invoice email (if different):

Authorized Official Name: Tim LeFort

Email: tlefort@ucr.edu Telephone Number: 951-827-2717

**PI Address:**

249 University Office Building  
Riverside CA, 92521

**Administrative Address:**

249 University Office Building  
Riverside CA, 92521

**Invoice Address:**

All invoices are to be submitted via email to:  
  
apinvoice@ucr.edu

**Attachment 3B**  
**Subrecipient Contacts**

Subaward Number:  
S1932

**Subrecipient Information for [FFATA](#) reporting**

Entity's DUNS Name: County of Riverside

EIN No.: 956000930 Institution Type: County Government

DUNS: 072514789 Currently registered in SAM.gov:  Yes  No

Parent DUNS: Exempt from reporting executive compensation:  Yes  No (if no, complete 3Bpg2)

Place of Performance Address: *This section for U.S. Entities:* Zip Code [Look-up](#)  
Congressional District: Zip Code+4: 925553927

4060 County Circle Drive  
Riverside, CA 92503

**Subrecipient Contacts**

Central Email:  
Website:

Principal Investigator Name: Maria Loera  
Email: MLoera@rivco.org Telephone Number: 951-791-3049

Administrative Contact Name: Tracy Chappell Slaughter  
Email: TRchappe@rivco.org Telephone Number: 951-358-5870

Financial Contact Name: Amber Hartoog  
Email: ahartoog@rivco.org Telephone Number: 951-358-3114

Invoice/Payment Email:

Authorized Official Name: Charity Douglas  
Email: CHdougl@rivco.org Telephone Number: 951-358-4804

**Legal Address:**

4060 County Circle Drive  
Riverside, CA 92503

**Administrative Address:**

4060 County Circle Drive  
Riverside, CA 92503

**Payment Address:**

4060 County Circle Drive  
Riverside, CA 92503

**Attachment 3B-2**  
**Highest Compensated Officers**

Subaward Number:  
S1932

**Subrecipient:**

Institution Name:

PI Name:

**Highest Compensated Officers**

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

**Attachment 4**  
**Reporting and Prior Approval Terms**

Subaward Number:

S1932

Subrecipient agrees to submit the following reports (PTE contacts are identified in Attachment 3A):

**Technical Reports:**

- Monthly technical/progress reports will be submitted to the PTE's  within  days of the end of the month.
- Quarterly technical/progress reports will be submitted within 30 days after the end of each project quarter to the PTE's .
- Annual technical / progress reports will be submitted within  days prior to the end of each budget period to the PTE's . Such report shall also include a detailed budget for the next Budget Period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- A Final technical/progress report will be submitted to the PTE's  within  days of the end of the Project Period or after termination of this award, whichever comes first.
- Technical/progress reports on the project as may be required by PTE's  in order for the PTE to satisfy its reporting obligations to the Federal Awarding Agency.

**Prior Approvals:**

Carryover:

Carryover is restricted for this subaward by the:  Federal Awarding Agency

Carryover instructions and requirements are as stated by the Federal Awarding Agency guidance or as shown below.

Submit carryover requests to the .

**Other Reports:**

- In accordance with 37 CFR 401.14, Subrecipient agrees to notify both the Federal Awarding Agency via iEdison and PTE's  within 60 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Federal Awarding Agency specific forms to the PTE's  within 60 days of the end of the Project Period to be included as part of the PTE's final invention report to the Federal Awarding Agency.

A negative report is required:

- Property Inventory Report (only when required by Federal Awarding Agency), specific requirements below.

Additional cost sharing requirements included below:

**Additional Technical and Reporting Requirements:**

200.415 UNIFORM GUIDANCE  
Required certifications. Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:  
"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

**Attachment 5**  
**Statement of Work, Cost Sharing, Indirects & Budget**

Subaward Number:

S1932

**Statement of Work**

Below  Attached,  pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

**Statement of Work**

With the support of funding provided by the California Office of Emergency Services (Cal OES), the Riverside County Elder Abuse Forensic Center (EAFC) is able to improve our community's ability to combat, investigate, and prosecute elder and dependent adult abuse, neglect and exploitation, through enhanced collaboration/service provision among partner agencies. Services offered by the EAFC include,

but are not limited to, in-home geriatric medical assessments, in-home neuropsychological evaluations (capacity assessments), forensic evaluations/examinations, medical record reviews, case consultations with the EAFC multidisciplinary team, public outreach/education, etc.

As a grant subrecipient, Riverside County DPSS will utilize the funding from Cal OES to supplement the salary of the DPSS staff member that coordinates the Elder Abuse Forensic Center (EAFC), who serves as the primary coordinator and Elder Abuse Victim Specialist for this project. The subaward will also be utilized to support eligible DPSS staff to attend important conferences in the arena of elder and dependent adult abuse. Continuing education is critical as we strive to engage the community in the protection and empowerment of elder and dependent adults throughout Riverside County. Further, the funding will also help support the annual 2024 Elder and Dependent Adult Abuse Symposium for local service providers that serve the elder and dependent adult population.

**Budget Information**

**Indirect Information** Indirect Cost Rate (IDC) Applied

%

**Cost Sharing**

Rate Type:

If Yes, include Amount: \$

**Budget Details**

Below  Attached,  pages

**Budget Totals**

Direct Costs \$

Indirect Costs \$

Total Costs \$

*All amounts are in United States Dollars*



**Grant Subaward Budget Pages**  
Multiple Fund Sources

Subrecipient: University of California, Riverside	Grant Subaward #: XE24		
B. Operating Costs - Line-item description and calculation	2024 VCGF	2024 VOCA	2024 VOCA MATCH
Riverside County Dept of Public Social Services (DPSS)			
Ms. Angela Rosato, Elder Abuse Victim Specialist - 1 FTE			
20.5068% match effort plus 1.23767% direct-charge effort of base salary \$80,392.83 Hourly rate = \$38.65	\$445	\$550	\$16,486
Ms. Rosato fringe benefits @ 51%	\$227	\$281	\$8,408
Ms. Maria Loera, Adult Protective Services Regional Manager			
2.6796% match effort plus 7.176% effort of base salary \$127,702.86 Hourly rate = \$61.40	\$4,096	\$5,068	\$3,422
Ms. Loera fringe benefits @ 51%	\$2,089	\$2,585	\$1,745



**Grant Subaward Budget Pages**  
Multiple Fund Sources

Subrecipient: University of California, Riverside		Grant Subaward #: XE24		
B. Operating Costs - Line-item description and calculation		2024 VCGF	2024 VOCA	2024 VOCA MATCH
<p>This portion of the DPSS subcontract will support grant participant attendance at relevant conferences, including but not limited the following: The 36th Annual National Adult Protective Services Association Conference. If travel is required, funds requested will cover coach roundtrip airfare from Ontario International Airport to meeting locations, hotel accommodations per traveler, and per diem per traveler expenses (e.g., meals, mileage, and parking).</p> <p><b>Conference #1:</b> Dates: 09/08/2025-09/10/2025. Name of Event: The 36th Annual National Adult Protective Services Association Conference. Location: TBD-Bellevue, Washington. Number of attendee: 2. <b>Attendee #1:</b> Registration Fee= \$640. Hotel= \$920 (4 nights x \$230/night, plus tax; Federal Gov't Per Diem Rate). Flight= \$600 plus tax (Average for September 2024). Car Rental= \$360 (\$90/day for 1 day )Parking Fees= \$160 (4 days x \$40/day), <b>Total = \$2,680</b> <b>Attendee #2:</b> Registration Fee= \$640. Hotel= \$690 (3 nights x \$230/night, plus tax; Federal Gov't Per Diem Rate). Flight= \$600 plus tax (Average for September 2024). Car Rental= \$270 (\$90/day for 1 day) Parking Fees= \$120 (3 days x \$40/day) <b>Total = \$2,320 Grand Total = \$5,000.</b></p> <p>This portion of the DPSS subcontract will support facility and program for the 2025 Elder and Dependent Adult Abuse Symposium, which is an all-day event that serves 450-500 professionals within Riverside and surrounding counties. These fees cover expenses such as, but not limited to, facility rental, audio/visual technology equipment/labor, and other program-related expenses.</p>		\$2,235	\$2,765	
		\$15,238	\$18,852	
Operating Costs Fund Source Totals		\$24,330	\$30,100	\$30,061
<b>OPERATING COSTS CATEGORY TOTAL</b>				

## Riverside County Dept of Public Social Services (DPSS)

Ms. Angela Rosato, Elder Abuse Victim Specialist - 1 FTE

**Salary:** \$995; match \$16,486

20.5068% match effort plus 1.23767% direct-charge effort of base salary \$80,392.83; Hourly rate = \$38.65

Ms. Rosato fringe benefits @ 51% \$507; match \$8,408

Ms. Maria Loera, Adult Protective Services Regional Manager

**Salary:** \$9,164; match \$3,422

2.6796% match effort plus 7.176% effort of base salary \$127,702.86; Hourly rate = \$61.40

Ms. Loera fringe benefits @ 51%; \$4,674; match \$1,745

The DPSS subcontract will support grant participant attendance at relevant conferences, including but not limited to the following: The 36th Annual National Adult Protective Services Association Conference. If travel is required, funds requested will cover coach roundtrip airfare from Ontario International Airport to meeting locations, hotel accommodations per traveler, and per diem per traveler expenses (e.g., meals, mileage, and parking).

**Conference #1:** Dates: 09/08/2025-09/10/2025. Name of Event: The 36th Annual National Adult Protective Services Association Conference. Location: TBD-Bellevue, Washington. Number of attendees: 2. **Attendee #1:** Registration Fee= \$640. Hotel= \$920 (4 nights x \$230/night, plus tax; Federal Gov't Per Diem Rate). Flight= \$600 plus tax (Average for September 2024). Car Rental= \$360 (\$90/day for 1 day) Parking Fees= \$160 (4 days x \$40/day),

**Total = \$2,680. Attendee #2:** Registration Fee= \$640. Hotel= \$690 (3 nights x \$230/night, plus tax; Federal Gov't Per Diem Rate). Flight= \$600 plus tax (Average for September 2024). Car Rental= \$270 (\$90/day for 1 day) Parking Fees= \$120 (3 days x \$40/day)

**Total = \$2,320 Grand Total = \$5,000.**

The DPSS subcontract will support facility and program for the 2025 Elder and Dependent Adult Abuse Symposium, which is an all-day event that serves 450-500 professionals within Riverside and surrounding counties. These fees cover expenses such as, but not limited to, facility rental, audio/visual technology equipment/labor, and other program-related expenses. Total \$34,090

**Attachment 6**  
**Notice of Award (NOA) and any additional documents**

- The following pages include the NOA and if applicable any additional documentation referenced throughout this Subaward.
- Not incorporating the NOA or any additional documentation to this Subaward.

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
GRANT SUBAWARD FACE SHEET**

This Grant Subaward Face Sheet summarizes the Grant Subaward for **XE24038701**

The full Grant Subaward includes all application information provided by the Subrecipient, all attestations, and requirements included in the Program Supplemental. Subrecipients can access, download, and print the full Grant Subaward in the Grants Central System.

- 1. Subrecipient** Regents of the University of California, Riverside **1a. UEI#:** MR5QC5FCAVH5
- 2. Implementing Agency:** Regents of the University of California, Riverside
- 3. Location of Project/Services:** Riverside Riverside County 92521-0217  
(City) (County) (Zip+4)
- 4. Program:** Elder Abuse - XE24
- 5. Grant Subaward Performance Period/Period of Performance:** 1/1/2025 to 12/31/2025
- 6. Indirect Cost Use: Federally Approved ICR** **Federally Approved ICR (if applicable): 17%**

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
2024	2024 VCGF	\$97,197		\$97,197	\$0	\$0	\$0	\$97,197
2024	2024 VOCA		\$120,247	\$120,247	\$0	\$30,062	\$30,062	\$150,309
	<b>Total Project Cost</b>	\$97,197	\$120,247	\$217,444	\$0	\$30,062	\$30,062	\$247,506

**Authorized Agent** **Federal Employer Identification #: 95-6006142**

Ursula Prins PreAward Manager Ursula Prins 11/1/2024  
Name Title Signature Date

900 UNIVERSITY AVE RM 1111 STUDENT SERVICES, RIVERSIDE 92521-0001  
Payment Mailing Address City ZIP Code

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposed of this expenditure stated above.

Mary Rucker 12/24/2024 Eric Swanson 12/24/2024  
Cal OES Fiscal Officer Date Cal OES Director or Designee Date

Awarding Official Contact - Cal OES			
Name	Title	Address	Phone
Nancy Ward	Director	3650 Schriever Avenue, Mather CA 95655	916-845-8506

**Program Description**

The purpose of the Program is to enhance the safety of elder and dependent adult victims/survivors of crime by providing direct services to this vulnerable population, bridge the gap between elder justice service providers and improve the delivery of services by allied service providers including but not limited to, Adult Protective Services, Long-Term Care Ombudsman Programs, and legal assistance providers. This Program will provide support for communities to improve their ability to identify the needs of victims/survivors of elder and dependent adult abuse, including those with disabilities.

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
GRANT SUBAWARD FACE SHEET**

This Grant Subaward Face Sheet summarizes the Grant Subaward for XE24038701

The full Grant Subaward includes all application information provided by the Subrecipient, all attestations, and requirements included in the Program Supplemental. Subrecipients can access, download, and print the full Grant Subaward in the Grants Central System.

	2024 VCGF	2024 VOCA
State/Federal	State	Federal
ENY	2024	2024
Chapter #	35	22
Service Location	14030	18404
Item #	0690-105-0001	0690-102-0890
State Budget Program #	452	451
FAIN	N/A	15POVC-24-GG-00612-ASSI
Performance Period	07/01/24 - 06/30/27	10/01/23 - 09/30/27
State Budget Fund	State General Fund	Federal Trust Fund
Assistance Listing	N/A	16.575
Program	Elder Abuse - XE24	Elder Abuse - XE24
Mach Required	No	Yes
Project ID	OES24VCGFSUPP 00	OES24VOCA00001 2
Amount	\$97,197	\$120,247
Speed Chart	2024-14030	2024-18404
Grantor	N/A	Office for Victims of Crime
Federal Award Date	N/A	09/05/2024
Research & Development Program	N/A	No

# Application Information Form

**Program:**

*Elder Abuse - XE24*

**Grant Subaward Performance Period:**

*01/01/2025* to *12/31/2025*

**Subrecipient:**

*Regents of the University of California, Riverside*

**Subrecipient UEI:**

*MR5QC5FCAVH5*

**Subrecipient Federal Employer ID:**

*95-6006142*

**Implementing Agency:**

*Regents of the University of California, Riverside*

**Payment Address**

*900 UNIVERSITY AVE  
RM 1111 STUDENT SERVICES,  
RIVERSIDE  
California  
Riverside County  
92521-0001*

**Primary Location of Project/Services****Address**

*245 University Office Building*

**City:**

*Riverside*

**Address 2****County:**

*Riverside County*

**Zip Code:**

*92521-0217*

# Contact Information Form

## Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

## Form Specific Instructions:

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- The Grant Subaward Director and Financial Officer cannot be the same individual.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

## Grant Subaward Contacts

### Grant Subaward Director

<b>First Name:</b>	<i>David</i>	<b>Last Name:</b>	<i>Franklin</i>
<b>Title:</b>	<i>Professor of Psychiatry and Neuroscience</i>	<b>Email:</b>	<i>david.franklin@ucr.edu</i>
<b>Phone:</b>	<i>(951) 827-4605</i>	<b>State:</b>	<i>California</i>
<b>Address:</b>	<i>900 University Ave</i>	<b>Zip Code:</b>	<i>92521-0001</i>
<b>City:</b>	<i>Riverside</i>		

### Financial Officer

<b>Name:</b>	<i>Frances</i>	<b>Last Name:</b>	<i>Marin</i>
<b>Title:</b>	<i>Post Award Accounting Manager</i>	<b>Email:</b>	<i>frances.marin@ucr.edu</i>
<b>Phone:</b>	<i>(951) 827-1954</i>	<b>State:</b>	<i>California</i>
<b>Address:</b>	<i>900 University Ave</i>	<b>Zip Code:</b>	<i>92521-0001</i>
<b>City:</b>	<i>Riverside</i>		

### Programmatic Point of Contact:

<b>Name:</b>	<i>David</i>	<b>Last Name:</b>	<i>Franklin</i>
<b>Title:</b>	<i>Professor of Psychiatry and Neuroscience</i>	<b>Email:</b>	<i>david.franklin@ucr.edu</i>
<b>Phone:</b>	<i>(951) 827-4605</i>	<b>State:</b>	<i>California</i>
<b>Address:</b>	<i>900 University Ave</i>	<b>Zip Code:</b>	<i>92521-0001</i>
<b>City:</b>	<i>Riverside</i>		

### Financial Point of Contact:

<b>Name:</b>	<i>Benjamin</i>	<b>Last Name:</b>	<i>Terao</i>
<b>Title:</b>	<i>Contracts and Grants Analyst, Sponsored Research and Programs</i>	<b>Email:</b>	<i>benjamin.terao@medsch.ucr.edu</i>
<b>Phone:</b>	<i>(951) 827-6254</i>	<b>State:</b>	<i>California</i>
<b>Address:</b>	<i>900 University Ave</i>	<b>Zip Code:</b>	<i>92521-0001</i>
<b>City:</b>	<i>Riverside</i>		

### Chair of the Governing Body

<b>Name:</b>	<i>Rich</i>	<b>Last Name:</b>	<i>Leib</i>
<b>Title:</b>	<i>Chair, UC Board of Regents</i>	<b>Email:</b>	<i>rich.leib@ucop.edu</i>
<b>Phone:</b>	<i>(510) 987-9220</i>	<b>State:</b>	<i>California</i>
<b>Address:</b>	<i>Office of the Secretary and Chief of State to the Regents, 1111 Franklin St., 12th floor</i>		
<b>City:</b>	<i>Oakland</i>	<b>Zip Code:</b>	<i>94607-5201</i>

### Grant Subaward Authorized Agent

*Ursula Prins*

# Grant Subaward Assurances Form

## Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
<a href="#">Federal Fund Grant Subaward Assurances - 2024 VOCA.pdf</a>	<input checked="" type="checkbox"/> *
<a href="#">Program Standard Assurance Addendum</a>	<input checked="" type="checkbox"/> *
<a href="#">Standard Certification of Compliance</a>	<input checked="" type="checkbox"/> *

Subrecipients expending \$1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. \*

Subrecipient expends \$1,000,000 or more in federal funds annually.

Subrecipient does not expend \$1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

**In the preceding year, did the Subrecipient receive:**

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? \*  Yes  No

Does the amount of federal funds received, equal 80% or more of the Subrecipient's annual gross revenue? \*  Yes  No

# Programmatic Narrative Form

## Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

## Narrative Questions/Responses

### Question 1 \*

*Describe the Applicant's plan to provide services to elder and dependent adult victims/survivors, including victims/survivors with disabilities.*

*The Elder Abuse Forensic Center is a multi-disciplinary team to facilitate response to reports of elder and dependent adult abuse. The University of California, Riverside (UCR) School of Medicine, the County of Riverside Department of Public Social Services (DPSS), and Riverside University Health System (RUHS) propose an expansion of the EAFC to incorporate medical, neurological, and neuropsychological expertise to address the complex needs of elder and dependent adult abuse and/or neglect victims. This expansion seeks to improve the integration of medical assessments, enhance service provision with social, legal, and financial services experts and expand services to meet the needs of a growing population. California's population and is expected to grow 30% by the year 2060 (an increase of 11.7 million people). Riverside County has the highest estimated growth rate in California for ages 60 and forecasted to increase by over 200% between the years 2010-2060. (<https://aging.ca.gov/>). DPSS, UCR School of Medicine, and RUHS, work to address complex cases requiring a multifactorial approach. Often, cases presented at the center involve an aggregate of symptoms which significantly affect the survivor's ability to make appropriate self-care decisions. As decision-making becomes impaired, elders and dependent adults are at greater risk of experiencing maltreatment. Thus, improving service delivery and providing additional person-centered medical expertise is essential to support victims and improve the health, safety, well-being and independence of Riverside County residents and families. Since the inception of the EAFC in 2014, the center has solidified its role and improved interagency collaboration and communication. However, the EAFC seeks support to expand services specifically in the areas of medicine and neuropsychology to further enhance collaboration with service providers. This collaboration is aligned with the purpose of the XE program "to enhance the safety of elder and dependent adult victims of crime by providing direct person-centered services to victims and bridging the gap between elder justice service providers and victim service providers. "Serving as a shared resource where services providers can collaborate, share expertise, and get direct assistance with the goal of providing person-centered services for survivors of abuse.*

### Question 2 \*

*Indicate the number of victims/survivors the Applicant plans to assist during the term of the Grant Subaward performance period.*

*The EAFC will serve and assist a total of 100 victims/survivors during the term of the Grant Subaward performance period. The following are proposed objectives for the 2024 grant performance period:*

*Objective 1: EAFC will provide its members and referring agents with integrated physical and mental/behavioral health consultations for elder and dependent adult victims/survivors, projecting to complete 20 neuropsychological/capacity assessments and 3 forensic evaluations within the one-year performance period.*

*Objective 2: EAFC will increase the number of medical professionals that can conduct in-home medical geriatric evaluations and is projecting to complete 100 geriatric assessments within the one-year performance period. Objective 3: EAFC will facilitate MDT meetings to encourage discussions on complex cases, involving multiple agencies and is projecting to facilitate a minimum of 29 MDT meetings within the one-year performance period.*

*Objective 4: EAFC will develop coordinated response service plans for cases managed by the EAFC MDT meetings and is projecting to develop a minimum of 100 coordinated response plans within the one-year performance period.*

*Objective 5: EAFC will increase efforts to train professionals that are serving the elder and dependent adult victim populations and is projecting to conduct a minimum of 200 educational trainings within the one-year performance period.*

*Objective 6: EAFC will increase efforts by establishing a contract agreement with psychologist that specializes in conducting capacity assessments for dependent adults with cognitive impairments and developmental and/or intellectual disabilities within the first 6 months of the one-year performance period.*

*Objective 7: EAFC will increase our efforts by partnering with Riverside University Health System (RUHS) Medical Center to implement elder and dependent adult Forensic Examinations for all forms of physical abuse and neglect within the one year performance period.*

**Question 3 \***

Describe the plan to hire and train the Elder Abuse Victim Specialist, with the expertise in elder and dependent adult abuse cases, victim/survivors and the criminal justice system.

The Elder Abuse Victim Specialist and EAFC Coordinator is Angela Rosato. Ms. Rosato provides advocacy for elderly and dependent adult victims of fraud and of other types of abuse through the C.A.R.E. Program. Ms. Rosato currently processes and maintains all referrals made to the EAFC and coordinates direct services, consultations, assessments, forensic evaluations, and medical record reviews with the forensic center medical and neuropsychological experts for cases, involving a high risk to the health and safety of the victim/survivor. She holds a B.A. in Sociology with an emphasis in Social Work from CSU, San Bernardino. In 2012, she completed a Certificate in Aging from the Boston University School of Social Work. Ms. Rosato became a P.O.S.T Certified Instructor with the California Commission on Post Officer Standards and Training Instructor Development Institute in 2012. She conducts trainings on elder abuse for the Ben Clark Training Center as a Riverside County Sheriff's Department Certified Instructor. In 2014, she earned Master's degree in Business Management from the University of Redlands, School of Business. Additionally, Ms. Rosato serves in various capacities with the National Adult Protective Services Association (NAPSA), including Board Chair of the Regional Representative Advisory Board, Co- Chair of Development and Regional Representative for California. Ms. Rosato is stationed at the Sheriff's Department and serves as a lead to assist with EAFC services and consultation provided directly to law enforcement which helps bridge the gap between elder justice service providers and improve the delivery of services by allied service providers, community partners and EAFC core team member agencies and enhances support for Riverside County to improve their ability to identify the needs of victims/survivors of elder and dependent adult abuse, including those with disabilities.

**Question 4 \***

Describe the Applicant's plan to either create or expand the capacity of a multidisciplinary team that addresses the rights and service needs of elder and dependent adult victims/survivors in the service area.

The EAFC seeks to expand the capacity of an existing multidisciplinary team to address the rights and service needs of elder and dependent adult abuse to victims/survivors in Riverside County. The EAFC has expanded its representatives serving on the MDT by adding a CBO to provide victim services and a Financial Management Expert Representative Payee organization serving in the public sector. The EAFC also plans to increase the frequency of MDT meetings to improve MDT responsiveness for victims/survivors of Riverside County and address the rights and service needs of elder and dependent adults who experience abandonment, neglect, and/or physical, sexual, emotional abuse, including institutional abuse. Additionally, the EAFC is currently working to expand its capacity of services to offer Elder and Dependent Adult Forensic Examinations, which will be provided at the RUHS Medical Center.

**Question 5 \***

Describe the multidisciplinary team's representation and how often the team will meet throughout the performance period. Core Members of the Elder Abuse Forensic Center include representatives from the following agencies: Adult Protective Services (APS); Riverside County Sheriff's Department; University of California Riverside (UCR) for the University of California, Riverside School of Medicine; Riverside University Health System (RUHS) Public Guardian's Office; Behavioral Health; Riverside County District Attorney; DA Victim Services; Riverside Legal Aid; Long-Term Care Ombudsman Program; Community Care Licensing; Inland Regional Center; SAFE Family Justice Center, ROG Services, Inc, and the Department of Justice, Division of Medi-Cal Fraud and Elder Abuse. In 2025, EAFC will hold 29 MDT meetings and schedule focused MDT case conferences, as needed and when requested depending on level of risk to the victim/survivor. Additionally, the EAFC Core team of representatives described above meet on a quarterly basis to hold planning meetings which will include team training and discussion about addressing areas of improvement and necessary process changes to enhance the safety of elder and dependent adult victims of crime. During planning meetings, members will seek to establish clear processes to provide direct person-centered services to victims which bridge the gap between elder justice service providers and victim service providers. The team will, develop and implement strategies and/or plans to address any gaps identified by the center. these gaps.

**Question 6 \***

Describe the Applicant's plan to conduct public awareness and education/outreach about elder and dependent adult abuse victims/survivors.

The E AFC will focus on public outreach awareness to reach elder and dependent adult abuse victims/survivors, mandated reporters, and allied service providers throughout Riverside County. The E AFC will conduct public awareness and education/outreach, including specialized training to law enforcement partners by hosting an annual law enforcement summit. This annual training is specifically geared towards educating law enforcement agencies throughout Riverside County regarding E AFC services and goals in an effort to improve our community's ability to combat, investigate, and prosecute elder and dependent adult abuse, neglect, and exploitation. The E AFC enhances collaboration and service provision among partner agencies by providing vital supports to agencies to strengthen their investigations and improve outcomes and address the complex needs of abuse and crime survivors. Additionally, the E AFC will hold an annual symposium for professionals. The purpose of the daylong symposium is to raise awareness about elder and dependent adult abuse in Riverside County, and network with professionals and community partners who work directly with this population to recognize, report, and prevent abuse. The symposium provides in-depth training related to variety of areas impacting abuse and include, but are not limited to: Medical, Law Enforcement, Behavioral Health, Legal and Court processes. Topics will be reflective of the current trends and needs as identified by the E AFC. The symposium draws in approximately 450-500 attendees each year from all areas of Riverside County. E AFC and its partners have extensive experience addressing the barriers that survivors face when accessing services. Adult Services social workers within DPSS, among other investigative agencies and community service providers together with the subrecipient, will undertake extensive education and outreach to inform both mandatory and nonmandatory reporters of the available services.

**Question 7 \***

Describe how the Applicant will coordinate services, including the plan to develop case review guidelines, confidentiality agreements, a service plan to address the service needs of each victim/survivor, and coordinate agency communication. All E AFC MDT case discussions are confidential, and a signed E AFC Statement of Confidentiality is required from each participant prior to joining the meeting. Each E AFC meeting is chaired by Dr. Franklin and includes the Elder Abuse Victim Specialist and E AFC Coordinator, Ms. Rosato. The specialist will identify and prepare cases for presentation and coordinate the attendance of needed experts. During the meeting, each victim's case will be reviewed and assessed to develop a plan for coordination of direct services by partner organizations. After the meeting, the specialist will assist as needed to develop the coordinated response service plan, based on the recommendation provided by the E AFC team. E AFC recommendations are not directives, but instead seek to establish agreement on which recommendations are client/person-centered and meet the goals of the referral and the Center. Recommendations agreed upon are provided and serve as a coordinated service response plan. The coordinated response plan will aid as the service plan to address the needs of each victim/survivor. Additionally, the specialist will provide support and coordination for service provision, as well as coordinate agency communication to the various agencies included in the plan for the elder or person with disabilities victim/survivor. The E AFC team members will ask questions within the scope of their practice/expertise and make recommendations. The E AFC Coordinator/Victim Specialist will assist with asking probing/clarifying questions regarding during the case review and confirm assistance identified to support the referring case agent and services to be provided to assist the victim/survivor. The E AFC coordinated response service plan will be provided to the referring agent and any others involved in the plan. E AFC case review guidelines include the following: Case presenters attend E AFC MDT Meeting and provide a brief case summary and/or timeline of relevant events that can be used as a guide during their presentation to discuss elements that are relevant to the issues of elder and dependent adult abuse and the needs of the victim/survivor based on the goal of the presenter's referral to E AFC. The case review presentation is to include client demographics, abuse allegations, legal and/or cognitive and health status, major concerns, or barriers to providing needed services and interventions to assist client and complete investigations.

**Question 8 \***

Describe the Applicant's plan to network and coordinate with other service providers in their service area, about responding to elder and dependent adult abuse.

The Riverside County Elder Abuse Forensic Center, with expanded services in neuropsychology and geriatric medicine, the team is confident of its ability to provide enhanced comprehensive case management to elders and dependent adults, including those with disabilities. There will be an immediate capacity to continue to provide the required services. E AFC Coordinator will facilitate coordination with services providers and referring agents to provide services needed to assist and address the elder and dependent adult abuse which is occurring. Furthermore, the coordinator will solicit recommendations from existing team members to explore additional partnerships and identify training opportunities that will help equip service providers within Riverside County with the tools they need to effectively respond to elder and dependent adult abuse. In addition, the coordinator will be working with partnering services providers to expand the capacity to serve elder and dependent adult abuse victims/survivors in the program service area, ensuring that elder and dependent adult abuse victims/survivors have access to the criminal justice system.

**Question 9 \***

Describe the Applicant's plan to provide mandatory direct services outlined in the NCFO.

*There will be an immediate capacity to continue to provide required mandatory direct services. A referral form will be submitted to EAFC by the referring case agent. Appropriate to the circumstances of the case, case management will be the responsibility of the EAFC. The Coordinator/Victim Specialist will serve as point of contact and will also provide outreach and training to include printed materials on available services. Direct service provision and case coordination will take place through the specialist, which also includes connecting caseworkers to victim service programs and community partners which can offer supportive resources to those experiencing adult maltreatment and abuse. Once the case review is completed, the EAFC Coordinator/Victim Specialist will provide the developed coordinated response service plan. The EAFC Coordinator/Victim Specialist will also issue a quarterly questionnaire to the referring case agent to confirm which services and support were provided to the victim/survivor, along with frequency of each service provided of those who are served within the performance period of when the referral was received.*

**Question 10 \***

*Describe how volunteers are used to accomplish the goals of the Program. If volunteers are not used, provide a justification for why a volunteer waiver is needed.*

*A volunteer will be utilized to provide administrative support for the grant and provide oversight for the planning of the annual elder and dependent adult symposium. Additionally, the volunteer will assist with project planning, development, and coordination of outreach efforts.*

# Subrecipient Risk Assessment Form

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants?	>5 years
How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
How many grants does your organization currently receive?	>10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$100,000,000
Are individual staff members assigned to work on multiple grants?	Yes
Do you use timesheets to track the time staff spend working on specific activities/projects?	No
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	Yes
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Always
How many years do you maintain receipts, deposits, cancelled checks, invoices?	>5 years
Do you have procedures to monitor grant funds passed through to other entities?	Yes

# Operational Agreements Form

# Funding Source Allocation

**Instructions:**

- Please be sure to review page for accuracy.

## Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2024 VCGF	2024	State	\$97,197	\$0	\$97,197	\$97,197	\$0	\$0	\$97,197
2024 VOCA	2024	Federal	\$120,247	\$30,062	\$150,309	\$120,247	\$0	\$30,062	\$150,309
			<b>\$217,444</b>	<b>\$30,062</b>	<b>\$247,506</b>	<b>\$217,444</b>	<b>\$0</b>	<b>\$30,062</b>	<b>\$247,506</b>

# Budget Cost Categories

## Cost Form Selection(s)

- Personnel Costs
- Volunteer Costs
- Contractor/Consultant Costs
- Rent Costs
- Travel Costs
- Equipment Costs
- Financial Assistance For Client's Costs
- Second-Tier Subward Costs
- Audit Costs
- Indirect Costs
- Other Operating Costs
- Match Waiver

# Personnel Budget Category Form

## Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Personnel Costs

### Budget/Project Line-Item \*

*Dr. David Franklin - Associate Clinical Professor*

#### Description \*

*Dr. David Franklin, PsyD., MHA, Assoc. Clinical Professor, UCR School of Medicine University of California, Riverside. 35.047949% effort of base salary \$204,069. Hourly rate = \$98.11*

Hourly

Salary

	Salary Per Month *	Number of Months *	Hours of Full-Time Workweek *
	\$5,960.17	12.00	40.00

FTE \*

Full-Time Equivalent in  
Hours

Salary Calculation Total

1.0000

2,080

%

\$71,522

Does this position provide benefits? \*

Yes

No

Benefits Percentage \*

Benefits Calculation

30.00 %

\$21,457

Benefits Description \*

*Dr. Franklin fringe benefits @ 30% of salary.*

**Calculation Total (Includes Benefits if provided)**

\$92,979

## Fund Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Applications

XE24038701

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Requirements	Federal Fund
2024 VCGF	2024	State	\$41,561	\$	\$0	\$41,561	\$		
2024 VOCA	2024	Federal	\$51,417		\$0	\$51,417		<b>Not Applicable</b>	
				<b>\$92,978</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$92,978</b>

# Second-Tier Subaward Budget Category Form

## Second-Tier Subawards Costs

### Budget/Project Line-Item

Riverside County DPSS - Other Direct

### Description

DPSS will support facility and program for the 2025 Elder and Dependent Adult Abuse Symposium, which is an all-day event that serves 450-500 professionals within Riverside and surrounding counties. These fees cover expenses such as, but not limited to, facility rental, audio/visual technology equipment/labor, and other program-related expenses.

### Calculation Total

\$34,090

### Calculation Description

Symposium - serve 450-500 professionals, totaling \$34,090.  
(\$68,18 = approximate cost to serve each professional)

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2024 VCGF	2024	State	\$15,238	\$	\$	\$0	\$15,238	\$
2024 VOCA	2024	Federal	\$18,852		\$	\$0	\$18,852	
			<b>\$34,090</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$34,090</b>	

# Second-Tier Subaward Budget Category Form

## Second-Tier Subawards Costs

### Budget/Project Line-Item

Riverside County DPSS - Salary and Benefits 1

### Description

DPSS - Ms. Angela Rosato, Elder Abuse Victim  
Specialist's Salary and Benefit - 1 FTE and Match effort

Base Salary \$80,392.83

Hourly rate \$38.65

Fringe Benefits rate 51%

Salary effort at 1.23767%

Match salary effort 20.5068%

### Calculation Total

\$26,396

### Calculation Description

Salary at \$995 = \$80,392.83 x  
1.23767%

Benefit at \$507 = \$995 x 51%

Match salary at \$16,486 =

80,392.83 x 20.5068%

Match benefit at \$8,408 =

\$16,486 x 51%

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2024 VCGF	2024	State	\$671	\$	\$	\$	\$671	\$
2024 VOCA	2024	Federal	\$831		\$24,894	\$	\$25,725	
			<b>\$1,502</b>	<b>\$0</b>	<b>\$24,894</b>	<b>\$24,894</b>	<b>\$26,396</b>	

# Second-Tier Subaward Budget Category Form

## Second-Tier Subawards Costs

### Budget/Project Line-Item

Riverside County DPSS - Salary and Benefits 2

### Description

DPSS -Ms. Maria Loera, Adult Protective Services  
Regional Manager's Salary and Benefit and Match effort

Base Salary \$127,702.86

Hourly rate \$61.40

Fringe Benefits rate 51%

Salary effort at 7.176%

Match salary effort 2.680%

### Calculation Total

\$19,006

### Calculation Description

Salary at \$9,164 =

$\$127,702.86 \times 7.176\%$

Benefit at \$4,674 =  $\$9,164 \times 51\%$

Match salary at \$3,422.49 =

$127,702.96 \times 2.680\%$

Match benefit at \$1,745.47 =

$\$3,422.49 \times 51\%$

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2024 VCGF	2024	State	\$6,186	\$	\$	\$	\$6,186	\$
2024 VOCA	2024	Federal	\$7,652		\$5,168	\$	\$12,820	
			<b>\$13,838</b>	<b>\$0</b>	<b>\$5,168</b>	<b>\$5,168</b>	<b>\$19,006</b>	

# Second-Tier Subaward Budget Category Form

## Second-Tier Subawards Costs

### Budget/Project Line-Item

Riverside County DPSS - Travel

### Description

DPSS will attend the 36th Annual National Adult Protective Services Association Conference. If travel is required, funds requested will cover coach roundtrip airfare from Ontario International Airport to meeting locations, hotel accommodations per traveler, and per diem per traveler expenses (e.g., meals, mileage, and parking). Conference Dates: 09/08/2025-09/10/2025. Location: TBD-Bellevue, Washington. Number of attendees: 2

### Calculation Total

\$5,000

### Calculation Description

Attendee #1: Registration Fee \$640. Hotel \$920 (4 nights x \$230/night, +tax; Federal Gov't Per Diem Rate). Flight \$600 +tax (Average for Sept 2024). Car Rental \$360 (\$90/day for 1 day) Parking Fees \$160 (4 days x \$40/day), Total = \$2,680. Attendee #2: Registration Fee \$640. Hotel \$690 (3 nights x \$230/night, +tax; Federal Gov't Per Diem Rate). Flight \$600 +tax (Average for Sept 2024). Car Rental \$270 (\$90/day for 1 day) Parking Fees \$120 (3 days x \$40/day) Total = \$2,320. Grand Total \$5,000.

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2024 VCGF	2024	State	\$2,235	\$	\$	\$0	\$2,235	\$
2024 VOCA	2024	Federal	\$2,765		\$	\$0	\$2,765	
			<b>\$5,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,000</b>	



# Second-Tier Subaward Budget Category Form

## Second-Tier Subawards Costs

### Budget/Project Line-Item

Riverside University Health System - Salary + Ben

### Description

Riverside University Health System-Care Centers  
 Dr. Wael Hamade, M.D., Geriatric Clinical Director, RUHS  
 Base Salary \$321,992  
 Hourly rate = \$154.80  
 Fringe Benefits @45.9076% of salary

### Calculation Total

\$44,852

### Calculation Description

Salary at \$30,740 = \$321,992 x  
 9.54682%  
 Benefit at \$14,112 = 30,740 \*  
 45.90767%

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2024 VCGF	2024	State	\$20,049	\$	\$	\$0	\$20,049	\$0
2024 VOCA	2024	Federal	\$24,803		\$	\$0	\$24,803	
			<b>\$44,852</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$44,852</b>	

# Indirect Budget Category Form

## Indirect Costs

**Budget/Project Line-Item**

*Indirect Costs*

**Federally Approved ICR**

17.00

**Indirect Cost Rate**

*Federally Approved ICR*

**Federally Approved ICR**

*FA Rate Agreement\_2024.pdf*

**Description/Justification**

*\*MTDC is calculated based on \$143,728 less a portion of each subcontract in excess of \$25,000 (i.e., \$49,282) multiplied by 17%.*

**Calculation Method**

*143,728 \* 17% MTDC = 24,433.76*

**Calculation Total**

\$24,434

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2024 VCGF	2024	State	\$10,922	\$	\$	\$0	\$10,922	\$
2024 VOCA	2024	Federal	\$13,512			\$0	\$13,512	
			<b>\$24,434</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,434</b>	

# Other Operating Budget Category Form

**Navigation Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Other Operating Costs

**Budget/Project Line-Item \***

*Other Operating Costs - Materials and Supplies*

**Description/Justification \***

*Materials and supplies*

**Calculation Description \***

**Calculation Total \***

*UCR materials and supplies up to \$750*

*\$750*

## Funding Source Allocations

**Fund Source Allocations Instructions**

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Requirements	Federal Fund
2024 VCGF	2024	State	\$335	\$	\$0	\$335	\$		
2024 VOCA	2024	Federal	\$415		\$0	\$415		<b>Not Applicable</b>	
				<b>\$750</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$750</b>

# Application Signatures Form

## Assurances/Signatures

### Authorized Body of Five \*

This certifies that each member of the Approval Authority has approved the HSGP application for funding.

### Proof of Authority/Governing Body Resolution \*

This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

### Upload Proof of Authority/Governing Body Resolution

### Standard Certification of Compliance \*

By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### Program Standard Assurance Addendum \*

The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

### Grant Subaward Assurances \*

By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### California Public Records Act \*

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

Additional information: Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

### Upload California Public Records Act Exemption

*Proof of Authority\_DA2569 Delegation and Redelegation-Signed.pdf*

### Authorized Agent

<b>Name:</b>	<i>Ursula Prins</i>	<b>Title:</b>	<i>PreAward Manager</i>
<b>Signature:</b>	<i>Ursula Prins</i>	<b>Date:</b>	<i>11/01/2024</i>



## Operational Agreement Summary

Grant Subaward #: XE24038701

Subrecipient: The Regents of the University of California, Riverside

Participating Agency/Organization/Individual	Date Signed	Time Frame of OA
1. RUHS (Pending-grant w/Cal OES and UCR)		01/01/25 to 12/31/25
2. DPSS (Pending- grant w/Cal OES and UCR)		01/01/25 to 12/31/25
3. _____		_____ to _____
4. _____		_____ to _____
5. _____		_____ to _____
6. _____		_____ to _____
7. _____		_____ to _____
8. _____		_____ to _____
9. _____		_____ to _____
10. _____		_____ to _____
11. _____		_____ to _____
12. _____		_____ to _____
13. _____		_____ to _____
14. _____		_____ to _____
15. _____		_____ to _____
16. _____		_____ to _____
17. _____		_____ to _____
18. _____		_____ to _____
19. _____		_____ to _____
20. _____		_____ to _____

**Operational Agreements (As required per XE NCFO)**

**Law enforcement-**

Riverside County Sheriff's Department  
California Department of Justice, Division of Medi-Cal Fraud and Elder Abuse

**District attorney's office**

Riverside County, District Attorney's Office & Victim Services Division

**Behavioral health service provider(s)**

Riverside University Health System - Behavioral Health

**Adult Protective Services**

County of Riverside, Department of Public Social Services, Adult Services Division

**Medical/health care provider(s)**

Riverside University Health System - Medical Center  
The Regents of the University of California (UCR, School of Medicine)  
Stacey Wood, Ph.D., A Psychological Corporation  
Inland Regional Center-Pending

**Local ombudsman program--**

Council on Aging, Souther California, Inc. (Ombudsman)

**Legal services-**

Public Service Law Corporation of the Riverside County Bar Association, Riverside Legal Aid

**Victim Witness and non-profit victim assistance representatives-**

SAFE-Family Justice Center-Pending

**Experts in financial management (e.g., fiduciaries, money managers, benefits counselors, etc.)**

ROG Services-Financial Mgm't Expert-Pending

**Other**

California Department of Social Services, Community Care Licensing Division -Pending



## Operational Agreement Summary

Grant Subaward #: \_\_\_\_\_

Subrecipient: University of California, Riverside

Participating Agency/Organization/Individual	Date Signed	Time Frame of OA	
1. <u>County of Riverside, Department of Public Social Services, Adult Services Division</u>	<u>06/18/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
2. <u>Riverside University Health System - Medical Center</u>	<u>06/11/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
3. <u>Riverside University Health System - Behavioral Health</u>	<u>09/13/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
4. <u>Riverside County, District Attorney's Office</u>	<u>03/10/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
5. <u>Riverside County Sheriff's Department</u>	<u>07/06/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
6. <u>Council on Aging, Souther California, Inc. (Ombudsman)</u>	<u>05/22/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
7. <u>Public Service Law Corporation of the Riverside County Bar Association, Riverside Legal Aid</u>	<u>02/25/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
8. <u>California Department of Justice, Division of Medi-Cal Fraud and Elder Abuse</u>	<u>08/17/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
9. <u>The Regents of the University of California</u>	<u>05/26/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
10. <u>Stacey Wood, Ph.D., A Psychological Corporation</u>	<u>02/23/2021</u>	<u>10/19/21</u>	to <u>06/30/25</u>
11. <u>ROG Services-Financial Mgm't Expert-Pending</u>			to _____
12. <u>SAFE-Family Justice Center-Pending</u>			to _____
13. <u>Inland Regional Center-Pending</u>			to _____
14. <u>California Department of Social Services, Community Care Licensing Division-Pending</u>			to _____
15. _____			to _____
16. _____			to _____
17. _____			to _____
18. _____			to _____
19. _____			to _____
20. _____			to _____

**County of Riverside Department of Public Social Services  
Contracts Administration Unit  
10281 Kidd Street  
Riverside, CA 92503**

**RIVERSIDE COUNTY ELDER ABUSE FORENSIC CENTER  
PROTOCOL AGREEMENT  
DPSS-0000021**



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TABLE OF CONTENTS

1. DEFINITIONS .....3

2. PURPOSE, GOALS, AND OBJECTIVES OF THE EAFC .....4

3. MEMBER RESPONSIBILITIES .....4

4. DPSS RESPONSIBILITIES .....5

5. EAFC MEETINGS .....5

6. CONFIDENTIALITY .....6

7. RECORDS .....7

8. TERM .....7

9. WITHDRAW FROM EAFC/TERMINATION OF AGREEMENT .....7

10. TERMINATION FOR LACK OF FUNDING .....7

11. NEW MEMBERS .....8

12. HOLD HARMLESS/INDEMNIFICATION .....8

13. INSURANCE .....9

14. WORKER'S COMPENSATION .....10

15. VEHICLE LIABILITY .....10

16. COMMERCIAL GENERAL LIABILITY .....10

17. PROFESSIONAL LIABILITY .....10

18. RELATIONSHIP OF MEMBERS .....11

19. NO DEBARMENT OR SUSPENSION .....11

20. COMPLIANCE WITH ALL LAWS, RULES, AND REGULATIONS .....11

21. DISPUTE RESOLUTION PROCEDURE .....11

22. CIVIL RIGHTS COMPLIANCE .....12

23. NOTICES .....13

24. LEGAL REPRESENTATION .....13

25. ASSIGNMENT .....13

26. ENTIRE AGREEMENT .....13

27. MODIFICATION OF TERMS .....13

28. GOVERNING LAW .....13

29. SEVERABILITY .....13

30. SIGNED IN COUNTERPARTS .....14

31. ELECTRONIC SIGNATURES .....14

List of Exhibits

- Exhibit A – List of EAFC Members
- Exhibit B – EAFC Referral Form
- Exhibit C – Assurance of Compliance
- Exhibit D – Statement of Confidentiality

DPSS-0000021

THIS RIVERSIDE COUNTY ELDER ABUSE FORENSIC CENTER PROTOCOL AGREEMENT (hereinafter referred to as "Agreement") is made and entered into by and among the parties listed in Exhibit A, attached hereto and incorporated herein by this reference, (hereinafter referred to individually as a "Member" and collectively the "Members").

WHEREAS, the California legislature has found that collaboration between professionals who work with Elder and Dependent Adults in California is necessary to better understand, identify, and treat Elder or Dependent Adult abuse, determine more efficient ways to successfully prosecute Elder and Dependent Adult abuse cases, and support the prevention of Elder and Dependent Adult abuse; and,

WHEREAS, California Welfare and Institutions Code §10850.1, §15754, and §15633(b)(2)(A) allows two or more persons who are trained in the prevention, identification, management, or treatment of Elder or Dependent Adult abuse and who are qualified to provide a broad range of services related to Elder or Dependent Adult abuse to disclose to one another information and records that are relevant to the prevention, identification, or treatment of Elder or Dependent Adult abuse; and,

WHEREAS, The Regents of the University of California, on behalf of its Riverside campus (hereinafter referred to as "UCR") applied for and received Victims of Crime Act (VOCA) funding from the California Office of Emergency Services (Cal OES) to expand the multidisciplinary response to Elder and Dependent Adult abuse in Riverside County by providing multidisciplinary consultations, neuropsychological evaluations, geriatric medical evaluations, and forensic evaluations/consultations to Members of the Riverside County Elder Abuse Forensic Center (hereinafter referred to as "EAFC") and to help pay for the operating expenses of the EAFC; and

WHEREAS, UCR and the County of Riverside, on behalf of its Department of Public Social Services, (hereinafter referred to as "DPSS") entered into a Cost Reimbursement Subaward Agreement whereby DPSS agreed to provide administrative support for the EAFC and UCR agreed to reimburse DPSS for a portion of its administrative costs.

NOW THEREFORE, the Members agree as follows:

1. DEFINITIONS

- A. "Agreement" refers to this Riverside County Elder Abuse Forensic Center Protocol Agreement, the terms and conditions, and the exhibits included herein.
- B. "Case Conferences" refers to organized discussions between Members regarding a referred EAFC case.
- C. "Dependent Adult(s)" refers to an individual who is 18 through 64 years of age, who due to a mental or physical limitation, is unable to carry out normal activities of daily living.
- D. "DPSS" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement and the EAFC.
- E. "EAFC" refers to the Riverside County Elder Abuse Forensic Center, which is a multidisciplinary personnel team comprised of Members who are trained in the prevention, identification, management, or treatment of abuse of Elder or Dependent Adults and who are qualified to provide a broad range of services related to abuse of Elder or Dependent Adults.
- F. "Elder(s)" refers to an individual who is 65 years of age or older.

- G. "Member(s)" refers to the parties listed in Exhibit A, individually and collectively, including their employees, agents, and representatives.
  - H. "PII" refers to Personally Identifiable Information.
2. PURPOSE, GOALS, AND OBJECTIVES OF THE EAFC
- A. The EAFC strives to improve the community's ability to combat, investigate, and prosecute Elder and Dependent Adult abuse, neglect, and exploitation through enhanced collaboration with Members to strengthen investigations and improve outcomes. The EAFC desires to achieve the following goals:
    - 1. Reduce fragmentation and improve communication and problem solving related to Elder and Dependent Adult abuse and neglect;
    - 2. Improve Elder and Dependent Adult abuse investigations and prosecution through unprecedented collaboration among key agencies;
    - 3. Raise public awareness about the multidimensional problem of Elder and Dependent Adult abuse and neglect;
    - 4. Educate and improve professional competency in working with the Elder and Dependent Adult population; and
    - 5. Develop and advance practices in the field of Elder and Dependent Adult abuse through the development of standardized tools and innovative research.
3. MEMBER RESPONSIBILITIES
- A. Members shall use their best efforts to make available at least one (1) representative who is trained in the prevention, identification, management, or treatment of Elder or Dependent Adult abuse and who is qualified to provide a broad range of services related to Elder or Dependent Adult abuse to attend and participate in Case Conferences with other Members during EAFC meetings. Members shall use their best efforts to provide an alternative representative when their regular representative is unable to attend an EAFC meeting. The attendance of each Member's representative is essential to allow the EAFC to be as effective and useful as possible.
  - B. Members shall use their best efforts to provide services to other Members on EAFC referred cases consistent with the mission, requirements, and mandates of each Member's agency, which include, but is not limited to, neuropsychological evaluations, geriatric assessments, medical evaluations, forensic evaluations, case consultations and/or discussions, and public outreach/education.
  - C. Members shall require their representative(s) to interact with other Members' representatives and presenting guests in a respectful and professional manner.
  - D. Members shall require their representative(s) to observe and comply with the terms and conditions in this Agreement.

DPSS-0000021

- E. Members shall use their best efforts to provide de-identified data and information regarding services provided and outcomes of EAFC referred cases. If PII is shared, Members shall share PII through a secured method of transmission.
  - F. Members shall use their best efforts to make available at least one (1) representative to participate in EAFC outreach efforts related to the prevention of abuse and neglect of Elder and Dependent Adults, including, but not limited to, the annual Elder and Dependent Adult Abuse Symposium.
  - G. Members shall use their best efforts to make available at least one (1) representative to participate in EAFC quarterly planning meetings to address system process and procedural issues for the EAFC.
  - H. Members shall use their best efforts to have regular communication with the EAFC Program Coordinator.
4. DPSS RESPONSIBILITIES
- A. DPSS shall provide administrative support to the EAFC, which includes, but is not limited to, the following:
    - 1. Plan and schedule frequent EAFC meetings, either in person or via electronic media format.
    - 2. Assign a staff member to serve as EAFC Program Coordinator.
    - 3. Provide a conference space and/or schedule a virtual conference for each EAFC meeting.
    - 4. Prepare an agenda for each EAFC meeting.
    - 5. Assign a Regional Manager to oversee the EAFC Program Coordination and serve as a liaison between the EAFC and DPSS' Adult Services Division.
    - 6. Provide de-identified data outcomes and reports, as necessary, regarding EAFC effectiveness and activities.
    - 7. Provide only necessary PII pertaining to referred Elders or Dependent Adults that is necessary to conduct effective Case Conferences or provide effective service delivery. If the sharing of PII is deemed necessary, PII must be shared via a secured method of transmission.
    - 8. Communicate EAFC updates, policy changes, and/or case consultation updates to all EAFC Members, when necessary.
    - 9. Monitor the performance of EAFC Members in meeting the terms, conditions and services in this Agreement.
5. EAFC MEETINGS
- A. EAFC meetings shall consist of round table discussions between Members regarding EAFC referred cases for the purpose of engaging in the prevention, identification, or treatment of Elder or Dependent Adult abuse.
  - B. Cases may be referred to the EAFC by any Member, or a relevant non-Member agency that is seeking support from the EAFC.

DPSS-0000021

- C. Members are encouraged to refer any potential Elder or Dependent Adult abuse cases to the EAFC. Members shall fill out an EAFC Referral Form approved and adopted by DPSS, an example of which is attached hereto as Exhibit B and incorporated herein by this reference, and email it to the EAFC Program Coordinator. The EAFC Referral Form is subject to change, with or without notice, by DPSS to enhance its effectiveness and such change shall not require an amendment to this Agreement.
  - D. Members shall not be required to make a formal presentation to the EAFC.
  - E. Any recommendations made by a Member shall not be binding on the other Members. Members shall retain full discretion over their actions.
  - F. Members may invite a guest to attend an EAFC meeting whenever such guest's participation is relevant to the discussion and/or resolution of an individual case or for the purpose of education/training of the guest. Members are responsible for providing advance notice to the EAFC Program Coordinator of the planned guest's attendance, their name, agency affiliation, and purpose of attendance. Members are also responsible for informing their guest about the meeting date, time, and location. Whenever the EAFC Program Coordinator is uncertain about the suitability of a Member's guest, the EAFC Program Coordinator will consult with the necessary persons to determine the appropriateness of the guest's visit.
  - G. Subcommittee Meetings/Individual Case Conferences
    - i. Members may establish subcommittees or individual Case Conferences outside of the regular EAFC meetings to provide planning and guidance on specialized issues and/or cases.
    - ii. To the extent possible, Members with applicable experience shall use their best efforts to make available at least one (1) representative to attend and participate in subcommittee meetings or Individual Case Conferences. If a Member's representative is unable to attend and participate, a designee may be appointed to attend and participate and relay information as needed.
6. CONFIDENTIALITY
- A. Members agree to comply with state and federal law to maintain the confidentiality of any information and writing relevant to the prevention, identification, or treatment of abuse of Elders or Dependent Adults discussed, received, or reviewed at the EAFC meetings.
  - B. Pursuant to WIC § 10850.1, any information and writing relevant to the prevention, identification, or treatment of abuse of Elder or Dependent Adults discussed at the EAFC meetings are confidential. Testimony concerning any such discussions is not admissible in any criminal, civil, or juvenile court proceeding.
  - C. Pursuant to WIC § 15754 and WIC § 15633(b)(2)(B), for any information or documentation that is relevant to the prevention, identification, or treatment of abuse of Elder or Dependent Adults that Members receive at the EAFC meetings, Members shall be under the same obligations and subject to the same confidentiality penalties as the Member disclosing or providing that information. The information obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality.

DPSS-0000021

- D. All information Members receive at the EAFC meetings shall be used solely for the prevention, identification, or treatment of Elder or Dependent Adults. No confidential material shall be taken from the EAFC meetings with case identifying information and/or PII.
  - E. Members shall require all new members, representatives or guests who attend an EAFC meeting on its behalf to sign a Statement of Confidentiality, a sample of which is attached hereto and incorporated herein by this reference as Exhibit D. The Statement of Confidentiality is subject to change, with or without notice, by DPSS and such change shall not require an amendment to this Agreement.
  - F. Any violation of the confidentiality required is a misdemeanor punishable by not more than six (6) months in the county jail, by fine of five hundred dollars (\$500), or by both that fine and imprisonment.
7. RECORDS
- A. The EAFC shall not hold any records.
  - B. If a Member refers a case to the EAFC, the presenting Member shall be the holder of any records the Member uses in the presentation to the EAFC.
  - C. If Members provide services to another Member on an EAFC referred case, or if Members request services from another Member on an EAFC referred case, and a record is created as a result of the services rendered, DPSS shall be the holder of the record. DPSS shall retain the original record created in its case file and shall provide a copy of the record created to the Member who requested said services.
  - D. The holder of a record shall be responsible for responding to any subpoena or production of document requests pertaining to the record.
8. TERM
- This Agreement shall be effective upon signature of all the Members and shall continue through June 30, 2025, with the option to renew for two (2) additional one-year periods by a written amendment to this Agreement signed by the authorized representatives of the Members, unless terminated earlier. The Members mutually agree to review, and if necessary, update this Agreement annually.
9. WITHDRAW FROM EAFC/TERMINATION OF AGREEMENT
- A Member may withdraw their membership from the EAFC by providing notice, in writing, to the other Members at any time and for any reason. Upon a Member's withdrawal, this Agreement shall be deemed terminated with no further force or effect upon the withdrawing Member but shall remain in full force and effect with respect to the remaining Members.
10. TERMINATION FOR LACK OF FUNDING
- DPSS's obligations hereunder are contingent upon and limited by the availability of funding from which reimbursement can be made. There shall be no legal liability on the part of DPSS for its obligations hereunder unless such funds are made available. In the event such funds are not forthcoming for any reason, DPSS shall immediately notify Members, in writing, and this Agreement shall be deemed terminated and be of no further force or effect.

11. NEW MEMBERS

New members may be added to the EAFC via a written amendment to this Agreement signed by the authorized representatives of the Members.

12. HOLD HARMLESS/INDEMNIFICATION

A. Each Non County of Riverside Member shall indemnify and hold harmless the County of Riverside, its departments, agencies and districts, including their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents, and representatives (individually and collectively hereinafter referred to as "County Indemnitees"), from any liability, action, claim or damage whatsoever, based or asserted upon or related to any services of the Member, its officers, employees, 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, but only in proportion to and to the extent such liability, damage, claim or action are caused by or result from the negligent or intentional acts or omissions of Non County of Riverside Member, its officers, employees or agents. The Member shall defend the County Indemnitees at its sole expense including all costs and fees (including, but not limited to, attorney fees, cost of investigation, defense, and settlements or awards) in any claim or action based upon such acts, omissions, or services.

County of Riverside shall indemnify and hold harmless each Non County of Riverside Member, its departments, agencies and districts, including their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents, and representatives (individually and collectively hereinafter referred to as "Non County Indemnitees"), from any liability, action, claim or damage whatsoever, based or asserted upon or related to any services of the County of Riverside, its officers, employees, 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, but only in proportion to and to the extent such liability, damage, claim or action are caused by or result from the negligent or intentional acts or omissions of the County of Riverside, its officers, employees or agents. The County of Riverside shall defend the Non County Indemnitees at its sole expense including all costs and fees (including, but not limited to, attorney fees, cost of investigation, defense, and settlements or awards) in any claim or action based upon such acts, omissions, or services.

B. With respect to any action or claim subject to indemnification herein by the Member, the Member shall, at its sole cost, have the right to use counsel of its choice and shall have the right to adjust, settle, or compromise any such claim or action without the prior consent of the County of Riverside; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the Member's indemnification to County Indemnitees as set forth herein. The Member's obligation hereunder shall be satisfied when the Member has provided the County of Riverside the appropriate form of dismissal relieving the County of Riverside from any liability for the action or claim involved.

C. The specified insurance requirements stated in this Agreement shall in no way limit or circumscribe the Member's obligations to indemnify and hold harmless the County Indemnitees herein from third party claims.

D. This provision shall remain in effect following the termination of this Agreement.

## 13. INSURANCE

- A. Without limiting or diminishing each Non County of Riverside Member's obligation to indemnify or hold the County of Riverside harmless, each Non County of Riverside Member shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of this Agreement. As respects to the Insurance section only, the County of Riverside 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.
- B. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an AM BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County of Riverside's Risk Manager. If the County of Riverside'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.
- C. Each Member's insurance carrier(s) must declare its insurance self-insured retentions. If such self-insured retentions exceed \$500,000 per occurrence such retentions shall have the prior written consent of the County of Riverside's Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to the County of Riverside, and at the election of the County of Riverside's Risk Manager, the Member's carriers shall either: 1) reduce or eliminate such self-insured retention as respects to this Agreement with the County of Riverside, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.
- D. Each Member shall cause its insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original certificate(s) of insurance and certified original copies of endorsements effecting coverage as required herein, or 2) if requested to do so orally or in writing by the County of Riverside's Risk Manager, provide original certified 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) that thirty (30) calendar 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. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original certificate of insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. The Members shall not commence operations until the County of Riverside has been furnished original certificate(s) of insurance and certified original copies of endorsements and if requested, certified original 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.
- E. It is understood that each Member's insurance shall be construed as primary insurance, and County of Riverside's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.

DPSS-0000021

- F. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services, or the term of this Agreement, including any extensions thereof, exceeds five (5) years, the County of Riverside reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverages currently required herein if, in the County of Riverside's Risk Manager's reasonable judgment, the amount or type of insurance carried by the Members has become inadequate.
- G. If applicable, each Member shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- H. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County of Riverside.
- I. Each Member agrees to notify the County of Riverside of any claim by a third party or any incident or event that may give rise to a claim arising from the direct performance of this Agreement.

14. WORKER'S COMPENSATION

If a Member has employees as defined by the State of California, the Member shall maintain statutory Worker's 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, and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

15. VEHICLE LIABILITY

If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then each Member 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 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 of Riverside as Additional Insured.

16. COMMERCIAL GENERAL LIABILITY

Commercial General Liability Insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of a Member's performance of its obligations hereunder. Policy shall name the County of Riverside as Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. 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.

17. PROFESSIONAL LIABILITY

If, at any time during the duration of this Agreement and any renewal or extension thereof, a Member, its employees, agents or representatives provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to maintain Professional Liability Insurance, the Member shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for 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 the

Member's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made Insurance policy, the Member shall purchase at its sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage), 2) Prior Dates Coverage from a 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 the Member has maintained continuous coverage with the same or original insurer. Coverage provided under Items 1), 2) or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

18. **RELATIONSHIP OF MEMBERS**

The Members each acknowledge that they are separate legal entities, each of which has entered into this Agreement for independent reasons. The relationship of the Members hereunder is that of independent contractors and nothing contained herein shall be deemed to create an employer/employee, partnership, joint venture, or agency relationship. Members do not have the authority to make any statements, representations, or commitments of any kind or to take any action, binding on the other Members, without the prior written consent of the other Members. Non County of Riverside Members shall not be entitled to any benefits payable to employees of the County of Riverside, including but not limited to, workers' compensation, retirement, or health benefits. Said Members agree to hold the County of Riverside harmless from any and all claims that may be made against the County of Riverside based upon any contention by any person or other party that an employer-employee, partnership, joint venture, or agency relationship exists by reason of this Agreement.

19. **NO DEBARMENT OR SUSPENSION**

Each Member certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a federal department or agency; has not within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against it for the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction; violation of federal or state anti-trust status; commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; is not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated herein; and has not within a three-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default.

20. **COMPLIANCE WITH ALL LAWS, RULES, AND REGULATIONS**

Members shall comply with all applicable federal, state, and local laws, rules, and regulations. In addition, Members shall comply with all applicable County of Riverside policies and procedures. In the event that there is a conflict between the various laws, rules or regulations that may apply, Members shall comply with the more restrictive law, rule, or regulation. This Agreement is not intended to, nor should it be understood to, relieve Members from abiding by relevant laws, rules, or regulations.

21. **DISPUTE RESOLUTION PROCEDURE**

Members shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the senior management of the Members. Prior to the filing of any legal action related to this Agreement, the Members shall be obligated to attend a mediation session in Riverside County before a neutral third-party mediator. A second mediation

session shall be required if the first session is not successful. The Members shall share the cost of the mediations.

22. CIVIL RIGHTS COMPLIANCE

A. Assurance of Compliance

Members shall complete the "Assurance of Compliance with Riverside County Department of Public Social Services Non-Discrimination in State and Federally Assisted Programs," attached as Exhibit C. Members will sign and date Exhibit C and return it to DPSS along with the executed Agreement. Members shall ensure that the administration of public assistance and social service programs are non-discriminatory. To the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance.

B. Client Complaints

Members shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from Riverside County DPSS Civil Rights Coordinator of a complaint with respect to any alleged discrimination in the provision of services by Member's personnel. Members must distribute to social service clients that apply for and receive services, "Your Rights Under California Welfare Programs" brochure (Publication 13). For a copy of this brochure, visit the following website at:

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/pub13.pdf>

Civil Rights Complaints should be referred to:

Civil Rights Coordinator  
Riverside County Department of Public Social Services  
7894 Mission Grove Parkway, Suite 100  
Riverside, CA 92508  
(951) 358-6841

C. Services, Benefits and Facilities

Members shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, sex, age, sexual preference, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed. For the purpose of this Section, discrimination means denying a participant or potential participant any service, benefit, or accommodation that would be provided to another and includes, but is not limited to, the following:

- (1) Denying a participant any service or benefit or availability of a facility.
- (2) Providing any service or benefit to a participant which is different, or is provided in a different manner, or at a different time or place from that provided to other participants on the basis of race, color, creed or national origin.

DPSS-0000021

- (3) Restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit. Treating a participant differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.

D. Cultural Competency

Members shall cause to be available bilingual professional staff or qualified interpreter to ensure adequate communication between Elders or Dependent Adults and staff. Any individual with limited English language capability or other communicative barriers shall have equal access to services. For the purpose of this Section, a qualified interpreter is defined as someone who is fluent in English and in the necessary second language, can accurately speak, read and readily interpret the necessary second language and/or accurately sign and read sign language. A qualified interpreter must be able to translate in linguistically appropriate terminology necessary to convey information such as symptoms or instructions to the client in both languages.

23. NOTICES

All correspondence and notices required or contemplated by this Agreement shall be deemed effective three (3) business days after they are made in writing and deposited in the United States mail addressed as set forth in Exhibit A.

24. LEGAL REPRESENTATION

The EAFC is not represented by legal counsel. Should Members need legal advice, Members shall seek advice from their own separate, independent legal counsel.

25. ASSIGNMENT

Members shall not delegate or assign any interest in this Agreement, whether by operation of law or otherwise, without the prior written consent of DPSS. Any attempt to delegate or assign any interest herein, without the prior written consent of DPSS, shall be deemed void and of no force or effect.

26. ENTIRE AGREEMENT

This Agreement, including any schedules, attachments, or exhibits, constitutes the entire agreement of the Members with respect to the subject matter hereof and supersedes all prior and contemporaneous representations, proposals, discussions, and communications, whether oral or in writing.

27. MODIFICATION OF TERMS

This Agreement may be changed or modified only by a written amendment signed by the authorized representatives of each Member.

28. GOVERNING LAW

This Agreement shall be governed by the laws of the state of California. Any legal action related to the performance or interpretation of this Agreement shall be filed only in the Superior Court of the State of California located in Riverside, California, and the Members waive any provision of law providing for a change of venue to another location.

29. SEVERABILITY

In the event any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force and effect without being impaired or invalidated in any way.

DPSS-0000021

30. **SIGNED IN COUNTERPARTS**

This Agreement may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.

31. **ELECTRONIC SIGNATURES**

Each Member to this Agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The Members further agree that the electronic signature(s) included herein are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

[Signature Pages Follow]

DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the County of Riverside, a political subdivision of the state of California, as of the day and year written below.

Authorized Signature for the County of Riverside: <i>Karen S. Spiegel</i>	
Printed Name of Person Signing: Karen Spiegel	
Title: Chair, Board of Supervisors	ATTEST: KECIA R. HARPER, Clerk By <i>[Signature]</i> DEPUTY
Date Signed: <i>October 19, 2021</i>	
Recommended for Approval:	

FORM APPROVED COUNTY COUNSEL  
BY *[Signature]* 9-28-21  
ESENE SAINZ DATE

\_\_\_\_\_  
 Sayori Baldwin, Director 8/18/2021  
 Date  
 Department of Public Social Services

\_\_\_\_\_  
 Jennifer Cruikshank, Chief Executive Officer Date  
 Date  
 Riverside University Health System - Medical Center

\_\_\_\_\_  
 Dr. Matthew Chang, Director Date  
 Date  
 Riverside University Health System - Behavioral Health

\_\_\_\_\_  
 Michael A. Hestrin Date  
 Date  
 Riverside County, District Attorney's Office

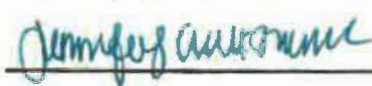
\_\_\_\_\_  
 Chad Bianco, Sheriff-Coroner Date  
 Date  
 Riverside County Sheriff's Department

DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the County of Riverside, a political subdivision of the state of California, as of the day and year written below.

Authorized Signature for the County of Riverside:
Printed Name of Person Signing: Karen Splegel
Title: Chair, Board of Supervisors
Date Signed:

Recommended for Approval:

_____	_____
Sayori Baldwin, Director	Date
Department of Public Social Services	
	<u>6/11/21</u>
_____	_____
Jennifer Cruikshank, Chief Executive Officer	Date
Riverside University Health System - Medical Center	
_____	_____
Dr. Matthew Chang, Director	Date
Riverside University Health System – Behavioral Health	
_____	_____
Michael A. Hestrin	Date
Riverside County, District Attorney's Office	
_____	_____
Chad Bianco, Sheriff-Coroner	Date
Riverside County Sheriff's Department	

DPSS-0000021

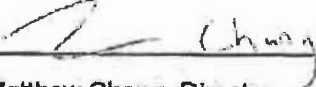
IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the County of Riverside, a political subdivision of the state of California, as of the day and year written below.

Authorized Signature for the County of Riverside:
Printed Name of Person Signing: Karen Spiegel
Title: Chair, Board of Supervisors
Date Signed:

Recommended for Approval:

_____	_____
Sayori Baldwin, Director	Date
Department of Public Social Services	

_____	_____
Jennifer Cruikshank, Chief Executive Officer	Date
Riverside University Health System - Medical Center	

 _____	9/13/2021
Dr. Matthew Chang, Director	Date
Riverside University Health System – Behavioral Health	

_____	_____
Michael A. Hestrin	Date
Riverside County, District Attorney's Office	


_____	_____
Chad Bianco, Sheriff-Coroner	Date
Riverside County Sheriff's Department	

DPSS-000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the County of Riverside, a political subdivision of the state of California, as of the day and year written below.

Authorized Signature for the County of Riverside:
Printed Name of Person Signing:
Title: Chair, Board of Supervisors
Date Signed:

Recommended for Approval:

_____	_____
Department of Public Social Services	DATE
_____	_____
Riverside University Health System	DATE
 _____	3/10/21
Riverside County, District Attorney's Office	DATE
_____	_____
Riverside County Sheriff's Department	DATE

DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the County of Riverside, a political subdivision of the state of California, as of the day and year written below.

Authorized Signature for the County of Riverside:
Printed Name of Person Signing: Karen Spiegel
Title: Chair, Board of Supervisors
Date Signed:

Recommended for Approval:

_____	_____
Sayori Baldwin, Director	Date
Department of Public Social Services	

_____	_____
Jennifer Cruikshank, Chief Executive Officer	Date
Riverside University Health System - Medical Center	

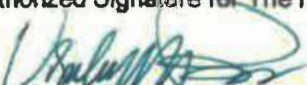
_____	_____
Dr. Matthew Chang, Director	Date
Riverside University Health System – Behavioral Health	

_____	_____
Michael A. Hestrin	Date
Riverside County, District Attorney's Office	

	<u>7/4/21</u>
_____	_____
Chad Bianco, Sheriff-Coroner	Date
Riverside County Sheriff's Department	


DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of The Regents of the University of California, a California nonprofit corporation, on behalf of its Riverside campus for its School of Medicine as of the day and year written below.

Authorized Signature for The Regents of the University of California: 
Printed Name of Person Signing: Ursula Prins
Title: PreAward Manager
Date Signed: 5/20/2021



DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of Council on Aging – Southern California, Inc., a California nonprofit corporation, as of the day and year written below.

Authorized Signature for the Council on Aging – Southern California, Inc.:

Printed Name of Person Signing: Lisa Wright Jenkins
Title: CEO
Date Signed: February 22, 2021

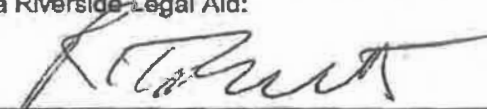
DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of Stacey Wood, Ph.D., A Psychological Corporation, a California corporation, as of the day and year written below.

Authorized Signature for Stacy Wood, Ph.D., A Psychological Corporation: 
Printed Name of Person Signing: Stacy Wood 
Title: President
Date Signed: 2/23/2021


DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of Public Service Law Corporation of the Riverside County Bar Association, a California nonprofit corporation, dba Riverside Legal Aid as of the day and year written below.

Authorized Signature for Public Service Law Corporation of the Riverside County Bar Association dba Riverside Legal Aid: 
Printed Name of Person Signing: Rita H. Smlth
Title: Executive Director
Date Signed: 2/25/21

DPSS-0000021

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the State of California, Department of Justice as of the day and year written below.

Authorized Signature for the State of California, Department of Justice: 
Printed Name of Person Signing: Jennifer Euler, Chief Assistant Attorney General
Title: California Department of Justice, Division of Medi-Cal Fraud and Elder Abuse
Date Signed: August 17, 2021

DPSS-0000021

**Exhibit A**  
**List of EAFC Members**

No.	MEMBERS	ADDRESS
1.	<p><b>The County of Riverside, a political subdivision of the State of California, on behalf of its following departments:</b></p> <p>Department of Public Social Services, Adult Services Division (DPSS)</p> <p>Riverside University Health System—Medical Center (RUHS-MC)</p> <p>Riverside University Health System—Behavioral Health (RUHS-BH)</p> <p>Riverside County, District Attorney's Office</p> <p>Riverside County Sheriff's Department</p>	<p>4060 County Circle Drive Riverside, CA 92503</p> <p>26520 Cactus Avenue Moreno Valley, CA 92555</p> <p>4095 County Circle Drive Riverside, CA 92503</p> <p>3960 Orange Street Riverside, CA 92501</p> <p>P.O. Box 512 Riverside, CA 92502</p>
2.	The Regents of the University of California, a California nonprofit corporation, on behalf of its Riverside campus for its School of Medicine (UCR)	900 University Avenue, School of Medicine Education Building Riverside, CA 92521
3.	Council on Aging – Southern California Inc., a California nonprofit corporation	9121 Haven Avenue, Suite 220 Rancho Cucamonga, CA 91730
4.	Stacey Wood, Ph.D., A Psychological Corporation, a California corporation	1030 Columbia Avenue, Box 4082 Claremont, CA 91711
5.	Public Service Law Corporation of the Riverside County Bar Association, a California nonprofit corporation, dba Riverside Legal Aid	4129 Main Street, Suite 101 Riverside, CA 92501
6.	State of California, Department of Justice	2329 Gateway Oaks Drive, Suite. 200 Sacramento, CA 95833

DPSS-0000021

Exhibit B  
EAFC Referral Form

<b>Coordinator  Only</b>		<b>Date:</b>	<b>Case Number:</b>
<b>RIVERSIDE COUNTY ELDER ABUSE FORENSIC CENTER REFERRAL</b>			
<b>Client First Name:</b>		<b>Client Last Name:</b>	<b>DOB:</b>
<b>Assistance Request from the following EAFC Member(s) (check all that apply)</b>			
<input type="checkbox"/> Geriatrician	<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Coroner/Public Administration	
<input type="checkbox"/> Neuropsychologist	<input type="checkbox"/> Public Guardian's Office	<input type="checkbox"/> Legal Aide	
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> ETS	
<input type="checkbox"/> District Attorney's Office	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> County Counsel	
<input type="checkbox"/> DA Victim Services	<input type="checkbox"/> Probate Superior Court	<input type="checkbox"/> Forensic Accounting	
<input type="checkbox"/> Other			
<b>Reason Case Submitted to EAFC (check all that apply)</b>			
<b>A. Geriatrician Request</b>  Geriatric Assessment (pharmacological review, environmental safety, nutrition, etc.)  Forensic Evaluation (physical abuse or neglect)  Record Review  Contact Physician  Other	<b>C. Law Enforcement Request</b> Cross reported to Law Enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No Reported to: Incident Report #: _____		
<b>D. District Attorney Request</b>			
Filing Submitted to DA's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Submitted: _____			
Case Status Update Filing Number: _____			
<b>E. DA Victim Services Request</b>			
<b>F. Ombudsman Request</b>			
<b>G. Public Guardian/Conservatorship Request</b>			
Date Referral Submitted: _____			
<b>H. Adult Protective Services Request</b>			
<b>I. Behavioral Health Request</b>			
<b>J. Probate Superior Court Request</b>			
Case Status Update: _____			

DPSS-0000021

<b>B. Neuropsychologist Request</b> <input type="checkbox"/>		<b>K. Coroner/Public Administrator Request</b> <input type="checkbox"/>	
<input type="checkbox"/> Capacity Assessment		Case Number:	
<input type="checkbox"/> Contact Physician		<b>L. Legal Aide Request</b> <input type="checkbox"/>	
<input type="checkbox"/> Other		<b>M. ETS Request</b> <input type="checkbox"/>	
		<b>N. County Counsel Request</b> <input type="checkbox"/>	
		<b>O. Forensic Accounting Request</b> <input type="checkbox"/>	
		<b>P. Other Request</b> <input type="checkbox"/>	
Explain:			
<b>Goal of EAFC Referral</b>			
[Empty space for goal of referral]			
<b>Referring Agency Information</b>			
First Name	Last Name	Referring Agency (i.e. Riverside PD)	APS Region (if known)
Desk Phone	Mobile Phone	Email	Fax
Supervisor First Name	Supervisor Last Name	Mobile Phone	E-mail
RID (APS)	Incident/Police Report Number	Criminal Case #	Probate Case #
<b>Other/ Additional Report Number(s)</b>			
[Empty space for other report numbers]			

<b>Client/Victim Information</b>					
First Name		Last Name		DOB	
<b>Physical Description</b>					
Height	Weight	Hair color	Eye color	Age	Language
<b>SAFETY ALERT:</b>					
<input type="checkbox"/> Active Protective Order		<input type="checkbox"/> Violence		<input type="checkbox"/> Animals	
<input type="checkbox"/> Drugs		<input type="checkbox"/> Weapons		<input type="checkbox"/> Environmental Hazards	
<input type="checkbox"/> Suspect In Home					
Translation/Communication Needs			Level of Education		
Gender		Marital Status		Ethnicity	
Address				City	Zip Code
Facility Name		Telephone	Mobile	Physician Name	Physician Telephone
Medical Insurance		Insurance Number		Primary Medical Office	
Physical Functional Status: Appears...				Cognitive Status: Appears...	
Living Arrangement				Resides With:	
				Describe (if applicable):	
Previous Reports of Abuse: <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, explain below (please indicate previous referral dates, allegations and findings):    					

<b>Medical History, Conditions, and Addictions</b>			
<b>Medications and Supplements with Dosage/Frequency</b>			
Underlying Mental Illness: <input type="radio"/> Yes <input type="radio"/> Suspected-Undiagnosed <input type="radio"/> Unknown <input checked="" type="radio"/> No If yes, explain:			
<b>Alleged Abuser Information</b>			
First Name	Last Name	DOB	Age (or approx.)
Ethnicity	Gender	Language	Translation/Communication Needs
Relationship	Primary Caregiver? <input type="radio"/> Yes <input checked="" type="radio"/> No	Lives with Client <input type="radio"/> Yes <input checked="" type="radio"/> No	Company Name (if consumer fraud)
Mental Condition: <input type="radio"/> Suspected - Undiagnosed <input type="radio"/> Unknown <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, explain:			
Address	City	Zip Code	Telephone
Addiction- Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unk	Addiction- Illicit Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unk		Addiction- Prescription <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unk

<b>Addiction-Other</b>	
Criminal History: <input type="radio"/> Yes <input checked="" type="radio"/> No      If yes, explain:	
Prior History of Committing Elder/Dependent Adult Abuse: <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, explain below:	
Probation/Parole Terms: <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate terms:	
Active Protective Order:	
Other Agencies Involved:	
<b>Types of Abuse (Check all that apply):</b>	<b>Estimated \$ Loss (approx.)</b>
<input type="checkbox"/> Abandonment <input type="checkbox"/> Sexual <input type="checkbox"/> Psychological/Mental <input type="checkbox"/> Abduction <input type="checkbox"/> Isolation <input type="checkbox"/> Financial <input type="checkbox"/> Self-Neglect      Physical (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication) <input type="checkbox"/> Neglect by Others	
<b>Narrative (Explain the issue leading to the referral, and the outcome sought for each type of service requested):</b>	
Geriatric Request (please indicate concerns, medical history, details of request):	
Neuropsychologist Request (please indicate concerns, indicators of cognitive decline, MoCA score, and efforts to have capacity assessment completed by primary physician/medical facility):	
Law Enforcement Request (please provide specifics regarding request, concerns, what steps have been taken):	
District Attorney's Office Request (please provide specifics regarding request, concerns, what steps have been taken):	
DA Victim Services Request (please provide specifics regarding request, concerns, what steps have been taken):	
Ombudsman Request (please provide specifics regarding request, concerns, what steps have been taken):	
Public Guardian/Conservatorship Request (please indicate names of known family members, name of POA if one is in place, and information about available estate planning documents such as wills and trusts):	

DPSS-0000021

<b>Adult Protective Services Request</b> (please provide specifics regarding request, concerns, what steps have been taken):
<b>Behavioral Health Request</b> (please provide specifics regarding request, concerns, what steps have been taken):
<b>Probate Superior Court Request</b> (please provide specifics regarding request, concerns, what steps have been taken):
<b>Coroner/Public Administrator Request</b> (please provide specifics regarding request, concerns, what steps have been taken):
<b>Legal Aide Request</b> (please provide specifics regarding request, concerns, what steps have been taken):

<b>ETS Request</b> (please provide specifics regarding request, concerns, what steps have been taken):
<b>County Counsel Request</b> (please provide specifics regarding request, concerns, what steps have been taken):
<b>Forensic Accounting Request</b> (please provide specifics about request, what steps have been taken, and records you have obtained thus far):
<b>Other Request</b> (please provide specifics regarding request, concerns, what steps have been taken):

DPSS-0000021

Exhibit C  
Assurance of Compliance

ASSURANCE OF COMPLIANCE WITH  
THE RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

NAME OF MEMBER

HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code section 11135-11139.5, as amended; California Government Code section 12940 (c), (h) (1), (l), and (j); California Government Code section 4450; Title 22, California Code of Regulations section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this Agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE VENDOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the vendor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code section 10805, or Government Code section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

\_\_\_\_\_ Date

\_\_\_\_\_ Director's Signature

\_\_\_\_\_ Address of Member  
(08/13/01)

CR50-Vendor Assurance of Compliance

DPSS-0000021



**Exhibit D**  
**Statement of Confidentiality**

## **Riverside County Elder Abuse Forensic Center**

### **Statement of Confidentiality**

I understand and fully acknowledge that the information and/or documents I may receive or review as part of my affiliation with the Riverside County Elder Abuse Forensic Center (EAFC) are confidential. I understand and acknowledge the necessity of exercising discretion and maintaining confidentiality regarding all information to which I am exposed as a result of being affiliated with the EAFC.

The purpose of the Riverside County EAFC is to provide an effective array of services and practices for elders and dependent adults who have been abused or neglected, or who are at serious risk of abuse or neglect, through consultation with partner agencies, assessments, research, and education. To that end, the EAFC must have access to all existing records pertaining to the presented elder or dependent adult abuse case. This may include social services reports, criminal records, mental health records, court records, hospital or medical related records, and any other pertinent data.

By signing below, I acknowledge that I have read the foregoing information, and understand that all information shared at the EAFC meeting, either in person or through electronic means, shall remain confidential and shall not be discussed or disclosed, except within my capacity as an EAFC partner.

In the regular course of my affiliation with the EAFC, I recognize that I will have access to client information, which is personal, financial, medical, or other. I am fully aware that I am strictly forbidden to discuss, transmit or narrate such confidential information in any form, except in the routine procedures of case discussion within and between other EAFC partners and our meetings, per the provisions of the California Welfare and Institutions Code, Sections 10850.1 and 15754, as well as the Health Insurance Portability and Accountability Act (HIPAA).

**California Welfare and Institutions Code § 10850.1, provides as follows:**

- (a) Notwithstanding any other provision of law, for purposes of Section 10850, the activities of a multidisciplinary personnel team engaged in the prevention, identification, management, or treatment of [...] the abuse of elder or dependent persons are activities performed in the administration of public social services, and a member of the team may disclose and exchange any information or writing that also is kept or maintained in connection with any program of public social services or otherwise designated as confidential under state law which he or she reasonably believes is relevant to the prevention, identification, management, or treatment of [...] the abuse of elder or dependent persons to other members of the team. All discussions relative to the disclosure or exchange of any such information or writing during team meetings are confidential and, notwithstanding any

DPSS-0000021

other provision of law, testimony concerning any such discussion is not admissible in any criminal, civil, or juvenile court proceeding.

**Welfare and institutions Code, Section 15754, provides as follows:**

- (a) Notwithstanding any provision of law governing the disclosure of information and records, persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records which are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons.
- (b) Except as provided in subdivision (a), any personnel of the multidisciplinary team that receives information pursuant to this chapter, shall be under the same obligations and subject to the same confidentiality penalties as the person disclosing or providing that information. The information obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

**HIPAA (Health Insurance Portability and Accountability Act):**

HIPAA, as applicable to information received as part of the E AFC, provides that the "protected health information" (PHI) of an individual, when disclosed, must be maintained as confidential information, and may not be further disclosed by the recipient of the information. By signing below, I acknowledge that I have read the foregoing information, and that I will keep the information presented to me as a member of the E AFC as confidential information, not to be disclosed except as in my capacity as an E AFC member.

**Confidentiality in Virtual Meeting Platforms**

E AFC partners or guests are expected to take precautions to maintain confidentiality during virtual meetings. It is the responsibility of every E AFC partner and guest to ensure they are set up in a private area. If there are concerns about others hearing any of the information discussed during the virtual meeting, please use headphones. If there is a concern about a breach of confidentiality, a participant may be removed from the meeting.

**Records Request**

All record requests must be submitted to the Adult Services Division Custodian of Records by emailing the request to ASD\_Admin\_Support@rivco.org. All record requests will be evaluated to determine whether the requestor is a statutorily authorized recipient of the information requested. Please note, Custodian of Record requests can take up to ten days (10) to process.

**Guest Policy**

Any Elder Abuse Forensic Center (E AFC) partner may invite a guest to attend an E AFC meeting, whenever such a guest's participation is relevant to the discussion and/or resolution of an individual case, or for the purpose of education/training of the guest. The E AFC partner host is responsible for providing advance notice to the E AFC Coordinator of the planned guest's attendance, their name(s), agency affiliation, and purpose of attendance. The E AFC host is also responsible for informing their guest about the meeting date, time, and location. Whenever the E AFC Coordinator is uncertain about the suitability

DPSS-000021

of a guest, he/she will consult with the Adult Services Regional Manager that oversees the EAFC. The EAFC Coordinator will contact the necessary parties to determine the appropriateness of the guest's visit.

*All participants must read and sign the Elder Abuse Forensic Center Statement of Confidentiality prior to participating in the EAFC meeting they were invited to attend. It is the participant's responsibility to provide the EAFC Coordinator with the signed Statement of Confidentiality prior to the meeting or at the beginning of the meeting the participant is invited to attend.*

\_\_\_\_\_  
Signature of EAFC Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of EAFC Partner

\_\_\_\_\_  
Print Name of Agency

## COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN:  
 ORGANIZATION:  
 University of California, Riverside (UCR)  
 1111 Franklin Street. 7th Floor  
 Oakland, CA 94607

Date: 04/09/2024  
 FILING REF.: The preceding  
 agreement was dated  
 07/28/2023

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

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### SECTION I: INDIRECT COST RATES

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RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
	<u>EFFECTIVE PERIOD</u>				
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2024	06/30/2028	57.50	On-Campus	Organized Research
PRED.	07/01/2024	06/30/2028	26.00	Off-Campus	Organized Research
PRED.	07/01/2024	06/30/2028	45.00	On-Campus	Instruction
PRED.	07/01/2024	06/30/2028	26.00	Off-Campus	Instruction
PRED.	07/01/2024	06/30/2028	32.00	On-Campus	Other Sponsored Activities
PRED.	07/01/2024	06/30/2028	17.00	Off-Campus	Other Sponsored Activities
PROV.	07/01/2028	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2028

\*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

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**SECTION I: FRINGE BENEFIT RATES\*\***

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<b>TYPE</b>	<b>FROM</b>	<b>TO</b>	<b>RATE(%)</b>	<b>LOCATION</b>	<b>APPLICABLE TO</b>
FIXED	7/1/2024	6/30/2025	36.00	All	Non HSCP Faculty & Police
FIXED	7/1/2024	6/30/2025	30.00	All	HSCP Faculty
FIXED	7/1/2024	6/30/2025	43.70	All	Other Academic and Staff Exempt
FIXED	7/1/2024	6/30/2025	49.90	All	Staff Non-Exempt
FIXED	7/1/2024	6/30/2025	2.10	All	Limited
FIXED	7/1/2024	6/30/2025	22.30	All	Post Docs
FIXED	7/1/2024	6/30/2025	58.40	All	Food-Custodian-Grounds
FIXED	7/1/2024	6/30/2025	7.90	All	Faculty Summer
PROV.	7/1/2025	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2025

**\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:**

Salaries and wages excluding vacation and catastrophic leave.

## **SECTION II: SPECIAL REMARKS**

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### TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits section of this Agreement. The fringe benefit(s) included in the rate(s) are listed below.

### TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

### DEFINITION OF ON-CAMPUS, OFF-CAMPUS AND SPECIAL RATES:

#### DEFINITION OF OFF-CAMPUS RATE

The off-campus rate is applicable to those projects conducted at facilities not owned or leased by the University. However, if the project is conducted in leased space and lease costs are directly charged to the project, then the off-campus rate must be used.

### PROJECTS CONDUCTED ENTIRELY ON-CAMPUS OR ENTIRELY OFF-CAMPUS:

Projects conducted entirely on-campus or entirely off-campus will be applied the on-campus or off-campus rate respectively.

### PROJECTS CONDUCTED PARTIALLY OFF-CAMPUS AND PARTIALLY ON-CAMPUS:

If the project involves work at both on-campus and off-campus sites, either the on-campus or off-campus rate generally should be applied, consistent with where the majority of the work is to be performed. Salary cost is generally accepted as a measure of work performed in terms of the total project.

### USE OF BOTH ON-CAMPUS AND OFF-CAMPUS RATES

The use of both on-campus and off-campus rates for a given project may be justified if both of the respective rates can clearly be identified with a significant portion of salaries and wages of the project. For purposes of this provision, significant is defined as approximately 25% or more of the total costs and a project's total salary and wage costs exceed \$250,000.

### OTHER SPECIAL RATES

These rates apply only to the facility or program to which they are identified. If any additional special rates become necessary the establishment of such rates should be coordinated through the cognizant negotiation agency.

ORGANIZATION: University of California, Riverside (UCR)

AGREEMENT DATE: 04/09/2024

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Fringe Benefits include Benefits Administration, Dental Insurance, Disability Insurance, Life Insurance, Medical Insurance, Vision Insurance, Unemployment Insurance, Workers' Compensation, Employee Support Programs, FICA, Medicare Tax, Incentive Award Programs and Retirement Benefits.

#### DEFINITION OF EQUIPMENT

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

#### NEXT PROPOSAL DUE DATE

A fringe benefits cost proposal for the fiscal year ending 06/30/24 will be due by 12/31/2024. A F&A rates proposal for the fiscal year ending 06/30/2027 will be due in our office by 12/31/2027.

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### SECTION III: GENERAL

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A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

**BY THE INSTITUTION:**

University of California, Riverside (UCR)

HHS PPFU/NO/11/11

*Barbara Cevallos*

4889542051743E

Barbara Cevallos

(NAME)

Associate VP/Systemwide Controller

(TITLE)

4/15/2024

(DATE)

**ON BEHALF OF THE GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes

-S

Date: 2024.04.10 07:19:54 -04'00'

(SIGNATURE)

For Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

04/09/2024

(DATE)

HHS REPRESENTATIVE: Lucy Siow

TELEPHONE:

(415) 437-7820

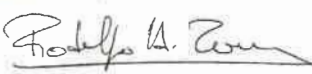
**Re-Delegation of Authority – To Solicit and Accept or Execute Certain Extramural Grants and Contracts (DA2569R)**

In a letter, dated October 1, 2014 (DA2569RVCRED), Chancellor Kim A. Wilcox redelegated the authority to solicit, accept or execute contracts and grants for research, scholarly or professional training, or for public service programs related either to research or to scholarly or professional training, including the signing of related documents to the Vice Chancellor for Research and Economic Development.

Effective September 2, 2019, I hereby re-delegate the authority to solicit, accept or execute contracts and grants for research, scholarly or professional training, or for public service programs related either to research or to scholarly or professional training, including the signing of related documents to the following positions in Research and Economic Development (RED):

Associate Vice Chancellor for Research Administration & Compliance  
Associate Vice Chancellor Technology Partnerships  
Assistant Vice Chancellor for Sponsored Programs Administration  
Director, Corporate Research  
Associate Director SPA  
Assistant Director SPA  
Preaward Manager SPA  
Sr. Principal Contract and Grant Officer  
Principal Sponsored Programs Officer  
Principal Contract and Grant Officer  
Senior Contract and Grant Officer  
Senior Industry Contracts Officer

This delegation supersedes all previous delegations on the subject and cannot be redelegated further.

DocuSigned by:  
  
EE2E489FF7E5414...

Rodolfo H. Torres  
Vice Chancellor for Research and Economic Development

Cc: Campus Delegation of Authority Coordinator



1111 Franklin Street  
Oakland, CA 94607-5200  
Phone: (510) 987-9074  
Fax: (510) 987-9086  
<http://www.ucop.edu>

April 19, 2012

CHANCELLORS  
DIRECTOR, LAWRENCE BERKELEY NATIONAL LABORATORY  
VICE PRESIDENT—AGRICULTURE AND NATURAL RESOURCES

Delegation of Authority--To Solicit and Accept or Execute Certain Extramural Grants and Contracts

Standing Order of The Regents 100.4(dd), Duties of the President of the University, provides the President authority to accept or execute certain extramural contracts or grants as follows:

Except as otherwise specifically provided in the Bylaws and Standing Orders, the President is authorized to execute on behalf of the Corporation all contracts and other documents necessary in the exercise of the President's duties, including documents to solicit and accept pledges, gifts, and grants, except that specific authorization by resolution of the Board shall be required for [certain] documents.

On March 10, 1995, the President delegated authority to you to accept or execute certain extramural contracts or grants up to a limit of \$5,000,000 in direct costs in any one project year. The purpose of this delegation is to increase this dollar limit.

Therefore, subject to the limitations below, I delegate to you the authority to solicit, accept, or execute contracts and grants for research, scholarly or professional training, or for public service programs relating either to research or to scholarly or professional training, including the signing of related documents as necessary.

You may not execute contracts or grants that exceed the following direct costs:

- a. \$10,000,000 in direct costs in any one project year for contracts and grants where the campus is a prime awardee and the sponsor is a federal or a State of California agency; or
- b. \$10,000,000 in direct costs in any one project year for subawards from higher education institutions or a State of California agency for which the source of funds is an award from a federal or State of California agency; or

- c. \$5,000,000 in direct costs in any one project year for contracts and grants except as specified above.

Contracts or grants that exceed the parameters specified above must be submitted for approval to the Office of the President, Research Policy Analysis & Coordination unit for consideration. Moreover, this delegation does not include the authority to solicit, accept, or execute documents that:

- a. contain provisions falling within any of the restrictions and limitations set forth in Standing Order 100.4(dd). In particular, with regard to this delegation, note that Standing Order 100.4(dd) requires specific authorization by The Regents for:
  - 1. Exceptions to approved University programs and policies or obligations on the part of the University to expenditures or costs for which there is no established fund source or which require the construction of facilities not previously approved.

\*\*\*

- 9. Agreements by which the University assumes liability for conduct of persons other than University officers, agents, employees, students, invitees, and guests. In circumstances where it is deemed necessary by the President, in consultation with the General Counsel, to indemnify non-University persons who have agreed at the University's request to serve as advisors on operational matters for conduct within the scope of their role as advisors, the President is authorized to provide for defense and indemnification. This restriction does not apply to agreements under which the University assumes responsibility for the condition of property in its custody.
- b. include an unapproved arrangement for indirect costs which changes the rates or the bases thereof as promulgated by the President;
- c. require approval by the President or designee; or
- d. provide support for the sole purpose of constructing research facilities. For projects which include both a research and construction component, the contracts, grants and other documents must also be approved by University officials retaining the delegation of authority for construction projects, and must be in full compliance with the requirements separately required in that delegation.

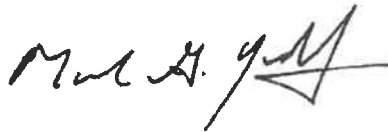
Chancellors, et al.  
April 19, 2012  
Page 3

For purposes of this delegation, the term "grant" includes grants from private sources, but excludes gifts as defined in the Guidelines for Review of Gifts/Grants for Research issued by the President on July 8, 1980.

Campus procedures for preparation of proposals for extramural support and acceptance of grants or execution of contracts shall be in accordance with the University of California Contract and Grant Manual and with supplementary instructions as may be issued by the Office of the President.

Critical factors in processing contracts and grants are a review for legal sufficiency and compliance with University policies, and coordination with other campus offices and functions as appropriate, including legal counsel, risk management, and intellectual property managers. Responsibility for accomplishing this review and coordination must be assigned specifically as a part of any redelegation by you.

This delegation is effective immediately and supersedes the March 10, 1995 delegations of authority to the Chancellors (DA 2036), to the Vice President of Agriculture and Natural Resources (DA 2035), and to the Lawrence Berkeley Laboratory Director (DA 2038) to solicit, accept, or execute certain extramural grants and contracts. This authority may be redelegated.



Mark G. Yudof  
President

cc: Members, President's Cabinet  
Executive Director Streit  
Universitywide Policy Director Capell