


COUNTY OF SAN MATEO
Departmental Correspondence

Date **APR 11 2001**
Hearing Date. **APR 24 2001**

TO Honorable Board of Supervisors
FROM Charlene A. Silva, Director, Aging and Adult Services 
SUBJECT Amendments to agreements with the California Department of Aging for the Title III/VII and for Community-Based Services Program (CBSP) of the Older Americans Act (OAA) of 1965

RECOMMENDATION

- 1 Adopt a resolution authorizing the President of the Board of Supervisors to execute Amendment 1 to Agreement No FF-0001-08 for Title III/VII and Amendment 1 to Agreement No CB-0001-08 for CBSP with the California Department of Aging (CDA); and
- 2 Approve an Appropriation Transfer Request (ATR) to set up additional appropriations and recognize additional revenues in the amount of \$482,481

Background

Aging and Adult Services (AAS), acting as the Area Agency on Aging (AAA), funds the following programs and services through the use of subcontracts home-delivered meals (Meals on Wheels), congregate nutrition (Senior Center meals), in-home services, adult day care, transportation, legal assistance, peer counseling, disease prevention and health promotion, and the Ombudsman Program Funding for these programs is provided through various grants from CDA The largest of these is the agreement between CDA and AAS for nutrition and supportive services under Title III/VII of the Older Americans Act

AAS also receives funding from CDA through CBSP This program was established by the state in 1997 under legislation (AB2800) to bring together several programs that serve seniors and adults with disabilities As a result, these programs are now coordinated, managed, and administered through the Area Agencies on Aging throughout the state Programs funded through CBSP include Alzheimer's Day Care Resource Center (ADCRC), Health Insurance Counseling and Advocacy Program (HICAP), Linkages/Respite, Foster Grandparents, Senior Companions, and Respite Registry

Honorable Board of Supervisors
Amendments to Agreements for Title III/VII & CDA
Page 2

On August 8, 2000 you approved two agreements with CDA for 2000-01: one for Title III/VII for nutrition and supportive services for a total of \$2,185,053 and one for CBSP for supportive services including HICAP, Linkages/Respite, Foster Grandparents, Senior Companions, and Respite Registry for \$534,210

Discussion

CDA distributes additional funding to AAAs periodically throughout the fiscal year as funds become available. The amounts distributed to individual AAAs are based upon an established funding formula. Funds provided by CDA under Amendment 1 to the Title III/VII agreement will be used to fund case management positions to enhance outreach and intervention efforts to rural and monolingual seniors, provide expanded health screening sessions for low income minority seniors, and manage increased food and delivery costs in congregate and home-delivered meal programs. The additional CBSP funds will be used to expand the services provided by Linkages, Respite, and HICAP.

The San Mateo County Commission on Aging has reviewed and approved allocation of these funds.

County Counsel has reviewed and approved the amendments to these agreements.

Term and Fiscal Impact

The term of these agreements remains July 1, 2000 to June 30, 2001. The original agreement with CDA for Title III/VII was for \$2,185,053. Amendment 1 adds \$404,872, bringing the total allocation for Title III/VII to \$2,589,925. The original agreement with CDA for CBSP was \$534,210. Amendment 1 adds \$77,609 for a total allocation for CBSP of \$611,819. An Appropriation Transfer Request has been prepared to add these revenues and related appropriations to Aging and Adult Services' approved budget for 2000-2001. Any ongoing expenditures will be reduced if funds are unavailable in future years. There is no impact on the county General Fund as a result of these amendments or approval of the ATR.

Recommended


Margaret Taylor
Health Services Agency

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO

DEPARTMENT Health Services Agency DATE 4/5/01

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

C O D E S		AMOUNT	DESCRIPTION	
FUND OR ORG	ACCOUNT			
From	57061	5875	37,853.00	Interagency Agreement
	57071	6169	39,756.00	PSP-Aging & Adult
	57073	6169	171,963.00	PSP-Aging & Adult
	57076	6169	2,357.00	PSP-Aging & Adult
	57077	6169	122,812.00	PSP-Aging & Adult
	57079	6169	107,740.00	PSP-Aging & Adult
To	57061	1767	37,853.00	State Aid-Aging
	57071	1767	39,756.00	State Aid-Aging
	57073	1952	171,963.00	Federal Aid-Aging
	57076	1952	2,357.00	Federal Aid-Aging
	57077	1952	122,812.00	Federal Aid-Aging
	57079	1952	107,740.00	Federal Aid-Aging

Justification (Attach Memo if Necessary)

To recognize additional funds from California Department of Aging for the Title III/ VII and Community Based Services Program as per Amendment No. 1, Agreement No. FF-0001-08 and Amendment No. 1, Agreement No. CB-0001-08. There is no change in net county cost as a result of this ATR.

DEPARTMENT HEAD
Margaret Taylor DATE 7/10/01

2 Board Action Required Four-Fifths Vote Required Board Action Not Required

COUNTY CONTROLLER
BY _____ DATE _____

3 Approve as Requested Approve as Revised Disapprove

COUNTY MANAGER
BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS COUNTY OF SAN MATEO STATE OF CALIFORNIA

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

RESOLVED by the Board of Supervisors of the County of San Mateo that

WHEREAS the Department hereinabove named in the Request for Appropriation Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request and

WHEREAS the County Controller has approved said Request as to accounting and available balances and the County Manager has recommended the transfer of funds as set forth hereinabove:

NOW THEREFORE IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____, 19____.

Ayes and in favor of said resolution.

Noes and against said resolution:

Supervisors: _____

Supervisors _____

County of San Mateo
Health Services Agency

ATR/AER Form

Controller's ATR Number

Department: Health Services Agency
Division: Aging & Adult Services

Type of Transaction: ATR AER
Status of Transaction: One-Time On-Going

Title: _____

Justification: To recognize additional funds from California Department of Aging for the Title III/VII and Community Based Services Program as per Amendment No 1 Agreement No FF-0001-08 and Amendment No 1 Agreement No CB-0001-08 There is no change in net county cost as a result of this ATR

TO BP: 57000 Total: 482,481.00
FROM BP: 57000 Total: 482,481.00
Net Change: 0.00

From/To	Subject	Account Description	Transfer Amt.
57061	5875	Interagency Agreement	37,853.00
57071	6169	PSP-Aging & Adult	39,756.00
57073	6169	PSP-Aging & Adult	171,963.00
57076	6169	PSP-Aging & Adult	2,357.00
57077	6169	PSP-Aging & Adult	122,812.00
57079	6169	PSP-Aging & Adult	107,740.00
Appropriation Total			482,481.00
57061	1767	State Aid-Aging	37,853.00
57071	1767	State Aid-Aging	39,756.00
57073	1952	Federal Aid-Aging	171,963.00
57076	1952	Federal Aid-Aging	2,357.00
57077	1952	Federal Aid-Aging	122,812.00
57079	1952	Federal Aid-Aging	107,740.00
Revenue Total			482,481.00
Net County Cost			0.00

RESOLUTION NO _____

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION APPROVING AMENDMENT 1 TO AGREEMENT NO FF-0001-08
FOR TITLE III/VII AND AMENDMENT 1 TO AGREEMENT NO. CB-0001-08
FOR THE COMMUNITY-BASED SERVICES PROGRAM WITH THE
CALIFORNIA DEPARTMENT OF AGING

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, this Board has designated itself as the Area Agency on Aging of San Mateo County to carry out programs pursuant to the Older Americans Act, and

WHEREAS, it is necessary and desirable that the Area Agency on Aging administer the Title III/VII and Community-Based Services Programs, and

WHEREAS, this Board has been presented with Amendment 1 to Agreement No FF-0001-08 and Amendment 1 to Agreement No CB-0001-08 to increase the funding under these Agreements and has examined and approved them as to both form and content and desires to enter into both Amendments to the Agreements.

NOW, THEREFORE, IT IS RESOLVED that Amendment 1 to Agreement No FF-0001-08 and Amendment 1 to Agreement No CB-0001-08 are hereby approved, and the President of this Board of Supervisors is hereby authorized and directed to execute the aforesaid Amendments for and on behalf of the County of San Mateo, and the Clerk of the Board shall attest the President's signature thereto



STATE OF CALIFORNIA
STANDARD AGREEMENT
 TD 213 A(NEW 02/98)

AGREEMENT NUMBER	AMENDMENT NUMBER
CB-0001-08	1

- 1 This Agreement is entered into between the State Agency and the Contractor named below
- STATE AGENCY'S NAME
 California Department of Aging
- CONTRACTOR'S NAME
 County of San Mateo
2. The term of this Agreement is. July 1, 2000 through June 30, 2001
3. The maximum amount of this Agreement is: \$ 611,819
4. The parties mutually agree to this amendment as follows All actions noted below are by this reference made a part of the Agreement and incorporated herein.
- 1 The Budget, Exhibit A, is hereby deleted
 2. The amended Budget, Exhibit A-1, is attached and hereby incorporated by reference.
 - 3 Funds awarded for Foster Grandparent and Senior Companion Programs shall not be used to purchase any personal property or equipment, without prior written approval of the Department. The Contractor and/or subcontractor for Foster Grandparent and Senior Companion Programs will not expend more than twenty percent (20%) of the program funds for administration, without prior written approval of the Department

All other terms and conditions shall remain the same.

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual state whether a corporation partnership etc.) County of San Mateo		Exempt From Department of General Services Per AB 2800 Chapter 1097 Statutes of 1996
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Michael D. Nevin, President Board of Supervisors, County of San Mateo		
ADDRESS 225 West 37th Street, San Mateo, California 94403		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Aging		<input type="checkbox"/> Exempt per _____
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Rachel de la Cruz Manager, Business Services and Contracts Section		
ADDRESS 1600 K Street, Sacramento, CA 95814		

BUDGET SUMMARY

BUDGET PERIOD 7/1/00 6/30/01		[] ORIGINAL [X] AMENDMENT NO 1			CONTRACT NO CB 0001 08	DATE 12/15/00	PSA NO 8		
COST CATEGORY	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	STATE AND FEDERAL (SHIP) FUNDS ONLY				OTHER FUNDING				Total
	AAA Admin	Direct Service	Contracted Service	Total Columns 1 3	Match Cash	Match In Kind	Program Income	Other Funding	All Funds Column 4-8
AAA ADMINISTRATION									
Personnel	31,355			31,355				5,897	37,252
Operating Expenses				0					0
Indirect Admin				0					0
TOTAL ADMINISTRATION	31,355	0	0	31,355	0	0	0	5,897	37,252
LOCAL ASSISTANCE									
ADCRC			80,000	80,000	20,000				100,000
Brown Bag				0					0
Foster Grandparent			40,254	40,254					40,254
Linkages		246,972		246,972				32,072	279,044
Respite Purchase of Services		17,922		17,922					17,922
Respite Registry				0					0
Senior Companion			58,648	58,648					58,648
HICAP Reimbursements			65,351	65,351					65,351
HICAP Fund			32,624	32,624					32,624
HICAP Federal (SHIP) Funds			38,693	38,693					38,693
TOTAL LOCAL ASSISTANCE		264,894	315,570	580,464	20,000	0	0	32,072	632,536
TOTAL BUDGET /									
TOTAL REVENUES	31,355	264,894	315,570	611,819	20,000	0	0	32,072	632,536

Community Based Services Team Approval: _____ Date: 1/9/01 Team Coach Verification: *Patricia Jenkins* Date: 2/26/01

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)]. [] Yes Amount Budgeted: \$ _____

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 A(NEW 02/98)

AGREEMENT NUMBER	AMENDMENT NUMBER
FF-0001-08	1

1. This Agreement is entered into between the State Agency and the Contractor named below
 STATE AGENCY'S NAME
 California Department of Aging
 CONTRACTOR'S NAME
 County of San Mateo
2. The term of this Agreement is: July 1, 2000 through June 30, 2001
3. The maximum amount of this Agreement is: \$ 2,589,925
4. The parties mutually agree to this amendment as follows All actions noted below are by this reference made a part of the Agreement and incorporated herein.

The State shall pay the Contractor an amount not to exceed \$2,589,925
 The Title III/VII Budget Display number FF-0001-08, amendment 1 is hereby attached and incorporated by reference and replaces all previous Budget Displays

All other terms and conditions shall remain the same

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual state whether a corporation partnership etc)		Exempt from Department of General Services Per AB 2800 Chapter 1097 Statutes of 1996
County of San Mateo		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Michael D. Nevin, President Board of Supervisors, County of San Mateo		
ADDRESS 225 West 37th Street, San Mateo, California 94403		
STATE OF CALIFORNIA		
AGENCY NAME		<input type="checkbox"/> Exempt per _____
California Department of Aging		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Rachel de la Cruz Manager, Business Services and Contracts Section		
ADDRESS 1600 K Street, Sacramento, CA 95814		

Title III/VII Budget Display
 Fiscal Year 2000-01

COUNTY OF SAN MATEO

Page 1 - Federal Funds		BASELINE	CUMULATIVE TRANSFERS	OTO	TOTAL	NET CHANGE
Title IIIB	Administration	74 963	0		74 963	0
	LTC-Ombudsman-Program	25,782	0		25 782	0
	Other Supportive Services - Progr	517 865	0	143 341	661 206	143 341
	Total Title IIIB	618 610	0	143 341	761 951	143 341
Title III C-1	Administration	87 262	0		87 262	0
	Congregate Nutrition - Program	415 710	(259 497)	121 684	537 394	(137 813)
	Total Title III C-1	502 972	(259 497)	121 684	624 656	(137 813)
Title III C-2	Administration	35 393	0		35 393	0
	Home Delivered Nutrition - Program	533 358	259 497	106 691	640 049	366 188
	Total Title III C-2	568 751	259 497	106 691	675 442	366 188
Title III D	In-Home Services- Program	0	0	28 962	28 962	28 962
Title IIIF	Preventive Health - Program	33 939	0	2 357	36 296	2 357
	Total Title III	1 724 272	0	403 035	2 127 307	403 035
USDA	Congregate Meals - C-1	132 840	0	1 128	133 968	1,128
	Home-Delivered Meals- C-2	96 786	0	1 049	97 835	1 049
	Total USDA	229 626	0	2 177	231 803	2 177
Title VII-(a)	Ombudsman - Program	23 986	0	0	23 986	(408)
Title VII-(b)	Elder Abuse Prevention - Program	10 850	0	68	10 918	68
	Total Title VII	34 836	0	68	34 904	(340)
	Total Federal Funds	1,988 734	0	405 280	2 394 014	404 872

Comments: The maximum amount of Title III/VII Baseline expenditures allowable for the first quarter is 540 553

Title III/VII Budget Display
 Fiscal Year 2000-01

COUNTY OF SAN MATEO

Page 2 - State Funds		BASELINE	CUMULATIVE TRANSFERS	OTO	TOTAL	NET CHANGE
Title IIIB	Ombudsman - Program	97 293	0		97 293	0
	Other Supportive Services - Progr	28 222	0		28 222	0
	Total Title IIIB	125,515	0	0	125 515	0
Title III C-1	Administration	532	0		532	0
	Congregate Nutrition - Program	0	(43 069)		0	(43 069)
	Total Title III C-1	532	(43 069)	0	532	(43 069)
Title III C-2	Administration	142	0		142	0
	Home Delivered Nutrition - Program	66 538	43 069		66 538	43 069
	Total Title III C-2	66 680	43 069	0	66 680	43 069
Title III D	In-Home Services- Program	0	0		0	0
Title IIIF	Preventive Health - Program	2 063	0		2 063	0
	Total Title III	194 790	0	0	194 790	0
Title VII-(a)	Ombudsman - Program	593	0		593	0
Title VII-(b)	Elder Abuse Prevention - Program	528	0		528	0
	Total Title VII	1 121	0	0	1 121	0
	Total State Funds	195 911	0	0	195 911	0
Grand Total, Federal & State Funds		2,184,645	0	405,280	2,589,925	404,872

Comments:

- COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

CONTRACT APPROVAL FORM

TO: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

FROM: Raymond Swope, County Counsel
Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT: Approval of Board Memo and Resolution for.

Amendment No. 1 to Agreements FF-0001-08 and CB-0001-08 with
California Department of Aging

DATE SUBMITTED. March 29, 2001

CONTRACT PERIOD: July 1, 2000 to June 30, 2001

CONTRACT AMOUNT AND FUNDING SOURCE:

Amendment No. 1 adds \$404,872 to Title II/VII and \$77,609 to CBSP. Funds for these
amendments come from California Department of Aging.

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO
FORM THE AGREEMENT STIPULATED ABOVE

APPROVED BY:  4/5/01
DEPUTY COUNTY COUNSEL DATE

AAA ADMINISTRATION BUDGET NARRATIVE

BUDGET PERIOD 7/1/00 6/30/01	[] ORIGINAL [X] AMENDMENT NO	CONTRACT NO CB 0001 08	DATE 12/15/00	PSA NO 8
PERSONNEL COSTS				
Position Classification	Annual Wage Rate	x % of Time Devoted	Total Budget	
Health Services Manager	73,258	15%	10,989	
Community Program Specialist	56,035	25%	14,009	
Community Program Specialist	56,035	5%	2,802	
TOTAL SALARIES & WAGES			27,800	
STAFF BENEFITS			9,452	
TOTAL PERSONNEL COSTS			37,252	
OPERATING EXPENSES				
Rent	Square Feet	Rate per Square Ft	Total	
Equipment (List)	Number	Unit Price	Total	
Travel				
Other Operating Expenses (List)				Total
TOTAL OPERATING EXPENSES			0	
INDIRECT ADMIN				
TOTAL ADMINISTRATION BUDGET			37,252	

DIRECT SERVICES BUDGET NARRATIVE

Program Name: Linkages (1 of 2)

(Prepare a Separate Budget Narrative for Each Direct Service Program)

BUDGET PERIOD	7/1/00	6/30/01	[] ORIGINAL [X] AMENDMENT NO	1	CONTRACT NO	CB 0001 08	DATE	12/15/00	PSA NO	8
PERSONNEL COSTS										
Position Classification					Annual Wage Rate		x % of Time Devoted		Total Budget	
Health Services Manager					81,832		15%		12,275	
Social Work Supervisor					70,450		25%		17,612	
Social Worker III					59,842		100%		59,842	
Social Worker III					59,842		100%		59,842	
Senior Accountant					66,810		10%		6,681	
TOTAL SALARIES & WAGES										
STAFF BENEFITS										
TOTAL PERSONNEL COSTS										
OPERATING EXPENSES										
Rent					Square Feet		Rate per Square Ft		Total	
Equipment (List)					Number		Unit Price		Total	
Travel										
Linkages Purchase of Service										
Respite Purchase of Service										
Other Operating Expenses (List)									Total	
Contract Custodial/Security									1,169	
Telephone									3,312	
County Facility Rent									1,536	
Liability Insurance									446	
TOTAL OPERATING EXPENSES										
INDIRECT COSTS										
TOTAL DIRECT SERVICES BUDGET										

PERFORMANCE ESTIMATES

BUDGET PERIOD 7/1/00 6/30/01 ORIGINAL AMENDMENT NO 1 CONTRACT NO CB 0001 08 DATE 12/15/00 PSA NO 8

Instructions For each program, fill in the estimated number of service units anticipated for the fiscal year.

A D, C R C	Estimate	Linkages	Estimate
Number of Volunteers	2	Annual Number of Unduplicated Clients Served	160
Number of Volunteer Hours.	1,560	Average Number of Clients Served per Month	95
a. Participants with Moderate Cognitive Impairment	32	Average Ratio of Clients to Staff, per site (average 50 1)	50.1
b. Participants with Severe Cognitive Impairment	15	Foster Grandparent Program	
c. Participants with Mild Cognitive Impairment	27	Total Number of Volunteer Service Years (VSY)	10
[a + b + c = d] d. Total Unduplicated Participants	74	Number of Volunteer Hours	10,440
Maximum Program Capacity (Participants)	25	Number of Senior Volunteers	12
		Number of Children Served	75
Number of Caregiver Support Sessions	50	Senior Companion Program	
Number of In service Training Sessions	12	Total Number of Volunteer Service Years (VSY)	15
Number of On site Training Sessions	12	Number of Volunteer Hours	15,660
Brown Bag Program		Number of Senior Volunteers	18
Number of Persons Served (Unduplicated)	Estimate	Number of Seniors Served	90
Number of pounds of food distributed		H I C A P	
Number of bags of food distributed		Number of Community Presentations	55
Number of Volunteers		Number of Attendees at Presentations	1,925
Number of Volunteer Hours		Number of Persons Counseled	1,815
Respite Program		Average Number of Registered Counselors for the year	30
Respite POS (Required Linkages Funding)	Estimate	Average Number of Registered Long Term Counselors.	15
Number of Families Served (Unduplicated)	5	Average Number of Community Educators	8
Number of Respite Hours Provided	125	Average Number of Active Registered Counselors per Month	24
Respite Registry		H I C A P Legal Representation Services	
Number of Clients Contacts		(If providing) Number of Clients	Estimate
Number of Successful Matches		(If providing) Number of Hours	
Respite POS (Non Linkages Funding)	Estimate		
Number of Families Served (Unduplicated)	22		
Number of Respite Hours Provided	551		

CONTRACTED SERVICES SCHEDULE

BUDGET PERIOD 7/1/00 6/30/01	[] ORIGINAL [x] AMENDMENT NO 1		CONTRACT NO CB 0001 08			DATE 12/15/00		PSA NO 8
(a) Contractors	(b) State Funds	(c) Linkages POS	(d) Federal (SHIP)	(e) Match Cash*	(f) Match In Kind*	(g) Program Income	(h) Other Funding	(i) TOTAL CONTRACTED SERVICES
Program ADCRC	80000			20,000				100,000
Name Mills Peninsula Senior Focus								
Address 1720 El Camino Real Burlingame, CA 94010								
Telephone (650) 696 5274								
Contact Person Forest Malakoff								
Program Foster Grandparent	40254							40,254
Name Mills Peninsula Senior Focus								
Address 1720 El Camino Real Burlingame, CA 94010								
Telephone (650) 696 4175								
Contact Person Mark Maisano								
Program HICAP	97975		38,693					136,668
Name Self Help for the Elderly								
Address 407 Sansome St San Francisco, CA 94111								
Telephone (415) 348 6927								
Contact Person Diana Gray								
Program Senior Companion	58648							58,648
Name Mills Peninsula Senior Focus								
Address 1720 El Camino Real Burlingame, CA 94010								
Telephone (650) 696 4175								
Contact Person Mark Maisano								
Program								0
Name								
Address								
Telephone								
Contact Person								

Use additional pages if needed

* If required

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

CONTRACT APPROVAL FORM

TO: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

FROM: Raymond Swope, County Counsel
Telephone X 4759, Fax 363-4034, Pony CCO 111

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DATE SUBMITTED March 29, 2001

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CONTRACT AMOUNT AND FUNDING SOURCE:

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amendments come from California Department of Aging.

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO
FORM THE AGREEMENT STIPULATED ABOVE

APPROVED BY: Raymond Swope 4/5/01
DEPUTY COUNTY COUNSEL DATE