

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

AGREEMENT NUMBER	AMENDMENT NUMBER
CB-0102-08	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
- The term of this Agreement is: July 1, 2001 through June 30, 2002
- The maximum amount of this Agreement is: \$ 592,086
- 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:



This Amendment includes decreased funding for Community Based Programs and minor increases for Health Insurance Counseling and Advocacy Program made available by the Budget Act of 2001.

Exhibit B, Budget is deleted.

Exhibit B-1, Budget is attached and hereby incorporated by reference.

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 per Mello-Granlund Older Californians Act
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Jerry Hill, President Board of Supervisors, San Mateo County		
ADDRESS 225 West 37 th 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

EXHIBIT B - 1

BUDGET PERIOD: 7/1/01 - 6/30/02		<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.: 1			CONTRACT NO.: CB-0102-08		DATE: 1/24/02		PSA NO.: 08
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	30,116			30,116				9,390	39,506
Operating Expenses				0					0
Indirect Admin				0					0
TOTAL ADMINISTRATION	30,116	0	0	30,116	0	0	0	9,390	39,506
LOCAL ASSISTANCE									
ADCRC			75,884	75,884	40,522				116,406
Brown Bag									
Foster Grandparent			38,183	38,183					38,183
Linkages		232,317		232,317				61,177	293,494
Respite Purchase of Services		17,000		17,000					17,000
Respite Registry				0					0
Senior Companion			55,631	55,631					55,631
HICAP Reimbursements			65,180	65,180					65,180
HICAP Fund			32,547	32,547					32,547
HICAP Federal (SHIP) Funds			45,228	45,228					45,228
TOTAL LOCAL ASSISTANCE		249,317	312,653	561,970	40,522	0	0	61,177	663,669
TOTAL BUDGET / TOTAL REVENUES	30,116	249,317	312,653	592,086	40,522	0	0	70,567	703,175

FOR STATE USE ONLY

Community-Based Services Team Approval

Date

Team Lead Verification

Date

James Ramirez

3-5-02

Edward A. Song

3/6/02

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)]:

[] Yes Amount Budgeted:\$

AAA ADMINISTRATION BUDGET NARRATIVE

BUDGET PERIOD: 7/1/01 -6/30/02		<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.: 1	CONTRACT NO. CB-0102-08	DATE: 1/24/02	PSA NO.: 08
PERSONNEL COSTS					
Position Classification:		Annual Wage Rate	X % of Time Devoted	Total Budget	
Health Services Manager		76,190	15%	11,429	
Community Program Specialist		60,174	25%	15,044	
Community Program Specialist		60,174	5%	3,009	
TOTAL SALARIES & WAGES				29,482	
STAFF BENEFITS				10,024	
TOTAL PERSONNEL COSTS				39,506	
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					
INDIRECT ADMIN					
TOTAL ADMINISTRATION BUDGET					

DIRECT SERVICES BUDGET NARRATIVE

Program Name: Linkages (1 of 2)

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

BUDGET PERIOD: 7/1/01 - 6/30/02 ORIGINAL AMENDMENT NO.: 1 CONTRACT NO.: CB-0102-08 DATE: 1/24/02 PSA NO.: 08

PERSONNEL COSTS	Annual Wage Rate	x % of Time Devoted	Total Budget
Position Classification:			
Health Services Manager	83,450	15%	12,518
Social Work Supervisor	70,450	25%	17,613
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	Square Feet	Rate per Square Ft	Total
Rent			
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

DIRECT SERVICES BUDGET NARRATIVE

Program Name: Linkages (2 of 2)

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

BUDGET PERIOD: 7/01/01 - 6/30/02		<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.: 1	CONTRACT NO.: CB-0102-08	DATE: 1/24/02	PSA NO.: 08
PERSONNEL COSTS					
Position Classification:		Annual Wage Rate	x % of Time Devoted	Total Budget	
Fiscal Office Assistant II		30,888	10%	3,089	
Office Assistant II		36,858	10%	3,686	
TOTAL SALARIES & WAGES				163,271	
STAFF BENEFITS				55,512	
TOTAL PERSONNEL COSTS				218,783	
OPERATING EXPENSES					
		Square Feet	Rate per Square Ft	Total	
Rent					
Equipment (List):		Number	Unit Price	Total	
Travel					
Linkages Purchase of Service				40,000	
Respite Purchase of Service					
Other Operating Expenses (List):				Total	
In-House Admin & Acctg & Data Processing				16,201	
Equipment				7,597	
Office Supplies				2,235	
Motor Vehicle Mileage/Training				2,215	
TOTAL OPERATING EXPENSES				74,711	
INDIRECT COSTS					

DIRECT SERVICES BUDGET NARRATIVE

Program Name: Respite Purchase of Services

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

BUDGET PERIOD: 7/1/01 - 6/30/02	<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.: 1	CONTRACT NO.: CB-0102-08	DATE: 1/24/02	PSA NO.: 08
PERSONNEL COSTS				
Position Classification:	Annual Wage Rate	x % of Time Devoted	Total Budget	
TOTAL SALARIES & WAGES			0	
STAFF BENEFITS				
TOTAL PERSONNEL COSTS			0	
OPERATING EXPENSES				
	Square Feet	Rate per Square Ft	Total	
Rent				
Equipment (List):	Number	Unit Price	Total	
Travel				
Linkages Purchase of Service				
Respite Purchase of Service			17,000	
Other Operating Expenses (List):			Total	
TOTAL OPERATING EXPENSES			17,000	
INDIRECT COSTS				
TOTAL DIRECT SERVICES BUDGET			17,000	

CONTRACTED SERVICES SCHEDULE

BUDGET PERIOD: 7/1/01 - 6/30/02		[] ORIGINAL [X] AMENDMENT NO.: 1		CONTRACT NO.: CB-0102-08		DATE: 1/24/02		PSA NO.: 08	
(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 Name: Mills Peninsula Senior Focus Address: 1720 El Camino Real Burlingame, CA 94010 Telephone: (650) 696-5274 Contact Person: Forest Malakoff	75,884			40,522					116,406
Program: Foster Grandparent Name: Mills Peninsula Senior Focus Address: 1720 El Camino Real Burlingame, CA 94010 Telephone: (650) 696-4175 Contact Person: Maureen Dunn	38,183								38,183
Program: Senior Companion Name: Mills Peninsula Senior Focus Address: 1720 El Camino Real Burlingame, CA 94010 Telephone: (650) 696-4175 Contact Person: Maureen Dunn	55,631								55,631
Program: HICAP Name: Self Help for the Elderly Address: 407 Sansome St. San Francisco, CA 94111 Telephone: (415) 348-6927 Contact Person: Diana Gray	97,727		45,228						142,955
Program: Name: Address: Telephone: Contact Person:									

Use additional pages if needed.

* If required

PERFORMANCE ESTIMATES

BUDGET PERIOD: 7/1/01 to 6/30/02 ORIGINAL AMENDMENT NO.: 1 CONTRACT NO.: CB-0102-08 DATE: 1/24/02 PSA NO.: 08

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

	Estimate		Estimate
A D C R C		Linkages	
Number of Volunteers:	5	Annual Number of Unduplicated Clients Served:	135
Number of Volunteer Hours:	400	Average Number of Clients Served per Month:	100
a. Participants with Moderate Cognitive Impairment:	22	Average Ratio of Clients to Staff, per site (average 50:1):	50:1
b. Participants with Severe Cognitive Impairment:	65	Foster Grandparent Program	Estimate
c. Participants with Mild Cognitive Impairment:	0	Total Number of Volunteer Service Years (VSY):	10
[a + b + c = d] d. Total Unduplicated Participants:	87	Number of Volunteer Hours:	10,440
Maximum Program Capacity (Participants):	35	Number of Senior Volunteers:	12
		Number of Children Served:	50
Number of Caregiver Support Sessions:	40	Senior Companion Program	Estimate
Number of In-service Training Sessions:	25	Total Number of Volunteer Service Years (VSY):	14
Number of On-site Training Sessions:	30	Number of Volunteer Hours:	14,616
Brown Bag Program	Estimate	Number of Senior Volunteers:	18
Number of Persons Served (Unduplicated):		Number of Seniors Served:	65
Number of pounds of food distributed:		H I C A P	Estimate
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	Estimate	Average Number of Registered Counselors for the year:	37
Respite POS (Required Linkages Funding) Number of Families Served (Unduplicated):	37	Average Number of Registered Long-Term Counselors:	16
Number of Respite Hours Provided:	970	Average Number of Community Educators:	9
Respite Registry Number of Clients Contacts:		Average Number of Active Registered Counselors per Month:	33
Number of Successful Matches:		H I C A P Legal Representation Services	Estimate
Respite POS (Non-Linkages Funding) Number of Families Served (Unduplicated):		(If providing) Number of Clients:	N/A
Number of Respite Hours Provided:		(If providing) Number of Hours:	N/A

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

AGREEMENT NUMBER TV-0102-08	AMENDMENT NUMBER 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
- The term of this Agreement is: July 1, 2001 through June 30, 2002
- The maximum amount of this Agreement is: \$ 203,243
- 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 Budget and Payment Provisions, Exhibit B, with the exception of pages 1 through 3, is hereby deleted.

The revised Budget and Payment Provisions, Exhibit B-1 is attached and hereby incorporated by reference.

This change is needed due to the increase in the State minimum wage rate and a reduction of federal funds.

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 per Mello-Granlund Older Californians Act
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Jerry Hill, President Board of Supervisors, San Mateo County		
ADDRESS 225 West 37 th 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		

PART II - BUDGET

EXHIBIT B-1

CATEGORIES	ADMINISTRATION		PROGRAM/ EWFB			PROGRAM/ OTHER		TOTAL		
	FEDERAL	NON-FED.	FEDERAL	STATE	NON-FED.	FEDERAL	NON-FED.	FEDERAL	STATE	NON-FED.
A. PERSONNEL	6,306	817	115,632	35,109				121,938	35,109	817
B. FRINGE BENEFITS	1,358		17,170					18,528		
C. TRAVEL	350					700		1,050		
D. EQUIPMENT										
E. SUPPLIES						320		320		
F. CONTRACTUAL										
G. OTHER	2,840					2,447	2,200	5,287		2,200
H. ORIENTATION						4,029	2,705	4,029		2,705
I. ASSESSMENT						4,029	2,705	4,029		2,705
J. TRAINING						4,403	2,830	4,403		2,830
K. SUPPORT SERVICE										
L. JOB DEVELOPMENT						8,550	28,857	8,550		28,857
M. TRANSPORTATION										
N. INDIRECT COSTS										
O. TOTALS	10,854	817	132,802	35,109		24,478	39,297	168,134	35,109	40,114

PART III - BUDGET SUMMARY

	FEDERAL	STATE	NON-FEDERAL	TOTAL
TOTAL ADMINISTRATION	10,854		817	11,671
TOTAL PROGRAM/ EWFB	132,802	35,109		167,911
TOTAL PROGRAM/ OTHER	24,478		39,297	63,775
TOTAL PROGRAM COSTS	168,134	35,109	40,114	243,357

PART IV - STATE APPROVAL

SCSEP PROGRAM ANALYST <i>Dennis Kamusse</i>	DATE <i>2-11-02</i>	SCSEP PROGRAM COORDINATOR <i>Almond & Young</i>	DATE <i>2/17/02</i>
--	------------------------	--	------------------------

CDA 35
BUDGET NARRATIVE FORMAT

COLUMN (1) ADMINISTRATION

		FEDERAL	STATE	NON-FEDERAL	TOTAL
<u>Personnel</u>					
Program Director \$42,000.00 x 11.5%	\$4,830.00				
Controller \$65,516.53 x 3.5%	<u>\$2,293.08</u>				
	<u>\$7,123.08</u>	\$6,306.11		\$816.97	\$7,123.08
<u>Fringe Benefits</u>					
FICA @ 7.65%	\$544.91				
Worker's Comp.	\$54.49				
Health Insurance	\$359.03				
Unemployment	<u>\$400.00</u>				
	\$1,358.43	\$1,358.43			\$1,358.43
<u>Travel</u>					
	\$350.00	\$350.00			\$350.00
<u>Other</u>					
Audit	\$175.00				
ADP Payroll	\$900.00				
Supplies	\$280.05				
Copier Maintenance	\$150.00				
Copier Supplies	\$150.00				
Telephone	\$285.00				
Postage	\$150.00				
Rent	\$600.00				
Liability Insurance	<u>\$150.00</u>				
	<u>\$2,840.05</u>	\$2,840.05			\$2,840.05
SUBTOTAL FOR ADMINISTRATION		\$10,854.59		\$816.97	\$11,671.56

	FEDERAL	STATE	NON-FEDERAL	TOTAL
COLLUMN (2) PROGRAM/EWFB				
<u>Personnel</u>				
Name	Rate	Hours	Days	Enrollees
Job Developer	\$7.65	5	249	1
Office Worker	\$7.15	5	249	1
July 2001	\$6.25	4	21	24
August 2001	\$6.25	4	23	24
September 2001	\$6.25	4	19	24
October 2001	\$6.25	4	23	24
November 2001	\$6.25	4	19	24
December 2001	\$6.25	4	19	24
January 2002	\$6.75	4	10	17
January 2002	\$6.75	4	11	17
February 2002	\$6.75	4	19	17
March 2002	\$6.75	4	21	17
April 2002	\$6.75	4	22	17
May 2002	\$6.75	4	22	17
June 2002	\$6.75	4	20	18
	<u>\$115,632.00</u>		<u>\$35,109.00</u>	<u>\$150,741.00</u>

Fringe Benefits

FICA @ 7.65%	\$11,531.69		
Workers Compensation	<u>\$5,638.31</u>		
Medical			
Fringe Benefits	\$17,170.00		\$17,170.00
SUBTOTAL FOR PROGRAM/EWFB	\$132,802.00	\$35,109.00	\$167,911.00

		FEDERAL	STATE	NON-FEDERAL	TOTAL
COLUMN (3) PROGRAM/OTHER					
<u>Travel</u>					
Staff Travel	\$150.00				
Enrollee Travel	\$550.00				
	<u>\$700.00</u>	\$700.00			\$700.00
<u>Supplies</u>					
Office Supplies	\$319.76	\$319.76			\$319.76
<u>Other</u>					
Copier Maintenance	\$246.84				
Copier Supplies	\$250.00				
Telephone	\$300.00				
Postage	\$250.00				
Rent	\$3,600.00				
	<u>\$4,646.84</u>	\$2,446.85		\$2,200.00	\$4,646.85

		FEDERAL	STATE	NON-FEDERAL	TOTAL
<u>Orientation</u>					
Division Director	\$2,920.65	\$2,120.65		\$800.00	\$2,920.65
\$66,757.61 x 4.375%					
Fringe Benefits	\$394.01	\$394.01			\$394.01
Program Director	\$2,959.88	\$1,055.00		\$1,904.88	\$2,959.88
\$42,000.00 x 7.05%					
Fringe Benefits	\$458.85	\$458.85			\$458.85
	<u>\$6,733.38</u>	<u>\$4,028.51</u>		<u>\$2,704.88</u>	<u>\$6,733.39</u>
<u>Assessment</u>					
Division Director	\$2,920.65	\$2,120.65		\$800.00	\$2,920.65
\$66,757.61 x 4.375%					
Fringe Benefits	\$394.01	\$394.01			\$394.01
Program Director	\$2,959.88	\$1,055.00		\$1,904.88	\$2,959.88
\$42,000.00 x 7.05%					
Fringe Benefits	\$458.85	\$458.85			\$458.85
	<u>\$6,733.38</u>	<u>\$4,028.51</u>		<u>\$2,704.88</u>	<u>\$6,733.39</u>
<u>Training</u>					
Division Director	\$2,920.64	\$2,120.64		\$800.00	\$2,920.64
\$66,757.61 x 4.375%					
Fringe Benefits	\$394.01	\$394.01			\$394.01
Training for Enrollees	\$500.00	\$375.00		\$125.00	\$500.00
Program Director	\$2,959.88	\$1,055.00		\$1,904.88	\$2,959.88
\$42,000.00 x 7.05%					
Fringe Benefits	\$458.85	\$458.85			\$458.85
	<u>\$7,233.37</u>	<u>\$4,403.50</u>		<u>\$2,829.88</u>	<u>\$7,233.37</u>
<u>Job Development</u>					
Division Director	\$2,920.64	\$2,120.64		\$800.00	\$2,920.64
\$66,757.61 x 4.375%					
Job Developer	\$9,121.78	\$4,521.78		\$4,600.00	\$9,121.78
\$21,463.00 x 42.5%					
Program Director	\$2,959.88	\$1,055.00		\$1,904.88	\$2,959.88
\$42,000.00 x 7.05%					
Fringe Benefits	\$2,405.37	\$852.86		\$1,552.51	\$2,405.37
	<u>\$17,407.67</u>	<u>\$8,550.28</u>		<u>\$8,857.39</u>	<u>\$17,407.67</u>

	FEDERAL	STATE	NON-FEDERAL	TOTAL
Host Agencies				
<u>Doelger Senior Center</u>				
2 Enrollees x 4hrs./month x \$18.00/hr. x 12 months	=		\$1,728.00	
<u>Millbrae Senior Center</u>				
1 Enrollee x 10hrs./month x \$26.00/hr. x 12 months	=		\$3,120.00	
<u>Bayshore Child Care - Mission Street</u>				
2 Enrollees x 15hrs./month x \$16.00/hr. x 11 months	=		\$5,280.00	
<u>Victim Center</u>				
2 Enrollee x 5hrs./month x \$18.75/hr. x 12 months	=		\$2,250.00	
<u>Bayshore Child Care - Parkview</u>				
1 Enrollee x 16hrs./month x \$16.00/hr. x 12 months	=		\$3,072.00	
<u>VRS</u>				
1 Enrollee x 16hrs./month x \$24.00/hr. x 12 months	=		\$4,608.00	
			<u>\$20,058.00</u>	
			<u>-\$58.00</u>	
			<u>\$20,000.00</u>	
SUBTOTAL FOR PROGRAM/OTHER	\$24,477.41	\$0.00	\$39,297.03	\$63,774.44
TOTAL PROJECT BUDGET	\$168,134.00	\$35,109.00	\$40,114.00	\$243,357.00

Sub Total

Adjustment

Total

STANDARD AGREEMENT

STD. 213 A (NEW 02/98)



AGREEMENT NUMBER	AMENDMENT NUMBER
FF-0102-08	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
- The term of this Agreement is: July 1, 2001 through June 30, 2002
- The maximum amount of this Agreement is: \$ 2,787,375
- 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 Title III/VII Budget Display number FF-0102-08, 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.) County of San Mateo		Exempt per Mello-Granlund Older Californians Act
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Jerry Hill, President Board of Supervisors, San Mateo County		
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		

Title III/VII Budget Display
 Fiscal Year 2001-02
 AMENDMENT #1
 COUNTY OF SAN MATEO

Page 1 - Federal Funds		BASELINE	CUMULATIVE TRANSFERS	OTO	TOTAL	NET CHANGE
Title IIIB:	Administration	80,128	-	1,098	81,226	1,098
	LTC-Ombudsman-Program	25,782	-	-	25,782	-
	Other Supportive Services - Progr.	550,955	-	306,179	857,134	306,179
	Total Title IIIB	656,865	-	307,277	964,142	307,277
Title III C-1:	Administration	87,738	-	121	87,859	121
	Congregate Nutrition - Program	508,555	(175,263)	118,607	627,162	(56,656)
	Total Title III C-1	596,293	(175,263)	118,728	715,021	(56,535)
Title III C-2:	Administration	36,660	-	513	37,173	513
	Home Delivered Nutrition - Program	460,991	175,263	63,777	524,768	239,040
	Total Title III C-2	497,651	175,263	64,290	561,941	239,553
Title IIID	Preventive Health - Program	33,526	-	10,591	44,117	10,591
	Medication Management - Program	11,276	-	-	11,276	-
		44,802	-	10,591	55,393	10,591
	Total Title III	1,795,611	-	500,886	2,296,497	500,886
USDA:	Congregate Meals - C-1	132,840	-	-	132,840	-
	Home-Delivered Meals- C-2	96,786	-	-	96,786	-
	Total USDA	229,626	-	-	229,626	-
Title VII-(a)	Ombudsman - Program	23,984	-	153	24,137	153
Title VII-(b)	Elder Abuse Prevention - Program	10,889	-	3	10,892	3
	Total Title VII	34,873	-	156	35,029	156
	Total Federal Funds	2,060,110	-	501,042	2,561,152	501,042
Comments:	The maximum amount of Title III/VII Baseline expenditures allowable for the first quarter is:				582,882	

State of California
 California Department of Aging
 CDA #1 (Rev. 4/98)

Award #:: FF 0102-08
 Date: 30-Sep-01
 Amendment #: 1
 Date: 30-Sep-01

Title III/VII Budget Display
 Fiscal Year 2001-02
 AMENDMENT #1
 COUNTY OF SAN MATEO

Page 2 - State Funds		BASELINE	CUMULATIVE TRANSFERS	OTO	TOTAL	NET CHANGE
Title IIIB:	Ombudsman - Program	92,288	-	-	92,288	1,960
	Other Supportive Services - Progr.	28,331	-	-	28,331	-
	Total Title IIIB	120,619	-	-	120,619	1,960
Title III C-1:	Administration	530	-	-	530	-
	Congregate Nutrition - Program	-	(52,716)	-	-	(52,716)
	Total Title III C-1	530	(52,716)	-	530	(52,716)
Title III C-2:	Administration	141	-	-	141	-
	Home Delivered Nutrition - Program	96,790	52,716	-	96,790	52,716
	Total Title III C-2	96,931	52,716	-	96,931	52,716
Title IIID	Preventive Health - Program	2,068	-	-	2,068	-
	Total Title III	220,148	-	-	220,148	1,960
Title VII-(a)	Ombudsman - Program	5,545	-	-	5,545	4,952
Title VII-(b)	Elder Abuse Prevention - Program	530	-	-	530	-
	Total Title VII	6,075	-	-	6,075	4,952
	Total State Funds	226,223	-	-	226,223	6,912
Grand Total, Federal & State Funds		2,286,333	-	501,042	2,787,375	507,954
Comments:						

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

CONTRACT APPROVAL FORM

TO: Maria Gonzalez - 573-3495, FAX 573-3729, 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 1 to Agreements FF-0102-08 for Title III/VII, TV-0102-08
for Title V, and CB-0102-08 for CBSP.

DATE SUBMITTED: April 10, 2002

CONTRACT PERIOD: July 1, 2002 to June 30, 2002

CONTRACT AMOUNT AND FUNDING SOURCE:

Amendment No. 1 adds \$507,954 to Title III/VII, \$12,856 to Title V, and reduces by (\$54,729)
contract for Community Based Services Program. Funds allocated/reduced by California
Department of Aging.

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

APPROVED BY:  4/12/02
DEPUTY COUNTY COUNSEL DATE

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO. _____

DEPARTMENT Health Services Agency

DATE April 17, 2007

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	57071	1767	(54,729.00)	State Aid - Aging
	57073	1952	313,244.00	Federal Aid - Aging
	57078	1952	12,856.00	Federal Aid - Aging
	57079	1952	194,710.00	Federal Aid - Aging
To	57071	6169	(54,729.00)	PSP - Aging and Adult
	57073	6169	313,244.00	PSP - Aging and Adult
	57078	6169	12,856.00	PSP - Aging and Adult
	57079	6169	194,710.00	PSP - Aging and Adult

Justification. (Attach Memo if Necessary) To recognize additional funds from California Department of Aging for the Title III/VII and Title V programs and reduction in CBSP programs per Amendment No. Agreement No. FF-0102-08, Agreement No. TV-0102-08, and Agreement No. CB-0102-08. There is no change in net county cost as a result of this ATR.

DEPARTMENT HEAD
 BY: *Margaret Taylor* DATE: 4/29/07

2. Board Action Required Four-Fifths Vote Required Board Action Not Required
 Remarks: _____

COUNTY CONTROLLER
 BY: _____ DATE: _____

3. Approve as Requested Approve as Revised Disapprove
 Remarks: _____

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: Title III/VII, Title V, & CBSP Amendment No. 1 FY 2001-02

Justification: To recognize additional funds from California Department of Aging for the Title III/VII & Title V programs and reduction in CBSP programs per Amendment No. 1, Agreement No. FF-0102-08, Agreement No. TV-0102-08, and Agreement No. CB-0102-08. There is no change in net county cost as a result of this ATR.

TO:BP:	57000	Total:	466,081.00
FROM:BP:	57000	Total:	466,081.00
		Net Change:	0.00

From/To	Subject	Account Description	Transfer Amt.
57071	6169	PSP-Aging & Adult	(54,729.00)
57073	6169	PSP-Aging & Adult	313,244.00
57078	6169	PSP-Aging & Adult	12,856.00
57079	6169	PSP-Aging & Adult	194,710.00
Appropriation Total			466,081.00
57071	1767	State Aid-Aging	(54,729.00)
57073	1952	Federal Aid-Aging	313,244.00
57078	1952	Federal Aid-Aging	12,856.00
57079	1952	Federal Aid-Aging	194,710.00
Revenue Total			466,081.00
Net County Cost			0.00