

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

AGREEMENT NUMBER FC-0204-08	AMENDMENT NUMBER 1
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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, 2002 through June 30, 2004
3. The maximum amount of this Agreement is: \$ 472,437.00
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 Title III E Budget Display number FC-0204-08, 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		
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, Contracts and Business Services Section		
ADDRESS 1 600 K Street, Sacramento, CA 95814		

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

Award #: FC 0204 -08
Date: 01-Jul-02
Amendment #: 1
Date: 30-Sep-02

Title III E Budget Display
Fiscal Year 2002/03

COUNTY OF SAN MATEO

FEDERAL FUNDS	BASELINE	One-Time Only	TOTAL	NET CHANGE
Title III E :				
Administration	29,195	2,197	\$31,392	\$0
Family Caregiver Support - Program	236,091	204,954	\$441,045	\$187,080
Total Title III E	265,286	207,151	\$472,437	\$187,080

Comments:

The maximum amount of Title III E expenditures allowable for Supplemental Services is: \$125,983
The maximum amount of Title III E expenditures allowable for Grandparents is: \$62,992

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

AGREEMENT NUMBER FF-0203-08	AMENDMENT NUMBER 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, 2002 through June 30, 2003
3. The maximum amount of this Agreement is: \$ 2,894,344.00
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 Title III/VII Budget Display number FF-0203-08, 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 <i>(If other than an individual, state whether a corporation, partnership, etc.)</i> County of San Mateo		Exempt per Mello-Granlund Older Californians Act
BY <i>(Authorized Signature)</i> —	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 225 West 37th Street, San Mateo, California 94403		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Aging		<input type="checkbox"/> Exempt per _____
BY <i>(Authorized Signature)</i> —	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Rachel de la Cruz, Manager, Contracts and Business Services Section		
ADDRESS 1600 K Street, Sacramento, CA 95814		

Title III/VII Budget Display
 Fiscal Year 2002-03

COUNTY OF SAN MATEO

Page 1 - Federal Funds		BASELINE	CUMULATIVE TRANSFERS	OTO	TOTAL	NET CHANGE
Title IIIB:	Administration	87,814	-	-	87,814	-
	LTC-Ombudsman-Program	25,782	-	-	25,782	-
	Other Supportive Services - Progr.	568,307	(38,418)	276,735	845,042	238,317
	Total Title IIIB	681,903	(38,418)	276,735	958,638	238,317
Title III C-1:	Administration	85,621	-	-	85,621	-
	Congregate Nutrition - Program	548,612	(110,753)	82,407	631,019	(28,346)
	Total Title III C-1	634,233	(110,753)	82,407	716,640	(28,346)
Title III C-2:	Administration	42,068	-	-	42,068	-
	Home Delivered Nutrition - Program	473,133	149,171	104,270	577,403	253,441
	Total Title III C-2	515,201	149,171	104,270	619,471	253,441
Title IIID	Preventive Health - Program	32,092	-	279	32,371	279
	Medication Management - Program	10,794	-	-	10,794	-
		42,886	-	279	43,165	279
	Total Title III	1,874,223	-	463,691	2,337,914	463,691
USDA:	Congregate Meals - C-1	132,840	-	13,364	146,204	13,364
	Home-Delivered Meals- C-2	96,786	-	13,032	109,818	13,032
	Total USDA	229,626	-	26,396	256,022	26,396
Title VII-(a)	Ombudsman - Program	32,289	-	479	32,768	479
Title VII-(b)	Elder Abuse Prevention - Program	11,270	-	3,292	14,562	3,292
	Total Title VII	43,559	-	3,771	47,330	3,771
	Total Federal Funds	2,147,408	-	493,858	2,641,266	493,858

Comments: The maximum amount of Title III/VII Baseline expenditures allowable for the first quarte 596,311

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

Award #:: FF-0203-08
 Date: 1-Jul-02
 Amendment #: 1
 Date: 30-Sep-02

Title III/VII Budget Display
 Fiscal Year 2002-03

COUNTY OF SAN MATEO

Page 2 - State Funds		BASELINE	CUMULATIVE TRANSFERS	OTO	TOTAL	NET CHANGE
Title IIIB:	Ombudsman - Program	92,289	-	-	92,289	-
	Other Supportive Services - Progr.	26,961	-	-	26,961	-
	Total Title IIIB	119,250	-	-	119,250	-
Title III C-1:	Administration	511	-	-	511	-
	Congregate Nutrition - Program	-	(60,083)	-	-	(60,083)
	Total Title III C-1	511	(60,083)	-	511	(60,083)
Title III C-2:	Administration	136	-	-	136	-
	Home Delivered Nutrition - Program	125,130	60,083	-	125,130	60,083
	Total Title III C-2	125,266	60,083	-	125,266	60,083
Title IIID	Preventive Health - Program	2,002	-	-	2,002	-
	Total Title III	247,029	-	-	247,029	-
Title VII-(a)	Ombudsman - Program	5,545	-	-	5,545	-
Title VII-(b)	Elder Abuse Prevention - Program	504	-	-	504	-
	Total Title VII	6,049	-	-	6,049	-
	Total State Funds	253,078	-	-	253,078	-
Grand Total, Federal & State Funds		2,400,486	-	493,858	2,894,344	493,858

Comments:

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

AGREEMENT NUMBER TV-0203-08	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, 2002 through June 30, 2003
- The maximum amount of this Agreement is: \$ 215,629.00
- 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 contract amount is reduced from \$216,215.00 to \$215,629.00.

The Budget, Exhibit B-1 is attached and incorporated by reference and supersedes all previous Budgets.

This reduction is due to a reduction in State funds for this program

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		
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, Contracts and Business Services Section		
ADDRESS 1600 K Street, Sacramento, CA 95814		

PART II - BUDGET (REVISED)

CATEGORIES	ADMINISTRATION		PROGRAM/EWFB			PROGRAM/OTHER		TOTAL		
	FEDERAL	NON-FED	FEDERAL	STATE	NON-FED	FEDERAL	NON-FED	FEDERAL	STATE	NON-FED
A. PERSONNEL	\$6,020	\$1,435	\$120,682	\$47,554				\$126,702	\$47,554	\$1,435
B. FRINGE BENEFITS	\$1,727		\$11,758					\$13,485		
C. TRAVEL	\$350					\$700		\$1,050		
D. EQUIPMENT										
E. SUPPLIES						\$320		\$320		
F. CONTRACTUAL										
G. OTHER	\$2,840					\$2,447		\$5,287		
H. ORIENTATION						\$4,102	\$2,705	\$4,102		\$2,705
I. ASSESSMENT						\$4,102	\$2,705	\$4,102		\$2,705
J. TRAINING						\$4,477	\$2,830	\$4,477		\$2,830
K. SUPPORT SERVICE										
L. JOB DEVELOPMENT						\$8,550	\$29,867	\$8,550		\$29,867
M. TRANSPORTATION										
N. INDIRECT COSTS										
O. TOTAL	\$10,937	\$1,435	\$132,440	\$47,554		\$24,698	\$38,107	\$168,075	\$47,554	\$39,542

PART III - BUDGET SUMMARY

	FEDERAL	STATE	NON-FEDERAL	TOTAL
TOTAL ADMINISTRATION	\$10,937		\$1,435	\$12,372
TOTAL ENROLLEE WAGES - FRINGE BENEFITS	\$132,440	\$47,554		\$179,994
TOTAL OTHER ENROLLEE COSTS	\$24,698		\$38,107	\$62,805
TOTAL PROJECT COSTS	\$168,075	\$47,554	\$39,542	\$255,171

PART IV - STATE APPROVAL

SCSEP PROGRAM ANALYST <i>Jenni Rasmussen</i>	DATE <i>2-5-03</i>	SCSEP PROGRAM COORDINATOR <i>William C. Perry</i>	DATE <i>2/5/03</i>
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CDA - REVISED BUDGET
Fiscal Year Ended June 30, 2003

COLUMN (1) Administration

PERSONNEL

Program Director
 \$42,000.00 x 11.5%

\$4,830.00

Controller
 \$75,000.00 x 3.5%

\$2,625.00

\$7,455.00

FEDERAL

STATE

NON FEDERAL

TOTAL

\$6,020.00

\$1,435.00

\$7,455.00

Fringe Benefits

FICA @ 7.65%

\$570.31

Worker's Comp.

\$72.36

Health Insurance

\$383.81

Unemployment

\$700.00

\$1,726.49

\$1,726.49

\$1,726.49

Travel

\$350.00

\$350.00

\$350.00

Other

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

\$150.00

\$2,840.05

\$2,840.05

\$2,840.05

SUBTOTAL ADMINISTRATION

\$10,936.54

\$0.00

\$1,435.00

\$12,371.54

COLUMN (2) Program/EWFB

Name	Rate	Hours	Days	Enrollees	FEDERAL	STATE	NON FEDERAL	TOTAL
					\$5.15	\$6.75		
Simon Chernovian	\$7.50	5	249	1	\$6,939.00	\$2,773.33		\$9,712.33
Rolando Laygo	\$10.00	5	249	1	\$6,411.75	\$6,811.85		\$13,223.60
Harriette Johnson	\$7.00	5	249	1	\$6,411.75	\$2,598.33		\$9,010.08
July 2002	\$6.75	4	21	22	\$9,517.20	\$3,335.61		\$12,852.81
August 2002	\$6.75	4	23	22	\$10,423.60	\$3,653.29		\$14,076.89
September 2002	\$6.75	4	19	22	\$8,610.80	\$3,017.94		\$11,628.74
October 2002	\$6.75	4	23	21	\$9,949.80	\$3,487.23		\$13,437.03
November 2002	\$6.75	4	19	20	\$7,828.00	\$2,743.58		\$10,571.58
December 2002	\$6.75	4	19	20	\$7,828.00	\$2,743.58		\$10,571.58
January 2003	\$6.75	4	10	19	\$3,914.00	\$1,371.79		\$5,285.79
January 2003	\$6.75	4	11	19	\$4,305.40	\$1,508.97		\$5,814.37
February 2003	\$6.75	4	19	19	\$7,436.60	\$2,606.40		\$10,043.00
March 2003	\$6.75	4	21	18	\$7,786.80	\$2,729.14		\$10,515.94
April 2003	\$6.75	4	22	18	\$8,157.60	\$2,859.10		\$11,016.70
May 2003	\$6.75	4	22	18	\$8,157.60	\$2,859.10		\$11,016.70
June 2003	\$6.75	4	20	17	\$7,004.00	\$2,454.78		\$9,458.78
					\$120,681.90	\$47,554.00	\$0.00	\$168,235.90
Fringe Benefits								
	FICA @ 7.65%				\$9,232.17			\$9,232.17
	Workers Compensation				\$1,576.16			\$1,576.16
	Medical				\$949.77			\$949.77
	Fringe Benefits				\$11,758.10	\$0.00	\$0.00	\$11,758.10
Subtotal Enrollee Wages and Fringe Benefits					\$132,440.00	\$47,554.00	\$0.00	\$179,994.00

COLUMN (3) Program/Other

		FEDERAL	STATE	NON FEDERAL	TOTAL
Travel					
Staff Travel	\$150.00				
Enrollee Travel	\$550.00				
	<u>\$700.00</u>	\$700.00			\$700.00
Supplies					
Office Supplies	\$319.76	\$319.76			\$319.76
Orientation ok					
Division Director	\$2,920.65	\$2,120.65		\$800.00	\$2,920.65
\$66,757.61 x 4.375%					
Fringe Benefits	\$447.42	\$447.42			\$447.42
Program Director	\$3,255.00	\$1,055.00		\$1,904.88	\$2,959.88
\$42,000.00 x 7.75%					
Fringe Benefits	\$478.82	\$478.82			\$478.82
	<u>\$7,101.89</u>	<u>\$4,101.89</u>	<u>\$0.00</u>	<u>\$2,704.88</u>	<u>\$6,806.77</u>
Assessment					
Division Director	\$2,920.65	\$2,120.65		\$800.00	\$2,920.65
\$66,757.61 x 4.375%					
Fringe Benefits	\$447.42	\$447.42			\$447.42
Program Director	\$3,255.00	\$1,055.00		\$1,904.88	\$2,959.88
\$42,000.00 x 7.75%					
Fringe Benefits	\$478.82	\$478.82			\$478.82
	<u>\$7,101.89</u>	<u>\$4,101.89</u>	<u>\$0.00</u>	<u>\$2,704.88</u>	<u>\$6,806.77</u>
Training					
Division Director	\$2,920.64	\$2,120.64		\$800.00	\$2,920.64
\$66,757.61 x 4.375%					
Fringe Benefits	\$447.42	\$447.42			\$447.42
Training for Enrollees	\$500.00	\$375.00		\$125.00	\$500.00
Program Director	\$3,255.00	\$1,055.00		\$1,904.88	\$2,959.88
\$42,000.00 x 7.75%					

Fringe Benefits	\$478.82	\$478.82		\$478.82
	<u>\$7,601.87</u>	<u>\$4,476.88</u>	<u>\$0.00</u>	<u>\$2,829.88</u>
Job Development				
Division Director \$66,757.61 x 4.375%	\$2,920.64	\$2,120.64	\$800.00	\$2,920.64
Job Developer \$21,135.00 x 37.00%	\$7,819.95	\$4,521.95	\$3,298.00	\$7,819.95
Program Director \$42,000.00 x 7.75%	\$3,255.00	\$1,055.00	\$1,904.88	\$2,959.88
Fringe Benefits	\$2,591.36	\$852.86	\$1,665.11	\$2,517.97
	<u>\$16,586.94</u>	<u>\$8,550.45</u>	<u>\$0.00</u>	<u>\$7,667.99</u>

COLUMN (3) Other Enrollee Costs

	FEDERAL	STATE	NON FEDERAL	TOTAL
Host Agencies (See Attached)			\$20,000.00	\$20,000.00
Other				
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
SUB TOTAL				
OTHER ENROLLEE COSTS	<u>\$24,697.72</u>	<u>\$0.00</u>	<u>\$38,107.63</u>	<u>\$62,805.35</u>
TOTAL BUDGET	<u>\$168,074.26</u>	<u>\$47,554.00</u>	<u>\$39,542.63</u>	<u>\$255,170.89</u>

**NON FEDERAL CONTRIBUTION SUPPORT
CDA**

Doelger Senior Center

2 Enrollees x 4hrs./month x \$18.00/hr. x 12 months = \$1,728.00

Millbrae Senior Center

1 Enrollee x 10hrs./month x \$26.00/hr. x 12 months = \$3,120.00

Bayshore Child Care - Mission Street

2 Enrollees x 15hrs./month x \$16.00/hr. x 11 months = \$5,280.00

Victim Center

2 Enrollee x 5hrs./month x \$18.75/hr. x 12 months = \$2,250.00

Bayshore Child Care - Parkview

1 Enrollee x 16hrs./month x \$16.00/hr. x 12 months = \$3,072.00

VRS

1 Enrollee x 16hrs./month x \$24.00/hr. x 12 months = \$4,608.00

Sub Total	=	<u>\$20,058.00</u>
Adjustment	=	<u>(\$58.00)</u>
Total	=	<u><u>\$20,000.00</u></u>

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

AGREEMENT NUMBER CB-0203-08	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, 2002 through June 30, 2003
- The maximum amount of this Agreement is: \$ 606,461.00
- 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:

Funds under this Agreement are increased from \$575,631.00 to \$606,461.00.

This increase will provide additional services.

The Budget, Exhibit B is attached and incorporated by reference and supersedes all previous Budgets.

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 <i>(If other than an individual, state whether a corporation, partnership, etc.)</i> County of San Mateo		Exempt per Mello-Granlund Older Californians Act
BY <i>(Authorized Signature)</i> —	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
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 <i>(Authorized Signature)</i> —	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Rachel de la Cruz, Manager, Contracts and Business Services Section		
ADDRESS 1600 K Street, Sacramento, CA 95814		

BUDGET SUMMARY

BUDGET PERIOD: 7/1/02 - 6/30/03		<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.: 1				CONTRACT NO.: CB-0203-08		DATE: 12/4/02		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	32,458			32,458				8,659	41,117	
Operating Expenses				0					0	
Indirect Admin				0					0	
TOTAL ADMINISTRATION	32,458	0	0	32,458	0	0	0	8,659	41,117	
LOCAL ASSISTANCE										
ADCRC			75,884	75,884	17,906	15,500			109,290	
Brown Bag			23,424	23,424	232,178	20,833			276,435	
Foster Grandparent			38,540	38,540					38,540	
Linkages		232,317		232,317				77,689	310,006	
Respite Purchase of Services		17,000		17,000					17,000	
Respite Registry				0					0	
Senior Companion			56,027	56,027					56,027	
HICAP Reimbursements			65,180	65,180					65,180	
HICAP Fund			32,547	32,547					32,547	
HICAP Federal (SHIP) Funds			33,084	33,084					33,084	
TOTAL LOCAL ASSISTANCE		249,317	324,686	574,003	250,084	36,333	0	77,689	938,109	
TOTAL BUDGET / TOTAL REVENUES	32,458	249,317	324,686	606,461	250,084	36,333	0	86,348	979,226	

FOR STATE USE ONLY

Community-Based Services Team Approval

Date

Team Coach Verification

Date

Dennis Rasmussen

1-22-03

Edward Q. Long

1/23/03

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

[] Yes Amount Budgeted:\$ _____

AAA ADMINISTRATION BUDGET NARRATIVE

BUDGET PERIOD: 7/1/02 - 6/30/03	[] ORIGINAL [X] AMENDMENT NO.:	CONTRACT NO.: CB-0203-08	DATE: 12/4/02	PSA NO.: 08
PERSONNEL COSTS				
Position Classification:	Annual Wage Rate	x % of Time Devoted	Total Budget	
Health Services Manager	79,997	15%	12,000	
Community Program Specialist	61,693	25%	15,423	
Community Program Specialist	65,229	5%	3,261	
TOTAL SALARIES & WAGES			30,684	
STAFF BENEFITS			10,433	
TOTAL PERSONNEL COSTS			41,117	
OPERATING EXPENSES				
	Square Feet	Rate per Square Ft	Total	
Rent				
Equipment (List):				
	Number	Unit Price	Total	
Travel				
Other Operating Expenses (List):				
			Total	
TOTAL OPERATING EXPENSES			0	
INDIRECT ADMIN				
TOTAL ADMINISTRATION BUDGET			41,117	

DIRECT SERVICES BUDGET NARRATIVE

Program Name: **Linkages (1 of 2)**

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

BUDGET PERIOD: 7/1/02 - 6/30/03	[] ORIGINAL [X] AMENDMENT NO.:	CONTRACT NO.: CB-0203-08	DATE: 12/4/02	PSA NO.: 08
PERSONNEL COSTS				
Position Classification:	Annual Wage Rate	x % of Time Devoted	Total Budget	
Health Services Manager	79,997	7%	5,600	
Social Work Supervisor	73,965	25%	18,491	
Public Health Nurse	77,189	100%	77,189	
Social Worker III	62,837	100%	62,837	
Senior Accountant	70,158	10%	7,016	
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	
Liability Insurance			961	
Program Activity Exp			7,749	
Office Supplies			3,950	
Motor Vehicle Mileage/Training			4,405	
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: 7/1/02 - 6/30/03	<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.: 1	CONTRACT NO.: CB-0203-08	DATE: 12/4/02	PSA NO.: 08
PERSONNEL COSTS			x % of Time Devoted	Total Budget
Position Classification:	Annual Wage Rate			
Fiscal Office Assistant II	34,299		10%	3,430
Office Assistant II	36,858		10%	3,686
TOTAL SALARIES & WAGES				178,249
STAFF BENEFITS				60,605
TOTAL PERSONNEL COSTS				238,854
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				8,482
Telephone/Automation Services				5,605
TOTAL OPERATING EXPENSES				71,152
INDIRECT COSTS				
TOTAL DIRECT SERVICES BUDGET				310,006

DIRECT SERVICES BUDGET NARRATIVE

Program Name: Respite Purchase of Service

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

BUDGET PERIOD: 7/1/02 - 6/30/03	<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.:	CONTRACT NO.: CB-0203-08	DATE: 12/4/02	PSA NO.: 08
PERSONNEL COSTS			x	
Position Classification:	Annual Wage Rate	% 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: 7/1/02 - 6/30/03	[] ORIGINAL [X] AMENDMENT NO.: 1	CONTRACT NO.: CB-0203-08	DATE: 12/4/02	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	75,884			17,906	15,500			109,290
Name: Mills Peninsula Senior Focus								
Address: 1720 El Camino Real Burlingame, CA 94010								
Telephone: (650) 696-5274								
Contact Person: Forest Malakoff								
Program: Foster Grandparent	38,540							38,540
Name: Mills Peninsula Senior Focus								
Address: 1720 El Camino Real Burlingame, CA 94010								
Telephone: (650) 696-4175								
Contact Person: Maureen Dunn								
Program: Senior Companion	56,027							56,027
Name: Mills Peninsula Senior Focus								
Address: 1720 El Camino Real Burlingame, CA 94010								
Telephone: (650) 696-4175								
Contact Person: Maureen Dunn								
Program: HICAP	97,727		33,084					130,811
Name: Self Help for the Elderly								
Address: 407 Sansome St. San Francisco, CA 94111								
Telephone: (415) 348-6927								
Contact Person: Diana Gray								
Program: Brown Bag	23,424			232,178	20,833			276,435
Name: Second Harvest Food Bank								
Address: 750 Curtner Ave. San Jose, CA 95125								
Telephone: (408) 266-8866								
Contact Person: Susan Takalo								

Use additional pages if needed.

* If required

PERFORMANCE ESTIMATES

BUDGET PERIOD: 7/1/02 - 6/30/03 ORIGINAL AMENDMENT NO.: 1 **CONTRACT NO.:** CB-0203-08 **DATE:** 12/4/02 **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:	720	Average Number of Clients Served per Month:	100
a. Participants with Moderate Cognitive Impairment:	37	Average Ratio of Clients to Staff, per site (average 50:1):	50:1
b. Participants with Severe Cognitive Impairment:	12	Foster Grandparent Program	Estimate
c. Participants with Mild Cognitive Impairment:	29	Total Number of Volunteer Service Years (VSY):	10
[a + b + c = d] d. Total Unduplicated Participants:	78	Number of Volunteer Hours:	10,440
Maximum Program Capacity (Participants):	30	Number of Senior Volunteers:	13
		Number of Children Served:	30
Number of Caregiver Support Sessions:	50	Senior Companion Program	Estimate
Number of In-service Training Sessions:	12	Total Number of Volunteer Service Years (VSY):	14
Number of On-site Training Sessions:	12	Number of Volunteer Hours:	14,616
		Number of Senior Volunteers:	17
		Number of Seniors Served:	42
Brown Bag Program	Estimate		
Number of Persons Served (Unduplicated):	2,000		
Number of pounds of food distributed:	731,000	H I C A P	Estimate
Number of bags of food distributed:	68,500	Number of Community Presentations:	62
Number of Volunteers:	300	Number of Attendees at Presentations:	2,500
Number of Volunteer Hours:	12,300	Number of Persons Counseled:	1,500
Respite Program	Estimate	Average Number of Registered Counselors for the year:	34
Respite POS (Required Linkages Funding) Number of Families Served (Unduplicated):	37	Average Number of Registered Long-Term Counselors:	15
Number of Respite Hours Provided:	944	Average Number of Community Educators:	10
Respite Registry Number of Clients Contacts:		Average Number of Active Registered Counselors per Month:	30
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:	
Number of Respite Hours Provided:		(If providing) Number of Hours:	