	· *375		
		AGREEMENT NUMBER	AMENDMENT NUMBER
		CB-0203-08	22
1.	This Agreement is entered into between the State Agency and t	he Contractor named belov	W
	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 \$ 585,093.00		
	of this Agreement is:		
4.	The parties mutually agree to this amendment as follows. All a	ctions noted below are by	this reference made a part
	of the Agreement and incorporated herein:		•
	Funds under this Agreement are degreesed from \$606.461.00	to \$585 003 00	, <i>i</i>

This decrease will provide reduce 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 (If other than an individual, state whether a co	rporation, partnership, etc.)	
County of San Mateo		Exempt per Mello-Granlund
BY (Authorized Signature)	DATE SIGNED (Do not type)	
6	-	Older Californians Act
PRINTED NAME AND TITLE OF PERSON SIGNING		
Rose Jacobs Gibson, President, Board of Supervisors		
ADDRESS 225 West 37 th Street, San Mateo, California 94403		
STATE OF CALIFORNI	A	
AGENCY NAME		·
California Department of Aging		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
<u> </u>		
PRINTED NAME AND TITLE OF PERSON SIGNING		
Rachel de la Cruz, Manager. Contracts and Business Servic	es Section	
ADDRESS .		
1600 K Street, Sacramento, CA 95814		Exempt per



BUDGET SUMMARY

рапи	mont	ot A	gın
	E 2		
4199	37		
1	1		
77	XHII	ЗIТ	В
	North Co.		_

BUDGET PERIOD: 7/1/02 - 6/30/03		[] ORIGINAL [X	I AMENDMEN	ΓNO.: 2	CONTRACT NO	.: CB-0203-08	DATE: 4/9/03		PSA-N@:: 08
<u> </u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	STATE A	ND FEDERAL	(SHIP) FUND	S ONLY		OTHER F	UNDING		Total
совт	AAA	Direct	Contracted	Total .	Match.	Match	Program	Other	All Funds
CATEGORY	Admin	Service	Service	Columns 1-3	Cash	In-Kind	Income	Funding	Column 4-8
AAA ADMINISTRATION		· ·							
Personnel	30,635	* · · · · · · · · · · · · · · · · · · ·	,	30,635				10,482	, 41,117
Operating Expenses			*	0	! <u> </u>	<u>.</u>			<u></u> 0
Indirect Admin				0					0
TOTAL ADMINISTRATION	30,635	0	, 0	30,635	0	0	O	10,482	41,117
LOCAL ASSISTANCE				· .					
ADCRC		,	75,884	75,884	27,720	15,500			119,104
Brown Bag			23,424	23,424	232,178	20,833			276,435
Foster Grandparent			30,585	30,585	<u></u>				30,585
Linkages		232,317		232,317			····	77,689	310,006
Respite Purchase of Services		17,000		17,000					17,000
Respite Registry				. 0	<u></u>				0
Senior Companion			44,437	44,437					44,437
HICAP Reimbursements	10 10 10 10 10 10 10 10 10 10 10 10 10 1		65,180	65,180	}{				65,180
HICAP Fund			32,547	32,547					32,547
HICAP Federal (SHIP) Funds			33,084	33,084		ı			33,084
TOTAL LOCAL ASSISTANCE	:	249,317	305,141	554,458	259,898	36,333	0	77,689	928,378
TOTAL BUDGET /		· *	, (1 .				,		
TOTAL REVENUES	30,635	249,317	305,141	585,093	259,898	36,333	ય 0	88,171	969,495
	·		FOR	STATE USE ONL					
Community-Based Services Team Approv	aì			Date	Team Coach Verilli	cátion	1/ h (Date

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.: 2	CONTRACT NO.: CB-0203-08	DATE: 4/9/03	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
		-	
		<u> </u>	
		<u> </u>	<u> </u>
TOTAL SALAR	IES & WAGES		30,684,
STAFF BENEFI	TS		10,433
TOTAL PERSO	NNEL COSTS		41,117
OPERATING EXPENSES	Square	Rate per	
	Feet	Square Ft	Total
Rent	ALL AND STREET STREET STREET		
Equipment (List):	Number	Unit Price	Total
		<u> </u>	
		-	
· · · · · · · · · · · · · · · · · · ·	 		
· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u></u>
		CONTRACTOR SALES	BALLET COME STEEL BEAUTY OF THE BATTER AND THE COME AND THE STEEL AND TH
Travel	200		
Other Operating Expenses (List):	<u> </u>		Total
		<u> </u>	
4.*		,	_
			
TOTAL OPERA	TING EXPENSES		0
INDIRECT ADM	IIN	in the second se	
	ISTRATION BUDGET.		
ALO ME ADMINI			41,117

DIRECT SERVICES BUDGET NARRATIVE

Program Name: Linkages (1 of 2)
Separate Burlingt Narrative for Each Direct Service Program)

·	(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: 4/9/03	PSA NO.: 08
PERSONNEL COSTS Position Classification:		Annual Wage Rate	× % of Time Devoted	Total Budget
Health Services Manager		79,997	7%	5,600
Social Work Supervisor		73,965	25%	18,491
Public Health Nurse		77,169	100%	77,189
Social Worker III		62,837	100%	62,837
Senior Accountant		70,158	10%	7,016
	TOTAL SALARI	IES & WAGES		· · · · · · · · · · · · · · · · · · ·
	STAFF BENEFI	TS		
	TOTAL PERSO	NNEL COSTS	ļ	
OPERATING EXPENSES		Square Feet	Rate per Square Ft	Total
Rent Equipment (List):		Number	Unit Price	Total
Travel Linkages:Purchase of Service		1/4		
Respite Purchase of Service				The second secon
Other Operating Expenses (List):	<u> </u>			Total
Liability Insurance			1 1	961
Program Activity Exp				7,749
Office Supplies				3,950
Motor Vehicle Mileage/Training	the state of the s			4,405
	INDIRECT COS	TING EXPENSES ITS I SERVICES BUDGET		

CDA 263 (Rov 3/00) Page 3

DIRECT SERVICES BUDGET NARRATIVE

	Program Name: Link	(ages (2 of 2)	•	
(Prepa	re a Separate Budget Narrative for	Each Direct Service Program)		
BUDGET PERIOD: 7/1/02 - 6/30/03	DRIGINAL [X] AMENDMENT NO.:	2 CONTRACT NO.: CB-0203-0	8 DATE: 4/9/03	PSA NO.: 08 🏋
PERSONNEL COSTS			х	₩ Ţ
	** 1	Annual	% of Time	Total
Position Classification:	<u> </u>	Wage Rate	Devoted	Budget
Fiscal Office Assistant II		34,299	10%	3,43
Office Assistant II		36,858	10%	3,68
				<u> </u>
	<u> </u>		<u> </u>	<u> </u>
		<u></u>	<u></u>	* #8
	TOTAL SALAF	RIES & WAGES		178,24
	STAFF BENEF	irs -		
	TOTAL PERSO	ONNEL COSTS		238,85
OPERATING EXPENSES		Square	Rate per	
SPERATING EXI ENGLO		Feet	Square Ft	Total
Rent				
Equipment (List):		Number	Unit Price	Total
				-{
	<u></u>			·
				
				The second of th
Travel				
Linkages Purchase of Service		5***	Y CON A DELICE TO SUBMIT	40.0
unkages Funchase of October				AND HER THE RESERVE
Pernite Purchase of Service				
Nespite Full Control of Control o	FILE CONTRACTOR STREET, NOT THE			
Other Operating Expenses (List):				Total
In-House Admin & Acctg Data Processing			· · · · · · · · · · · · · · · · · · ·	8,4
Telephone/Automation Services		<u> </u>		5,6
				<u> </u>
				<u> </u>
en e	TOTAL OPER	ATING EXPENSES		. 71,19
	INDIRECT CO	STS	٠,	
	TOTAL DIDEC	T SERVICES BUDGET	7 8	210.00
	I O I AL DIREC	A SERVICES BODGE!		310,00

DIRECT SERVICES BUDGET NARRATIVE

Program Name: Respite Purchase of Service

			or Each Direct Service Program		in the state of
BUDGET PERIOD: 7/1/02 - 6/30/03	[] ORIGIN	AL [X] AMENDMENT NO	.: 2CONTRACT NO.: CB-0203-	08 DATE: 4/9/03	PSA NO.: 08
PERSONNEL COSTS	en en la servició de la servició de La servició de la se		Annual	x % of Time	Total
Position Classification:		-,	Wage Rate	Devoted	Budget
			- 		\$70.2 ·
	<u> </u>		9		<u> </u>
			- 		1
		`			
		TOTAL SALA	RIES & WAGES		Ų.
		STAFF BENE	FITS		
		TOTAL PERS	ONNEL COSTS	•	
OPERATING EXPENSES			Square	Rate per	
		<u>_</u>	Feet	Square Ft	Total
Rent					
Partition that the control of the control	Sakul Banda La	k h	harden and the state of the sta	الله أن الله المساور والمساور	and the State of t
Equipment (List):			Number	Unit Price	Total
		· <u>, </u>			
				- 	
		appasan si jamban ilay ngan pamera ili dike nyani ili gisi jabih kasa			
British and the second	سيخشين الرمعينين فيشعري بأعمر إيست	they are the same of the property of the same of the s	and the second s	ليقدون فالمقارمين وداوه فريار الأستدارة ففوا فكسار طليك المعارفة	advanced to the contract of the second of th
ravel	e game a la l	A MAR AND THE	The state of the s	The second secon	
inkages Purchase of Service			The second secon	<u>د يعالى المار عليما () د المالية الماليكية () يعطال 1844 من المالية () المالية () المالية () المالية ()</u>	Alfano and a second as a
The state of the s		ر برود پر دو برود و درود و درود و درود درود و د در درود و	and of the second s The second se	agramatica de la companya de la comp Anno establica de la companya de la	att off the granted and agencing which are stronger grant a
Respite Purchase of Service	and the second s	tanda da la caracteria de la caracteria de La caracteria de la caracteria del la caracteria de la caracteria	graphe annual for magnifus, was to the computations of the computations of the computation of the computations of the computation of the computations of the computations of the computations of the computati		17,00
Alber Operation (Funences / Link)	سطيبيطه شاهيف مصافحها بمعيد ماميد والمحطلين يبدف	به ميكريد من مناهد كمستحد والمنافع معافقه بمساحة	<u> من </u>	العيامين لعالما أأران والمعالية والمستحدث والمستحدد	And an analysis and the state of the state o
Other Operating Expenses (List):					Total
					
					<u> </u>
		<u> </u>			
	•	TOTAL OPER	RATING EXPENSES	:	17,00
•		INDIRECT CO	STS		
		, •	$G_{i} + f_{i}$		
	<u> </u>	IOIAL DIREC	CT SERVICES BUDGET		17,00

CONTRACTED SERVICES SCHEDULE

	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			1 di
BUDGET PERIOD: 7/1/02 - 6/30/03	[] ORIGINAL	[X] AMENDM	IENT NO : 2	CONTRACT	NO.: CB-020:	3-08	DATE: 4/9/0	3	PSÅ NO.: 08
(a)		(b) State	(c) Linkages	(d) Federal	(e) Match	(f) Match	(g) Program	(h) Other	(i) TOTAL CONTRACTED
Contractors		Funds	POS	(SHIP)	Cash*	In-Kind*	Income	Funding	SERVICES
Program: ADCRC		75,884	<u> </u>		27,720	15,500			119,104
Name: Mills Peninsula Senior Focus	·				,			· · · · · · · · · · · · · · · · · · ·	Ą
Address: 1720 El Camino Real Burlinga	me, CA 94010			•	•				- %:
Telephone: (650) 696-5274		<u>.</u>	i.	· 70					26
Contact Person: Forest Malakoff		<u> </u>							•
Program: Foster Grandparent		30,585							30,585
Name: Mills Peninsula Senior Focus							-		· · · · · · · · · · · · · · · · · · ·
Address: 1720 El Camino Real Burlinga	me, CA 94010]							
Telephone: (650) 696-4175]	:				•,		
Contact Person: Maureen Dunn									
Program: Senior Companion		44,437							44,437
Name: Mills Peninsula Senior Focus		<u> </u>							
Address: 1720 El Camino Real Burlinga	me, CA 94010	<u>}</u>	•	•					•
Telephone: (650) 696-4175									
Contact Person: Maureen Dunn					<u>-</u>				
Program: HICAP		97,727		33,084				1	130,811
Name: Self Help for the Elderly									
Address: 407 Sansome St. San Francisc	o, CA 94111								
Telephone: (415) 348-6927	<u> </u>	;	•						
Contact Person: Diana Gray	: :			· · · · · · · · · · · · · · · · · · ·					
Program: Brown Bag		23,424			232,178	20,833			276,435
Name: Second Harvest Food Bank				•			1,		<u> </u>
Address: 750 Curtner Ave. San Jose, CA	95125								
Telephone: (408) 266-8866	N. C.]				9	·		
Contact Person: Susan Takalo]		, pa		,			
0		_							

Use additional pages if needed.
* If required

PERFORMANCE ESTIMATES

			, - 		
BUDGET PERIOD: 7/1/02-6/30/03	IL TOBICINALIY	AMENDMENT NO: 2	CONTRACT NO: CB 02-03-08	DATE: 4/9/03	IPSÄ NO :: 08
BUDGET PERIOD: 7/1/02-6/30/03	[[] ORIGINAL [X	AMENDIVIENT NO. 2	10011117AC1 140. OD 02-00-00	DATE. 310100	11 O/MINO: 00
Instructions: For each program fill in th	e estimated number	of service units anticipated fo	r the fiscal vear.		7. 256

ADCRC		Estimate	Linkages	Estimate
•	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. Participar	its with Moderate Cognitive Impairment:	. 37	Average Ratio of Clients to Staff, per site (average 50:1):	50 : [1]
b . Particip	eants with Severe Cognitive Impairment:	12	Foster Grandparent Program	Estimate
c . Part	icipants with Mild Cognitive Impairment:	29	i r	8 الم
[a+b+c=d]	d. Total Unduplicated Participants:	78	Number of Volunteer Hours:	8,352
Max	ximum Program Capacity (Participants):	30	Number of Senior Volunteers:	::11
	<u> </u>	-	Number of Children Served:	55
	Number of Caregiver Support Sessions:	50	Senior Companion Program	Estimate
1	Number of In-service Training Sessions:	12		11
	Number of On-site Training Sessions:	12	Number of Volunteer Hours:	11,484
Brown Bag Program			Number of Senior Volunteers:	11
Nur	nber of Persons Served (Unduplicated):[2,000	Number of Seniors Served:	55
	Number of pounds of food distributed:	731,000	HICAP	Estimate
	Number of bags of food distributed:	68,500	Number of Community Presentations:	62
	Number of Volunteers:	300		2,500
<u> </u>	Number of Volunteer Hours:	12,300	Number of Persons Counseled:	1,500
Respite Program	· <u>·</u>	Estimate	Average Number of Registered Counselors for the year:	34
Respite POS (Required	Number of Families Served (Unduplicated):	37	1	15
Linkages Funding)	Number of Respite Hours Provided:	944	4 -	10
Respite Registry	Number of Clients Contacts:		Average Number of Active Registered Counselors per Month:	30
	Number of Successful Matches:		HICAP Legal Representation Services	Estimate
Respite POS	Number of Families Served (Unduplicated):		(If providing) Number of Clients:	
•			(If providing) Number of Hours:	

				AGREEMENT NUMBER	AMENDMENT NUMBER
	·			FC-0204-08	2
1.		l in	to between the State Agency and th	ne Contractor named below	N .
	STATE AGENCY'S NAME California Department of A	ging		·	
	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:	S	782,185.00		
4.	The parties mutually agre	e to	this amendment as follows. All ac	ctions 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 2 is hereby attached and incorporated by

Article II Section K of the original contract is deleted.

reference and replaces all previous Budget Displays.

Article II Section K, as reflected in Attachment 1, is added.

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 corp			
County of San Mateo		Exempt per Mello-Granlund	
BY (Authorized Signature)	DATE SIGNED (Do not type)		
		Older Californians Act	
PRINTED NAME AND TITLE OF PERSON SIGNING			
Rose Jacobs Gibson, President, Board of Supervisors			
ADDRESS 225 West 37th Street, San Mateo, California 94403			
STATE OF CALIFORNIA			
AGENCY NAME			
California Department of Aging			
BY (Authorized Signature)	DATE SIGNED (Do not type)		
<u> </u>			
PRINTED NAME AND TITLE OF PERSON SIGNING			
Rachel de la Cruz, Manager, Contracts and Business Services Section			
ADDRESS			
1600 K Street, Sacramento, CA 95814		Exempt per	



K. <u>Debarment, Suspension, and Other Responsibility</u>:

- 1. The Contractor certifies to the best of its knowledge and belief, that it and its subcontractors:
 - a. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - b. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction or contract under a public transaction; violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application had one or more public transactions (federal, State, or local) terminated for cause or default.
 - e. Contractor shall report immediately to the Department in writing any incidents of alleged fraud and/or abuse by either Contractor or Contractor's subcontractor. Contractor shall maintain any records, documents, or other evidence of fraud and abuse until otherwise notified by the Department.
- 2. The Contractor agrees to timely execute any and all amendments to this Agreement or other required documentation relating to their subcontractors debarment/suspension status.

State of California

California Department of Aging

Award #

FC 0204-08

Date:

Date:

01-Jul-02

1-Apr-03

Amendment:

2

Title IIIE Budget Display County of San Mateo

2002-2003	
-----------	--

Family Caregiver Support	BASELINE	ONE-TIME ONLY	<u>TOTAL</u>	NET CHANGE
Administration Program	29,195 <u>236,091</u>	2,197 <u>204,954</u>	31,392 <u>441.045</u>	
Total Title IIIE	265,286	207,151	472,437	

Comments:

The maximum amount of Title IIIE expenditures

allowable for supplemental services is:

125,983

The maximum amount of Title IIIE expenditures

allowable for Grandparents is:

62,992

2003-2004

Family Caregiver Support	BASELINE	ONE-TIME ONLY	TOTAL	NET CHANGE
Administration Program	31,991 2 <u>58,702</u>	2,097 16,958	34,088 <u>275,660</u>	\$34,088 <u>\$275,660</u>
Total Title IIIE	290,693	19,055	309,748	\$309,748

Comments:

The maximum amount of Title IIIE expenditures

allowable for supplemental services is:

82,599

The maximum amount of Title IIIE expenditures

allowable for Grandparents is:

41,300

Total Title IIIE Contract

782,185