

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

AGREEMENT NUMBER CB-0203-08	AMENDMENT NUMBER 2
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- 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: \$ 585,093.00
- 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 decreased from \$606,461.00 to \$585,093.00.

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 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 Rose Jacobs Gibson, President, Board of Supervisors		
ADDRESS 225 West 37 th Street, San Mateo, California 94403		
STATE OF CALIFORNIA		<input type="checkbox"/> Exempt per _____
AGENCY NAME California Department of Aging		
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		

BUDGET SUMMARY

EXHIBIT B

BUDGET PERIOD: 7/1/02 - 6/30/03		<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT NO.: 2			CONTRACT NO.: CB-0203-08		DATE: 4/9/03		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	30,635			30,635				10,482	41,117
Operating Expenses				0					0
Indirect Admin				0					0
TOTAL ADMINISTRATION	30,635	0	0	30,635	0	0	0	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					30,585
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			44,437	44,437					44,437
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	305,141	554,458	259,898	36,333	0	77,689	928,378
TOTAL BUDGET / TOTAL REVENUES	30,635	249,317	305,141	585,093	259,898	36,333	0	88,171	969,495

FOR STATE USE ONLY

Community-Based Services Team Approval <i>Maureen Walsh</i>	Date 5/2/03	Team Coach Verification <i>[Signature]</i>	Date 5/29/03
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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: 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	
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: 4/9/03	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: Respite Purchase of Service

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

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	
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.: 2	CONTRACT NO.: CB-0203-08	DATE: 4/9/03	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			27,720	15,500			119,104
Name: Mills Peninsula Senior Focus								
Address: 1720 El Camino Real Burlingame, CA 94010								
Telephone: (650) 696-5274								
Contact Person: Forest Malakoff								
Program: Foster Grandparent	30,585							30,585
Name: Mills Peninsula Senior Focus								
Address: 1720 El Camino Real Burlingame, CA 94010								
Telephone: (650) 696-4175								
Contact Person: Maureen Dunn								
Program: Senior Companion	44,437							44,437
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: 2 CONTRACT NO: CB 02-03-08 DATE: 4/9/03 PSA NO: 08

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

	Estimate		Estimate
ADCRC		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):	8
[a + b + c = d] d. Total Unduplicated Participants:	78	Number of Volunteer Hours:	8,352
Maximum Program Capacity (Participants):	30	Number of Senior Volunteers:	11
		Number of Children Served:	55
Number of Caregiver Support Sessions:	50	Senior Companion Program	Estimate
Number of In-service Training Sessions:	12	Total Number of Volunteer Service Years (VSY):	11
Number of On-site Training Sessions:	12	Number of Volunteer Hours:	11,484
Brown Bag Program		Number of Senior Volunteers:	11
Number 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	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)		Average Number of Registered Long-Term Counselors:	15
Number of Families Served (Unduplicated):	37	Average Number of Community Educators:	10
Number of Respite Hours Provided:	944	Average Number of Active Registered Counselors per Month:	30
Respite Registry		HICAP Legal Representation Services	Estimate
Number of Clients Contacts:		(If providing) Number of Clients:	
Number of Successful Matches:		(If providing) Number of Hours:	
Respite POS (Non-Linkages Funding)			
Number of Families Served (Unduplicated):			
Number of Respite Hours Provided:			

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

AGREEMENT NUMBER	AMENDMENT NUMBER
FC-0204-08	2

- 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, 2004
- The maximum amount of this Agreement is: \$ 782,185.00
- 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 Title III E Budget Display number FC-0204-08, amendment 2 is hereby attached and incorporated by reference and replaces all previous Budget Displays.

Article II Section K of the original contract is deleted.

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 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 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		<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		

ARTICLE II

K. Debarment, Suspension, and Other Responsibility :

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: 01-Jul-02
Amendment: 2
Date: 1-Apr-03

**Title III E Budget Display
County of San Mateo**

2002-2003

<u>Family Caregiver Support</u>	<u>BASELINE</u>	<u>ONE-TIME ONLY</u>	<u>TOTAL</u>	<u>NET CHANGE</u>
Administration	29,195	2,197	31,392	
Program	<u>236,091</u>	<u>204,954</u>	441,045	
Total Title III E	265,286	207,151	472,437	

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

2003-2004

<u>Family Caregiver Support</u>	<u>BASELINE</u>	<u>ONE-TIME ONLY</u>	<u>TOTAL</u>	<u>NET CHANGE</u>
Administration	31,991	2,097	34,088	\$34,088
Program	<u>258,702</u>	<u>16,958</u>	275,660	<u>\$275,660</u>
Total Title III E	290,693	19,055	309,748	\$309,748

Comments:

The maximum amount of Title III E expenditures allowable for supplemental services is: 82,599

The maximum amount of Title III E expenditures allowable for Grandparents is: 41,300

Total Title III E Contract

782,185