| AGREEMENT NUMBER | AMENDMENT NUMBER |
| :---: | :---: |
| TV-0304-08 | 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, 2003 through June 30, 2004
3. The maximum amount $\$ 164,086.00$ of this Agreement is: One hundred sixty-four thousand, eighty-six dollars
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 contract amount is reduced from $\$ 215,629.00$ to $\$ 164,086.00$.
The Budget, Exhibit B-1 is attached and incorporated by reference and supersedes all previous Budgets.
Funds have been reduced due to a re-allocation of statewide funding.
The number of client slots has been changed to 19 .

All other terms and conditions shall remain the same.
IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

| CONTRACTOR |  | CALIFORNIA <br> Department of General Services <br> Use Only |
| :---: | :---: | :---: |
| CONTRACTOR'S NAME (Ifother than an individual, state whether a corporation, partnership, etc.) |  |  |
| 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 |  |  |
| Merk Church, President, San Maten County Board of Supervisors |  |  |
| ADDRESS |  |  |
| 225 West $37^{\text {th }}$ Street, San Mateo, California 94403 |  |  |
| STATE OF CALIFORNIA |  |  |
| AGENCY NAME |  |  |
| California Department of Aging |  |  |
| BY (Authorized Signature) | DATE SIGNED (Do not type) |  |
| $\cdots$ |  |  |
| PRINTED NAME AND TITLE OF PERSON SIGNING |  |  |
| Rachel de la Cruz, Manager, Contracts and Business Services Section |  |  |
| ADDRESS |  |  |
| 1600 K Street, Sacramento, CA 95814 |  | $\square$ Exempt per |

PART II - BUDGET


PART III - BUDGET SUMMARY

| $4{ }^{4}+6$ | FEDERAL | STATE |  |  |
| :---: | :---: | :---: | :---: | :---: |
| TOTAL ADMINISTRATION | \$10,227 |  | \$1,538 | \$11,765 |
| TOTAL ENROLLEE WAGES - FRINGE BENEFITS | \$100,995 | \$36,245 |  | \$137,240 |
| TOTAL OTHER ENROLLEE COSTS | \$16,619 |  | \$26,911 | \$43,530 |
| TOTAL PROJECT COSTS | \$127,841 | \$36,245 | \$28,449 | \$192,535 |

## PART IV - STATE APPROVAL



## COLUNN (1) Administration

## PERSONNEL

| Division Director |  |
| :--- | ---: |
| $\$ 73,635 \times 7 \%$ | $\$ 5,154.45$ |
| Controller |  |
| $\$ 75,000.00 \times 3.5 \%$ | $\$ 2,625.00$ |
|  | $\$ 7,779.45$ |

## Fringe Benefits

| FICA @ $7.65 \%$ | $\$ 595.13$ |
| :--- | ---: |
| Worker's Comp. | $\$ 184.00$ |
| Health Insurance | $\$ 342.68$ |
| Unemployment | $\$ 49.01$ |


|  | \$1,170.82 | \$1,170.82 |  |  | \$1,170.82 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Travel | \$100.00 | \$100.00 |  |  | \$100.00 |
| Other |  |  |  |  |  |
| Audit | \$200.00 |  |  |  |  |
| ADP Payroll | \$900.00 |  |  |  |  |
| Supplies | \$125.00 |  |  |  |  |
| Copier Maintenance | \$100.00 |  |  |  |  |
| Copier Supplies | \$100.00 |  |  |  |  |
| Telephone | \$300.00 |  |  |  |  |
| Postage | \$100.00 |  |  |  |  |
| Rent | \$589.73 |  |  |  |  |
| Liability Insurance | \$300.00 |  |  |  |  |
|  | \$2,714.73 | \$2,714.73 |  |  | \$2,714.73 |
| SUBTOTAL ADMINISTRATION | \$11,765.00 | \$10,227.00 | \$0.00 | \$1,538.00 | \$11,765.00 |

## COLUMN (2) Program/EWFB

| Name | Rate Hours |  | Days | Enrollees | FEDERAL | STATE | NON FEDERAL | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| Simon Chemovian | \$7.50 | 4 |  | 252 | 1 | \$5,314.00 | \$2,246.00 |  | \$7,560.00 |
| Harriette Johnson | \$7.50 | 4 | 252 | 1 | \$5,310.00 | \$2,250.00 |  | \$7,560.00 |
| Rolando Laygo | \$10.00 | 4 | 252 | 1 | \$7,080.00 | \$3,000.00 |  | \$10,080.00 |
| July 2003 | \$6.75 | 4 | 22 | 23 | \$9,603.00 | \$4,059.00 |  | \$13,662.00 |
| August 2003 | \$6.75 | 4 | 21 | 20 | \$7,971.00 | \$3,369.00 |  | \$11,340.00 |
| September 2003 | \$6.75 | 4 | 21 | 18 | \$7,174.00 | \$3,032.00 |  | \$10,206.00 |
| October 2003 | \$6.75 | 4 | 23 | 23 | \$10,040.00 | \$4,243.00 |  | \$14,283.00 |
| November 2003 | \$6.75 | 4 | 18 | 11 | \$3,758.00 | \$1,588.00 |  | \$5,346.00 |
| December 2003 | \$6.75 | 4 | 21 | 11 | \$4,384.00 | \$1,853.00 |  | \$6,237.00 |
| January 2004 | \$6.75 | 4 | 20 | 11 | \$4,175.00 | \$1,765.00 |  | \$5,940.00 |
| February 2004 | \$6.75 | 4 | 19 | 11 | \$3,966.00 | \$1,677.00 |  | \$5,643.00 |
| March 2004 | \$6.75 | 4 | 23 | 11 | \$4,802.00 | \$2,029.00 |  | \$6,831.00 |
| April 2004 | \$6.75 | 4 | 22 | 10 | \$4,175.00 | \$1,765.00 |  | \$5,940.00 |
| May 2004 | \$6.75 | 4 | 20 | 10 | \$3,796.00 | \$1,604.00 |  | \$5,400.00 |
| June 2004 | \$6.75 | 4 | 22 | 10 | \$4,175.00 | \$1,765.00 |  | \$5,940.00 |
|  |  |  |  |  | \$85,723.00 | \$36,245.00 |  | \$121,968.00 |
| Fringe Benefits |  |  |  |  |  |  |  |  |
| FICA @Workers CompensationMedicalFringe BenefitsSubtotal Enrollee Wages and Fringe Benefits |  |  |  |  | \$9,330.55 |  |  | \$9,330.55 |
|  |  |  |  |  | \$5,741.45 |  |  | \$5,741.45 |
|  |  |  |  |  | \$200.00 |  |  | \$200.00 |
|  |  |  |  |  | \$15,272.00 | \$0.00 | \$0.00 | \$15,272.00 |
|  |  |  |  |  | \$100,995.00 | \$36,245.00 |  | \$137,240.00 |

## COLUMN (3) Program/Other

## Travel

Staff Travel
Enrollee Travel

| FEDERAL | STATE | NON FEDERAL |
| :---: | :---: | :---: | TOTAL | $\$ 100.00$ |  |  |
| :--- | :--- | :--- |
| $\$ 1,500.00$ |  |  |

## Orientation

Division Director
$\$ 73,635 \times 2.5 \%$

| $\$ 1,840.87$ |
| ---: |
| $\$ 280.28$ |
| $\$ 2,121.15$ |


|  | $\$ 1,840.87$ | $\$ 1,840.87$ |  |
| ---: | ---: | ---: | ---: |
| $\$ 280.28$ | $\$ 280.28$ |  |  |
| $\$ 0.00$ | $\$ 0.00$ | $\$ 2,121.15$ | $\$ 2,121.15$ |
|  |  |  |  |
|  | $\$ 1,840.87$ | $\$ 1,840.87$ |  |
|  | $\$ 280.28$ | $\$ 280.28$ |  |


| Training |  |
| :--- | ---: |
| Division Director |  |
| $\$ 73,635 \times 2.5 \%$ |  |
| Fringe Benefits |  |
| Staff 's Training | $\$ 1,840.87$ |
| Enrollees' Training | $\$ 280.28$ |
|  | $\$ 500.00$ |
|  | $\$ 600.00$ |
| Supplies | $\$ 3,221.15$ |
| Office Supplies |  |
| Job Development |  |
| Division Director |  |
| $\$ 73,635 \times 2.5 \%$ | $\$ 425.00$ |
| Job Developer |  |
| $\$ 19,879 \times 40.00 \%$ | $\$ 7,840.89$ |
| Fringe Benefits | $\$ 1,091.32$ |


| \$600.00 | $\begin{array}{r} \$ 1,840.87 \\ \$ 280.28 \end{array}$ |  |  |
| :---: | :---: | :---: | :---: |
|  |  | \$500.00 | \$600.00 |
|  |  |  |  |
| \$600.00 | \$0.00 | \$2,621.15 | \$3,221.15 |
| \$377.45 |  | \$47.55 | \$425.00 |
| \$1,840.89 |  |  | \$1,840.89 |
| \$7,951.60. |  |  | \$7,951.60 |
| \$1,091.32 |  |  | \$1,091.32 |
| \$10,883.81 | \$0.00 | \$0.00 | \$10,883.81 |

COLUMN (3) Other Enrollee Costs
Host Agencies (See Attached) $\$ 20,000.00$

| Other |  |
| :--- | ---: |
| Copier Maintenance | $\$ 100.00$ |
| Telephone | $\$ 227.47$ |
| Rent | $\$ 2,830.27$ |
|  | $\$ 3,157.74$ |
| SUB TOTAL |  |
| OTHER ENROLLEE COSTS | $\$ 43,530.00$ |


| FEDERAL | STATE | NON FEDERAL | TOTAL |
| ---: | ---: | ---: | ---: |
|  | $\$ 20,000.00$ | $\$ 20,000.00$ |  |
| $\$ 100.00$ |  |  |  |
| $\$ 227.47$ |  | $\$ 0.00$ | $\$ 3,157.74$ |
| $\$ 2,830.27$ |  |  |  |
| $\$ 157.74$ | $\$ 0.00$ | $\$ 26,911.00$ | $\$ 43,530.00$ |

# FAMILY SERVICE AGENCY OF SAN MATEO COUNTY NON FEDERAL CONTRIBUTION SUPPORT <br> CDA - FY 2003-2004 

Bayshore Child Care
1 Enrollees $\times 15 \mathrm{hrs} . /$ month $\times \$ 15.65 / \mathrm{hr}$. $\times 12$ months ..... $=\quad \$ 2,817.00$
Community Gatepath
1 Enrollees $\times 9 \mathrm{hrs} . /$ month $\times \$ 30.00 / \mathrm{hr} . \times 12$ months ..... $=\$ 3,240.00$
East Palo Alto Senior Center
1 Enrollee $\times 10 \mathrm{hrs} . /$ month $\times \$ 14.73 / \mathrm{hr}$. $\times 12$ months ..... $=\quad \$ 1,767.60$
Rosener House
1 Enrollees $\times 14 \mathrm{hrs} /$ month $\times \$ 15.00 / \mathrm{hr} \times 12$ months $=\$ 2,520.00$
Victim Center
1 Enrollee $\times 9$ hrs./month $\times \$ 18.75 / \mathrm{hr} . \times 12$ months ..... $=\quad \$ 2,025.00$
Vocational Rehabiliation
2 Enrollee $\times 15 \mathrm{hrs} . /$ month $\times \$ 21.32 / \mathrm{hr} . \times 12$ months ..... $=\quad \$ 7,675.20$

| Sub Total | $\frac{\$ 20,044.80}{(\$ 44.80)}$ |
| :--- | ---: |
| Adjustment | $\$ 20,000.00$ |
| Total |  |

