### EL DORADO COUNTY BOARD OF SUPERVISORS AGENDA ITEM TRANSMITTAL

## Meeting of

		March	20, 2007	7	
AGENDA TITLE: Califo	ornia Department o	f Aging (C	DA) Co	ntract AP-0607-2	29, Amendment No. 1 and County
Budget Revision					
<b>DEPARTMENT:</b> Humar	n Services (CS)			SIGNOFF:	CAO USE ONLY: 3/5
<b>CONTACT:</b> John Litwin	ovich		no f	Start	a d Sahira L
<b>DATE:</b> 2/26/2007	<b>PHONE:</b> 6163		John -		C Kaura Dalliant
DEPARTMENT SUMM	ARY AND REQU	ESTED B	OARD A	ACTION:	
					Adopt a resolution authorizing the
	-				fornia Department of Aging,
increasing the maximum g	rant amount by \$12	27,956, from	m \$1,224	1,573 to \$1,352,5	29, for the provision of Title
III/VII Senior Services, Tit	_		•	_	
Community Based Service	• •	•	-	•	,
	_ ,			_	tinue to administer Contract AP-
					ncluding amendments thereto,
					ffect the dollar amount or the Budget Transfer Request in the
					ding expenditures of \$64,998
					on page 2 of manno)
CAO RECOMMENDAT					ura 1 Hel 3/7/07
Agrant avail	able in Vi	• 1	1 1		n the web.
Financial impact? () Ye		· · · · · · · · · · · · · · · · · · ·	<del> </del>		: () Gen Fund (X) Other
BUDGET SUMMARY:				_	OTO & NSIP/USDA & Donations
Total Est. Cost		\$1,352	,529.00	CAO Office Us	
Funding	_		,	4/5's Vote Re	
Budgeted	\$1,287,531.00			Change in Pol	
New Funding	\$64,998.00			New Personne	
Savings*				CONCURREN	( ) ( ) -
Other	·····			Risk Manager	ment !
Total Funding		\$1,352	,529.00	County Couns	ment
Change in Net County Co	ost		\$0.00	Other	
*Explain					
BOARD ACTIONS:					
Vote: Unanimous	Or		I here	by certify that t	his is a true and correct copy of
Ayes:	<del></del>		an act	•	ntered into the minutes of the
Noos:				<u>-</u>	
Abstentions:					count of Companyis and Cloub
Absent:			Attest	: Cindy Keck, B	oard of Supervisors Clerk
Rev. 5/04 ISKW001 Agenda	Rev. 5/04 ISKW001 Agenda By:				





February 26, 2007

El Dorado County Board of Supervisors 330 Fair Lane Placerville, California 95667

Members of the Board:

<u>Title</u>: California Department of Aging (CDA) Contract AP-0607-29, Amendment No. 1 and County Budget Revision

#### **Recommendations:**

Human Services, Community Services Division recommends that the Board:

- 1. Adopt a resolution authorizing the Chairman's signature on Amendment No. 1 to Contract AP-0607-29 with the California Department of Aging, increasing the maximum grant amount by \$127,956, from \$1,224,573 to \$1,352,529, for the provision of Title III/VII Senior Services, Title III E Family Caregiver Support Program services and Older Americans Act Community Based Services Programs (CBSP) during the period July 1, 2006 through June 30, 2007. The resolution further authorizes Area Agency on Aging Director Doug Nowka to continue to administer Contract AP-0607-29 as amended and execute subsequent documents relating to the contract, including amendments thereto, contingent upon approval of County Counsel and Risk Management, that do not affect the dollar amount or the term and to sign required fiscal and programmatic reports.
- 2. Approve a County Budget Transfer Request in the amount of \$129,996, incorporating unbudgeted increased revenues and corresponding expenditures of \$64,998 within Fund 11-107-100, Senior Services (Index Code 531301).

#### **Reasons for Recommendations:**

Amendment No. 1 to Contract AP-0607-29 provides \$125,894 in Federal one-time-only funds and increases the Federal baseline NSIP/USDA funding amount by \$2,062 for a total increase of \$127,956, of which \$62,958 was expected and budgeted for FY 2006/07, leaving \$64,998 in unbudgeted revenues. The Budget Transfer Request appropriates \$30,000 of the unbudgeted one-time funding to purchase new furniture, including chairs and rolling dining tables to improve the safety and appearance of the Spring Street Senior Center dining room, lobby and lounge. Other appropriations consist of \$1,725 to purchase necessary minor computer equipment, \$8,000 to cover increased costs for meal service supplies, \$3,500 for site-use agreement lease increases and \$9,000 for janitorial service and \$12,773 for utilities costs at the new El Dorado Hills Senior Center. Certain operating costs for the new El Dorado Hills Senior Center, unknown at that time, were not included in the FY 2006/07 budget request. County Counsel, Risk Management and Human Resources have approved the contract amendment. A copy of both documents is on file with the Board Clerk.

#### **Fiscal Impact:**

Total Cost (or Savings): The increased amount of federal funds payable by the State to El Dorado County under this Contract is \$127,956. \$62,958 of the \$127,956 was expected and budgeted in FY 2006/07. The Budget Transfer Request includes \$64,998 in additional federal one-time-only funds. The Budget Transfer appropriates \$64,998 to support senior services, detailed above. The charts below detail the changes to Contract AP-0607-29 as well as a breakdown of the new funding allocated in the attached budget transfer.

\$1,224,57
\$2,06
\$62,93
\$62,95
\$127,95
\$1,352,52

Summary of New Funding	
Unanticipated Increase in Federal Baseline CDA Contract Unanticipated increase in one-time-only funds CDA Contract	\$2,062 \$62,936
Total New Funding	\$64,998

**Net County Cost:** There is no change in Net County Costs.

#### Action to be Taken Following Approval:

Board Clerk to provide Department with three (3) certified resolutions and four (4) copies or Amendment No. 1 to Contract AP-0607-29 signed by the Chairman.

Sincerely,

John Litwinovich

**Director of Human Services** 



#### RESOLUTION NO.

#### OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, this Board has designated itself as the Area Agency on Aging of El Dorado County to carry out a program pursuant to the Older Americans Act of 1965, as amended; and

WHEREAS, it is necessary and desirable that the Area Agency on Aging provide nutrition and support services, and

WHEREAS, Amendment No. 1 to Contract Number AP-0607-29 has been presented to this Board for its consideration and acceptance whereby the County of El Dorado shall provide nutrition and support services, and

WHEREAS, this Board has examined and approved said Agreement as to both form and content and desires to enter into the Agreement, and

WHEREAS, the Chairman of the Board can act on behalf of the County of El Dorado and will sign all necessary documents required to execute the contract,

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of El Dorado hereby authorizes the Chairman of the Board to execute Amendment No. 1 to Contract Number AP-0607-29 with the California Department Aging, and further authorizes Doug Nowka, Director of the El Dorado County Area Agency on Aging, to continue to execute further documents relating to Contract AP-0607-29, including amendments thereto, contingent upon approval of County Counsel and Risk Management, that do not affect the dollar amount, and to sign subsequent required fiscal and programmatic reports, and to perform any and all administrative and other responsibilities in relationship to said Agreement.

	_, 2007, by the following vote of said Board
	Ayes:
Attest: Cindy Keck	Noes:
Clerk of the Board of Supervisors	Absent:
By:	
Deputy Clerk	Chairman, Board of Supervisors
I CERTIFY THAT: THE FOREGOING INSTRUMENT IS A CORRECT CO	DPY OF THE ORIGINAL ON FILE IN THIS OFFICE.
DATE:	
Attest: CINDY KECK, Clerk of the Board of Super	rvisors of the County of El Dorado, State of California.
Ву:	

AUDIT	OR / CONTROLLER'S USE	EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )	TO BE COMPLETED I
TRANSFER#	27161	BUDGET TRANSFER REQUEST #1	DOCUMENT TOTAL
DATE		Human Services -Community Services Div	NUMBER OF LINES
CODE BY		DEPARTMENT OR AGENCY NAME	TRANSACTION CODE TOTAL*
2/2	26/2007 DATE	PEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER	.75

BY THE DEPARTMENT 129,996.00 11 76

PAGE 1 OF

A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE\*

\* 002 = INCREASE ESTIMATED REVENUE

\* 003 = DECREASE ESTIMATED REVENUE

- \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED
- \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

x	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION	(50 CHARACTERS MAX.)
1	002	531301	1109		9,870.00	FY 06/07 Bud Rev - CDA Rev 1	
2	002	531301	1110		691.00	FY 06/07 Bud Rev - CDA Rev 1	
3	002	531301	1111		44,495.00	FY 06/07 Bud Rev - CDA Rev 1	
4	002	531301	1116		4,774.00	FY 06/07 Bud Rev - CDA Rev 1	
5	002	531301	1120		5,168.00	FY 06/07 Bud Rev - CDA Rev 1	
6	011	531301	4081		8,000.00	FY 06/07 Bud Rev - CDA Rev 1	
7	011	531301	4086		9,000.00	FY 06/07 Bud Rev - CDA Rev 1	
8	011	531301	4440		3,500.00	FY 06/07 Bud Rev - CDA Rev 1	
9	011	531301	4461		30,000.00	FY 06/07 Bud Rev - CDA Rev 1	
10	011	531301	4462		1,725.00	FY 06/07 Bud Rev - CDA Rev 1	
11	011	531301	4620		12,773.00	FY 06/07 Bud Rev - CDA Rev 1	
12							
13		$\wedge$	/1				

KEVIEWED FOR **FORMAT BY** 

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

DATE

3-6-07

ATTEST: CLERK, BOARD OF SUPERVISORS

CHIEF ADMINISTRATIVE OFFICE

DATE

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

Contract #:  PROCESSING DEPARTMENT: Department: Dept. Contact: Department Head Signature:  John Litwinovich, Director  CONTRACTING DEPARTMENT: Human Services Dept. Contact: Department Head Signature:  John Litwinovich, Director  CONTRACTING DEPARTMENT: Service Requested: Additional OTO grant funds for provision of Senior Services Compliance with Human Resources requirements? Compliance verified by: With Original Contract  COUNTY COUNSEL: (Must approved: Disapproved: Disapproved: Disapproved: Disapproved: Date:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE APPROVED BY RISK MANAGEMENT: THANKS!  RISK MANAGEMENT: Approved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Date:  Date:  Date:  Date:  Date:  Date:  Date:  Dotal Texture   12/30/06  CONTRACTOR: Name: California Department Address: 1300 National Drive_ Sacramento, Ca 9583 Phone: Ontract Value: S1,352, No: Contract Value: \$1,352, No: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date:  Dat	AP-0607-29
PROCESSING DEPARTMENT: Department: Human Services Phone #: 7312 Department Head Signature: John Litwinovich, Director  CONTRACTING DEPARTMENT: Human Services, Community Services Division of Senior Services Contract Term: 7/1/06 – 6/30/07 Contract Value: \$1,352, Compliance with Human Resources requirements? Yes: x No:  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Disapproved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE Approved: Date: By:	
PROCESSING DEPARTMENT: Department: Dept. Contact: Department	
Department: Jasara Bento Dept. Contact: Jasara Bento Phone #: 7312 Department Head Signature: John Litwinovich, Director  CONTRACTING DEPARTMENT: Human Services, Community Services Divis Service Requested: Additional OTO grant funds for provision of Senior Services Contract Term: 7/1/06 – 6/30/07 Contract Value: \$1,352, Compliance with Human Resources requirements? Yes: x  Compliance verified by: With Original Contract  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: /2 / 5 -	
CONTRACTING DEPARTMENT:  Service Requested: Additional OTO grant funds for provision of Senior Services  Contract Term: 7/1/06 – 6/30/07 Contract Value: \$1,352,  Compliance with Human Resources requirements? Yes: x No:  Compliance verified by: With Original Contract  COUNTY COUNSEL: (Must approve all contracts and MOU's)  Approved: Disapproved: Date: /2 / 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	93 74
Service Requested: Additional OTO grant funds for provision of Senior Services  Contract Term: 7/1/06 – 6/30/07 Contract Value: \$1,352, Compliance with Human Resources requirements? Yes: x No: Compliance verified by: With Original Contract  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 72 - 15 - 24 By: Approved: Disapproved: Date: By:  PLEASE CALL JASARA AT #7312 FOR PICKUP ONCE APPROVED BY RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: 12 / 2 - 7 / 06 By: Approved: Disapproved: Date: 12 / 2 - 7 / 06 By: Approved: Disapproved: Date: 12 / 2 - 7 / 06 By: Approved: Disapproved: Date: 13 / 2 - 7 / 06 By: Approved: Disapproved: Date: 14 / 2 - 7 / 06 By: Approved: Disapproved: Date: 15 / 2 - 7 / 06 By: Approved: Disapproved: Date: 16 / 2 - 7 / 06 By: Approved: Date: 17 / 06 By: Approved: Date: 18 / 2 - 7 / 06 By: Approved: Date: 18 / 2 - 7 / 06 By: Approved: Date: 19 / 2 - 7 / 06 By: Approved: Date	,
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APPROVED BY RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreem Approved:  Disapproved:  Disapproved:  Disapproved:  Date:  By:	70 99
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Approved: Disapproved: Date: 12/2-7/06 By: Date:	
De Dec 27	entsy
OTHER APPROVAL: (Specify department(s) participating or directly affected by this con-	
Departments:	tract).
Approved: Disapproved: Date: By:	
Approved: Disapproved: Date: By:	

# STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

**Budget Display.** 

$\Box$	HECK HERE IF ADDITIONAL PAGES ARE ATTACHED Pages	AGREEMENT NUMBER	AMENDMENT NUMBER
_		AP-0607-29	1
		REGISTRATION NUMBER	
1.	This Agreement is entered into between the State Agency and	Contractor named below:	
	STATE AGENCY'S NAME		
	California Department of Aging		
	CONTRACTOR'S NAME		
	EL DORADO COUNTY, AREA AGENCY ON AGING		
2.	The term of this		
	Agreement is July 1, 2006 through J	une 30, 2007	
3.	The maximum amount of this \$ 1,352,529		
	Agreement after this amendment is: One million, three hundred fift	y two thouand, five hundred and	twenty nine dollars
4.	The parties mutually agree to this amendment as follows. All ac	ctions noted below are by t	this reference made a part
	of the Agreement and incorporated herein:	•	
	This contract amendment increases funds provided to the contra	actor by \$ 127,056. This is	increase offsets
	unspent funds previously awarded to this contractor and will be	used to enhance services.	

Exhibit B, page 6, titled Budget Display, amendment 1, is attached and replaces the original Exhibit B, page 6,

The Budget, amendment 1, is hereby incorporated by reference and replaces the original Budget.

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.)		ose only
EL DORADO COUNTY, AREA AGENCY ON AGING		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
<b>≤</b>		
PRINTED NAME AND TITLE OF PERSON SIGNING Helen K. Baumann, Chairman		
El Dorado County Board of Supervisors		
ADDRESS		
937 SPRING STREET PLACERVILLE CA 95667		
STATE OF CALIFORNIA		
AGENCY NAME		
California Department of Aging		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
<b>≤</b>		
PRINTED NAME AND TITLE OF PERSON SIGNING		Exempt per: Mello Grunland
Rachel de la Cruz, Manager, Contracts and Business Services Section		Older Californians Act
ADDRESS		
1300 National Drive, Sacramento, CA 95834		

State of California
California Department of Aging
CDA 001 (Rev. 11/05)

Award #: Date: AP-0607-29 7/1/2006

Amendment #: Date:

11/27/2006

# AREA PLAN Exhibit B Amendment 1 - Budget Display Fiscal Year 2006/07

## El Dorado County, Area Agency on Aging

		Cumulative			Net
	Baseline	Transfers	OTO	Total	Change
Supportive Services					
Federal Title IIIB	163,684	-	47,419	211,103	47,419
General Fund B	7,316	-	•	7,316	-
Total Supportive Services	171,000	-	47,419	218,419	47,419
Ombudsman					
Federal Title IIIB	8,480	-	-	8,480	-
General Fund B	33,626	-	. •	33,626	-
Federal Title VIIa	6,431	-	3,734	10,165	3,734
General Fund VIIa	962	=	-	962	-
Special Deposit	3,627	· -	•	3,627	
Total Ombudsman	53,126	-	3,734	56,860	3,734
Congregate Nutrition					
Federal Title IIIC1	177,395	-	50,455	227,850	50,455
General Fund C1	25,339	-	-	25,339	-
NSIP C1	50,849	-	1,370	52,219	1,902
Total Congregate Nutrition	253,583	•	51,825	305,408	52,357
Home-Delivered Meals					
Federal Title IIIC2	96,096	-	691	96,787	691
General Fund C2	33,207		· <b>-</b>	33,207	-
NSIP C2	45,245	-	1,342	46,587	2,872
Total Home Delivered Meals	174,548	-	2,033	176,581	3,563
Disease Prevention					
Federal Title IIID	8,456	-	76	8,532	76
Federal Title IIID - Med Mgmt	3,067	-	-	3,067	_
General Fund D	516	-	_	516	-
Total Disease Prevention	12,039	-	76	12,115	76
Family Caregiver					
Federal Title IIIE	79,560	•	20,807	100,367	20,807
Total Title IIIE	79,560	-	20,807	100,367	20,807
Elder Abuse					
Federal Title VIIb	3,054	-	_	3,054	
General Fund VIIb	137	-	-	137	
Total Elder Abuse	3,191	-	-	3,191	
	ı	Page 11			

 State of California
 Award #:
 AP-0607-29

 California Department of Aging
 Date:
 7/1/2006

 CDA 001 (Rev. 11/05)
 Amendment #:
 1

 Date:
 11/27/2006

# AREA PLAN Exhibit B Amendment 1 - Budget Display Fiscal Year 2006/07

### El Dorado County, Area Agency on Aging

<u> </u>	¥	Cumulative			Net
	Baseline	Transfers	ОТО	Total	Change
Community Based Services					
ADCRC	111,605	-	_	111,605	-
Brown Bag	777,000	_	_	-	_
Linkages	260,355	-	_	260,355	-
Senior Companion	-	-	<b>-</b>	-	_
Respite	9,597	-	_	9,597	_
Total CBSP	381,557	-	-	381,557	-
dministration			¥		
Federal Title IIIB	33,408		_	33,408	`
Federal Title IIIC1	32,374		_	32,374	
Federal Title IIIC2	17,537	-		17,537	
Federal Title IIIE	14,465	-	_	14,465	_
General Fund C1	195	-	-	195	
General Fund C2	52	_	-	52	_
General Fund CBSP	-	_	_	-	_
Total Administration	98,031	-	-	98,031	-
rand Total - All Funds	1,226,635	-	125,894	1,352,529	127,95
unding Summary					
Federal Funds	740,101	-	125,894	865,995	127,95
General Fund	482,907	-	-	482,907	
Special Deposit	3,627	-	-	3,627	
	1,226,635	-	125,894	1,352,529	127,95
omments:				404 000	
he maximum amount of Title III/VII B	aseline expenditures	allowable for the f	irst quarter is:	161,002	
he maximum amount of Title IIIE exp	enditures allowable fo	or supplemental se	ervices is:	25,073	
he maximum amount of Title IIIE exp	enditures allowable fo	or Grandparents is	s:	12,537	
he maximum amount of CBSP exper	38,156				
he minimum General Fund to be exp	ended for State Matcl	n in Title III is:		26,214	
aseline adjustment for NSIP C1 is:				532	
Baseline adjustment for NSIP C2 is:				1,530	