

CITY AND COUNTY OF SAN FRANCISCO

FIRST AMENDMENT

TO THE GRANT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND SELF-HELP FOR THE ELDERLY

THIS AMENDMENT (this "Amendment") is made as of **October 4, 2017**, in San Francisco, California, by and between **Self-Help for the Elderly, 731 Sansome Street, Suite #100, San Francisco, CA 94111** hereinafter referred to as "Grantee", and the City and County of San Francisco,

RECITALS

WHEREAS, City and Grantee have entered into the Agreement (as defined below); and

WHEREAS, City and Grantee desire to modify the Agreement on the terms and conditions set forth herein to **increase the contract amount by \$188,829 for Home-Delivered Meals for Adults with Disabilities**, and,

WHEREAS, Grantee represents and warrants that it is qualified to perform the services required by City as set forth under this Grant and Modification Agreement;

NOW, THEREFORE, Grantee and the City agree as follows:

1. **Definitions.** The following definitions shall apply to this Amendment:

a. **Agreement.** The term "Agreement" shall mean the Agreement dated **July 1, 2017** between Grantee and City.

b. **Contract Monitoring Division. Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

c. **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

(a) **Article 5.1** Maximum Amount of Grant Funds of the Agreement currently reads as follows:

The amount of the Grant Funds disbursed hereunder shall not exceed **Eight Million, Two Hundred Seventy Five Thousand, Two Hundred Twelve Dollars (\$8,275,212)** for the period from **July 1, 2017 to June 30, 2020, plus any contingent amount authorized by City and certified as available by the Controller.**

Contingent amount: Up to **Eight Hundred Twenty Seven Thousand, Five Hundred Twenty One Dollars (\$827,521)** for the period from **July 1, 2019 to June 30, 2020 (Y3), may be available, in the City's sole discretion as a contingency but only subject to written authorization by the City and if monies are certified as available by the Controller.**

The maximum amount of Grant Funds disbursed hereunder shall not exceed **Nine Million, One Hundred Two Thousand, Seven Hundred Thirty Three Dollars (\$9,102,733)** for the period from **July 1, 2017 to June 30, 2020 (Y1-Y3).**

Such section is hereby replaced in its entirety to read as follows:

The amount of the Grant Funds disbursed hereunder shall not exceed **Eight Million, Four Hundred Sixty Four Thousand, Forty One Dollars (\$8,464,041)** for the period from **July 1, 2017 to June 30, 2020, plus any contingent amount authorized by City and certified as available by the Controller.**

Contingent amount: Up to **Eight Hundred Forty Six Thousand, Four Hundred Four dollars (\$846,404)** for the period from **July 1, 2019 - June 30, 2020, may be available, in the City's sole discretion as a contingency but only subject to written authorization by the City and if monies are certified as available by the Controller.**

The maximum amount of Grant Funds disbursed hereunder shall not exceed **Nine Million, Three Hundred Ten Thousand, Four Hundred Forty Five Dollars (\$9,310,445)** for the period from **July 1, 2017 to June 30, 2020.**

Grantee understands that, of the maximum dollar disbursement listed in Section 5.1 of this Agreement, the amount shown as the Contingent Amount may not to be used in Program Budgets attached to this Agreement as Appendix B, and is not available to Grantee without a revision to the Program Budgets of Appendix B specifically approved by Grant Agreement Administrator. Grantee further understands that no payment of any portion of this contingency amount will be made unless and until such funds are certified as available by Controller. Grantee agrees to fully comply with these laws, regulations, and policies/procedures.

- (b) **Appendix A.** Appendix A3, of the agreement describes the services to be provided.

Such section is hereby amended in its entirety to include **Appendix A4**, pp. 1-7, attached to this Modification Agreement, which displays the additional services to be provided under this Modification Agreement.

- (c) **Appendix B.** Appendix B6, Calculation of Charges, pp. 1-3 of the Agreement displays the original total amount of **\$571,263**.

Such section is hereby replaced in its entirety by **Appendix B7**, Calculation of Charges, pp.1-3, which displays the budget as herein modified **\$760,092**.

- (d) **17.6 Entire agreement section** 17.6 is hereby replaced in its entirety to read as follows:

17.6 Entire Agreement. This Agreement and the Application Documents set forth the entire Agreement between the parties, and supersede all other oral or written provisions. If there is any conflict between the terms of this Agreement and the Application Documents, the terms of this Agreement shall govern. The following appendices are attached to and a part of this Agreement:

Appendix A, Services to be Provided – ENP Congregate Meals
Appendix A1, Services to be Provided – ENP HDM
Appendix A2, Services to be Provided – Congregate AWD
Appendix A4, Services to be Provided – HDM AWD
Appendix B, Budget – ENP Congregate Meals
Appendix B1, Budget – ENP CHAMPSS
Appendix B2, Budget – ENP Congregate Nutrition Compliance
Appendix B3, Budget – HDM ENP
Appendix B4, Budget – HDM Nutrition Compliance
Appendix B5, Budget – Congregate AWD
Appendix B7, Budget – HDM AWD
Appendix C, Method of Payment
Appendix D, Interests in Other City Grants
Appendix E, Permitted Subgrantees
Appendix F, Federal Award Information
Appendix G, Federal Requirements for Subrecipients

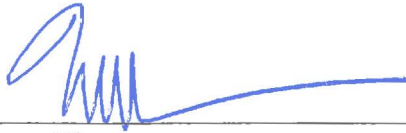
3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after **July 1, 2017**.

4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Grantee and City have executed this Amendment as of the date first referenced above.

CITY

Recommended by:

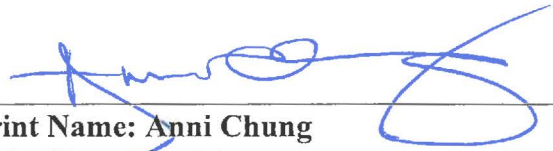


Trent Rhorer
Executive Director
Human Services Agency

11/28/17

GRANTEE

Self-Help for the Elderly




Print Name: Anni Chung
Title: Executive Director
Address: 731 Sansome Street, Suite #100
City, State ZIP: San Francisco, CA 94111
Phone: (415) 677-7600

Approved as to Form:

City vendor number: 16768
Federal Employer ID number: 94-1750717
DUNS Number: 051409951

By:


Anne Pearson
Deputy City Attorney

David K. Res

**Appendix A - Services to be Provided
Self-Help for the Elderly**

**Elderly Nutrition Program (ENP) Congregate Meals
July 1, 2017 – June 30, 2020**

I. Purpose

The purpose of this grant is to assist older individuals and those identified by Grantee as its target population to live independently, by promoting better health through improved nutrition, and reduced isolation through accessible and appropriate meal services.

II. Definitions

Grantee	Self-Help for the Elderly
CARBON	Human Service Agency's Contracts Administration Reporting and Billing On-line (CARBON) system
CDA	California Department of Aging
CRFC	California Retail Food Code establishes uniform health and sanitation standards for retail food facilities for regulation by the State Department of Public Health, and requires local health agencies to enforce these provisions.
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
Congregate Meals	Congregate meals are provided in a group setting and consist of the procurement, preparation, transporting and serving of meals, as well as nutrition education that meet the needs of the service population.
DAAS	Department of Adult and Aging Services
ENP	Elderly Nutrition Program (ENP), a program which provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and which shall be provided in accordance with Title 22 regulations.
Elderly Nutrition Program (ENP) Menu Requirements	Meals shall comply with the current Dietary Guidelines for Americans(DGA), published by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture; and shall provide (a) A minimum of one-third of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences, if the grantee provides one meal per day; (b) At least two-thirds of the DRIs for the provision of 2 meals per day; (c) At least 100% of the DRIs if the grantee provides 3 meals per day; and (d) Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one-third of the DRIs.

HACCP	Hazard Analysis of Critical Control Points. A prevention-based food safety system focusing on time and temperature control at different crucial food service system points, monitoring and documenting practices and taking corrective actions when failure to meet critical limits is detected.
HSA	Human Services Agency of the City and County of San Francisco
Low-Income	At or below 100% of federal poverty level. This is only to be used by consumers to self- identify their income status, not to be used as a means test to qualify for the program.
Menu Analysis	A detailed nutritional analysis approved by a registered dietitian: (a) When utilizing computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2 weeks of the 5-week cycle menu. (b) Each average meal (a weekly average) shall meet no less than one-third of the Dietary Reference Intakes (DRI) for all calculated nutrients. (c) At a minimum, values must be determined for calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, potassium, vitamin A, vitamin C, vitamin D, and vitamin B12.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses, about options and methods for improving their nutritional status, performed by a Registered Dietitian in accordance with Sections 2585 and 2586, Business and Professions Code.

Nutrition Education	<p>Providing nutrition program consumers current facts and information which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. The nutrition education for congregate sites is defined as demonstrations, audiovisual presentations, lectures, or small group discussions. Nutrition education plan and services shall be approved by a Registered Dietitian. Dietetic students, interns, or technicians may provide nutrition education under the close supervision of a RD. Nutrition education services shall be based on the needs of the consumers as determined by annual consumer satisfaction survey and/or results from DETERMINE Your Nutritional Health tool. The nutrition education activities shall be provided on quarterly basis and documented.</p>
Nutrition Screening	<p>The completion of a nutrition screening checklist by eligible consumers to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994.</p>
OOA	Office on the Aging
Registered Dietitian (RD)	Registered Dietitian or Registered Dietitian Nutritionist:
Registered Dietitian Nutritionist (RDN)	<p>An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration. A Registered Dietitian (R.D.) shall be covered by professional liability insurance either individually (if a consultant) or through Grantee.</p>
SOGI	<p>Sexual Orientation and Gender Identity, a result of <i>Ordinance No. 159-16</i> which amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104, Sections 104.1 through 104.9.</i>)</p>
Title 22 Regulations	<p>Refers to Barclay's official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program. http://www.aging.ca.gov/ProgramsProviders/AAA/Nutrition/Code_of_Regulations/</p>

III. Target Population

The target population is residents of San Francisco County, age 60 and older. OOA targets individuals who have the greatest economic and social need such as living on low-income, are minorities, possessing non- or limited-English skills, or are lesbian/gay/bisexual/transgender.

IV. Eligibility for Services

To participate in Congregate Meal Program, an individual must meet either one of the following criteria:

- A senior, defined as an individual age 60 or older
- Spouse or domestic partner of a senior enrolled in the program
- An individual under the age of 60, with a disability who resides in housing facilities occupied primarily by older adults at which the congregate meal program is located
- A disabled individual who resides at home with and accompanies a senior who participates in the program. A volunteer under the age of 60 who helps in the meal program if doing so will not deprive a senior of a meal

V. Services to be Provided

- A. Develop and maintain nutrition policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by Title 22 Regulations, CDA, and OOA Policies to ensure the provision of quality meals, adequate access to socialization activities and sound nutrition information enabling consumers to reduce incidences of chronic diseases and maintain independent living.
- B. Provide congregate meal services, which include:
 1. Enroll the number of unduplicated consumers annually as indicated in Table A, and at various locations as indicated in the DAAS-OOA approved Site Chart.
 2. Provide the total number of ENP meals annually as indicated in Table A. The meals will be allocated to each meal site as shown on the DAAS-OOA approved Site Chart. Each meal should meet the ENP menu requirements.
 3. Provide at least one session per quarter of nutrition education to consumers. The total units of nutrition education will be, at minimum, as shown on the DAAS-OOA approved Site Chart. The service units will be reported in CA-GetCare in the month that the service is provided. One unit of nutrition education is defined as one nutrition presentation to one consumer.
 4. A nutrition screening using the "Determine Your Nutritional Health" checklist is conducted annually for each consumer and documented in CA-GetCare within one month of obtaining the consumer's nutrition risk screening.
 5. The donation rate per meal requested of each consumer must be approved by the Grantee's Board of Directors and in compliance with OOA policy memoranda.
 6. Service Units:

Table A	FY 2017-18	FY 2018-19	FY 2019-20	Total 3-years
a) Annual #Unduplicated Consumers (Regular)	5,120	5,120	5,120	15,360
b) Annual #Meals	223,913	223,913	223,913	671,739
c) CHAMPSS #Undup. Consumers	3,800	3,800	3,800	11,400
d) CHAMPSS Annual #Meals	59,420	59,420	59,420	178,260
e) Total #Undup. Consumers				
f) Total #Meals	283,333	283,333	283,333	849,999

- C. Ensure central kitchen (or caterer kitchen) and all congregate meal sites meet the standards described in the most recent California Retail Food Code (CRFC).
- D. Ensure a Registered Dietitian or an individual with a valid food safety certification oversees the safety and sanitation components of the program. A HACCP safety and sanitation monitoring for the production kitchen must be conducted on site and documented by a RD based on the number of monitoring approved in the Grantee's budget. Follow-up and in-service training shall be provided, as needed, to bring the program into compliance. The HACCP monitoring reports shall be sent to OOA on a timely basis and no later than once per quarter.
- E. Ensure that the cycle menu and a nutrient analysis is approved by a Registered Dietitian and submitted to OOA for review approval in accordance to OOA's nutrition standards. Menu substitutions must be approved by a R.D. and documented.
- F. Conduct consumer satisfaction survey yearly for each funded program and provide results to OOA Nutritionist as defined by OOA policy memoranda. The survey tool will be provided by OOA on an annual basis.
- G. The Grantee will comply with the City's food service waste reduction ordinance (File #06094), and use reusable, biodegradable, compostable and/or recyclable food service supplies.
- H. Ensure adequate and culturally competent staffing (paid and/or volunteer) to administer the program and deliver quality services to meet the needs of the consumers and to meet all the nutrition program standards.
- I. The Grantee will attend the quarterly in-service training coordinated and provided by the OOA and share the information with their staff and volunteers.
- J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- K. The Grantee will complete the California Department of Aging (CDA) Security Awareness Training annually during the term of the grant.
<https://www.aging.ca.gov/docs/Resources/SecurityAwarenessTrng.pps>

VI. Service Objectives

- A. Grantee will serve the total number of unduplicated consumers as indicated in Table A in Section V.
- B. Grantee will provide the total number of meals as indicated in Table A.
- C. Grantee will provide nutrition education to consumers in a group setting, a minimum of one nutrition education session per quarter at each site.
- D. Grantee will provide nutrition compliance units as indicated in Appendix B.

VII. Outcome Objectives

- A. At least 85% of consumers will report being satisfied with the meal quality as defined as "Excellent or Good" in the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee's average number of meals served at each congregate meal site.
- B. At least 75% of the consumers will report that the meal service helps maintain their independence based on the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee's average number of meals served at each congregate meal site.
- C. At least 65% of consumers will report an increase in the consumption of fruits and vegetables as evidenced by reported change from previous baseline data in the Nutrition Risk Screening Tool or other appropriate evaluation data.

- D. At least 65% of consumers with a high nutrition risk score as defined by the “Determine Your Nutritional Health” checklist will be connected to additional and appropriate resources.
- E. At least 65% of consumers that are identified as “lonely” as evidenced by the DAAS adopted loneliness screening tool will be connected to additional and appropriate resources.

VIII. Monitoring Activities

- A. Nutrition Program Monitoring: Program monitoring will include review of kitchen facility and congregate meal sites in accordance with CRFC, CDA nutrition service standards, and DAAS policies. This includes project income policies, nutrition education policies, consumer eligibility and targeted mandates, documentation for the units of service and all reporting, and progress of service and outcome objectives; how consumer records are collected and maintained; consumer data entry on CA-GetCare; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards related to nutrition program operation, current organizational chart in the food service department, grievance policies and procedures, verification that hours of operation are reflected with in most recent approved site chart; employee resume and credentials, job description, and whether progress notes are maintained according to the OOA nutrition program standards.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

IX. Reporting Requirements

- A. Grantee will enter into CA-GetCare data obtained from consumers using the intake form for Congregate Meals, which includes the annual Nutrition Risk Screening, the loneliness screening , and the food security questions for all enrolled consumers by the due date as specified by OOA policy and in accordance to OOA Nutrition program guidelines.
- B. Grantee will enter into CA-GetCare all consumer level service units in the Service Recording Tool and data for monthly service reporting by the 5th working day of the month for the preceding month.
- C. Grantee will provide a monthly report of number of meals served as described in Section VI – Service Objectives.
- D. Grantee will enter the following monthly metrics in the CARBON database by the 15th of the following month: Number of meals served and number of nutrition compliance units provided.
- E. Grantee will enter the annual Outcome Objective metrics identified in Section VII of the appendix A in the CARBON database by the 15th of the month following the end of the program year.
- F. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 (or as amended) each grant year. This report must be submitted to the CARBON system. Additional reports may be required at other points in the fiscal year if necessary to meet state requirements.

- G. Grantee will develop and maintain its OOA approved Site Chart. The site chart may be updated with the approval of OOA. A copy of the updated Site Chart will be kept in OOA's contractor program.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.
- I. Grantee will provide other reports as requested. Apart from the on-line reporting via Ca-GetCare, and reports requested to be sent via e-mail to the Nutritionist and/or Contract Manager, Monthly and Annual Reports will be entered into CARBON system. For assistance with reporting requirements or submission of reports, contact:

Tahir Shikh
Contract Manager/HSA
P.O. Box 7988
San Francisco, CA 94120
Tahir.Shikh@sfgov.org

Linda Lau
Lead Nutritionist/OOA
1650 Mission Street, 5th Floor
San Francisco, CA 94103
Linda.Lau@sfgov.org

Appendix A1 – Services to be Provided
Self-Help for the Elderly
Elderly Nutrition Program (ENP), Home-Delivered Meals
Effective July 1, 2017-June 30, 2020

I. Purpose

The purpose of this grant is to assist older homebound individuals living in San Francisco and identified by Grantee as its target population to live independently, by promoting better health through improved nutrition, and reduced isolation through accessible and appropriate meals services.

II. Definitions-

Grantee	Self-Help for the Elderly
ADL	Activities of Daily Living: the basic tasks of everyday life including eating, bathing, dressing, toileting, and transferring (i.e., getting in and out of a bed or chair).
CARBON	Human Service Agency's Contracts Administration Reporting and Billing On-line (CARBON) system
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
CDA	California Department of Aging
CRFC	California Retail Food Code establishes uniform health and sanitation standards for retail food facilities for regulation by the State Department of Public Health, and requires local health agencies to enforce these provisions.
DAAS	Department of Adult and Aging Services
Disability	<p>A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.</p> <p><i>Physical disability or mobile limitation</i> includes wheelchair users, cane or walker users, limited reach ranges, limited hand movement, etc. <i>Chronic illness</i> includes HIV, lung disorders, heart disease/stroke, immune system disorders, diabetes, neurological disorders, etc. <i>Sensory disability</i> includes deaf, hard of hearing, blind, low vision, Aphasia, stuttering, etc. <i>Mental disability</i> includes psychiatric disabilities, depression, anxiety, obsessive-compulsive disorder, phobias, schizophrenia, bi-polar disorder, borderline personality disorder, etc. <i>Cognitive disability</i> includes Down's syndrome, traumatic brain injury, learning disabilities, etc.</p>

ENP	Elderly Nutrition Program (ENP), a program which provides nutrition services, as authorized by the Older Americans Act of 1965, as amended, and which shall be provided in accordance with Title 22 regulations.
Elderly Nutrition Program (ENP) Menu Requirements	Meals shall comply with the current Dietary Guidelines for Americans (DGA), published by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture; and shall provide to each participating older individual: (a) A minimum of one-third of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences, if the grantee provides one meal per day; (b) At least two-thirds of the DRIs for the provision of 2 meals per day; (c) At least 100% of the DRIs if the grantee provides 3 meals per day; and (d) Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one-third of the DRIs.
Frail	A functionally impaired individual who is either: (a) unable to perform at least two ADL (Activities of Daily Living), including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, or IADL (Instrumental Activities of Daily Living) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) having a cognitive or other mental impairment that requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
HSA	Human Services Agency of the City and County of San Francisco
HACCP	Hazard Analysis of Critical Control Points. A prevention-based food safety system focusing on time and temperature control at different crucial food service system points, monitoring and documenting practices and taking corrective actions when failure to meet critical limits is detected.
Home-Delivered Meals (HDM)	Home-delivered meals are provided to consumers who are frail and homebound by reason of illness, disability, isolation, lack of support network and have no safe, healthy alternative for meals. HDM programs consist of the procurement, preparation, service and delivery of meals, as well as nutrition education and nutrition counseling. This service requires an annual comprehensive assessment and quarterly re-evaluation of the HDM consumer. The HDM consumer must also have a home visit reassessment by their service providers at least every other quarter.
IADL	Instrumental Activities of Daily Living: activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone
Low-Income	At or below 100% of federal poverty level. This is only to be used by consumers to self- identify their income status, not to be used as a means test to qualify for the program.
Menu Analysis	A detailed nutritional analysis approved by a registered dietitian: (a) When utilizing computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2 weeks of the 5-week cycle menu. (b) Each average meal (a weekly average) shall meet no less than one-third of the DRI for all calculated nutrients.

(c) At a minimum, values must be determined for calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, vitamin A, vitamin C, vitamin D, and vitamin B12.

Minority

An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.

Nutrition
Counseling

Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses, about options and methods for improving their nutritional status, performed by a Registered Dietitian in accordance with Sections 2585 and 2586, Business and Professions Code.

Nutrition
Education

Providing nutrition program consumers current facts and information which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. The nutrition education for the HDM consumer may be written nutrition education material in a variety of forms, including but not limited to information sheets, brochures, and booklets. Nutrition education plan and services shall be approved by a Registered Dietitian. The nutrition education provided shall be based on the needs of the consumers as determined by annual the consumer satisfaction survey and/or results from DETERMINE Your Nutritional Health tool. Nutrition education shall be provided on a quarterly basis and documented.

Nutrition
Screening

The completion of a nutrition screening checklist by eligible consumers to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994.

OOA

Office on the Aging

Registered
Dietitian (RD) –
Registered
Dietitian
Nutritionist
(RDN)

Registered Dietitian or Registered Dietitian Nutritionist. An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration. A Registered Dietitian (R.D.) shall be covered by professional liability insurance either individually (if a consultant) or through Grantee.

SOGI

Sexual Orientation and Gender Identity, a result of *Ordinance No. 159-16* which amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (*Chapter 104, Sections 104.1 through 104.9*).

**Title 22
Regulations**

Refers to Barclay's official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program.
http://www.aging.ca.gov/ProgramsProviders/AAA/Nutrition/Code_of_Regulations/

III. Target Population

The target population is resident of San Francisco County, age 60 and older. OOA targets individuals who have the greatest economic and social need such as living on low-income, are minorities, possessing non- or limited-English skills, or are lesbian/gay/bisexual/transgender.

IV. Eligibility for Services

To participate in Home-Delivered Meals, the consumer must meet the following criteria:

- A senior, age 60 or above, who is frail and homebound by reason of illness, disability, isolation, lack of support network and has no safe, healthy alternative for meals.
- Spouse or domestic partner of an eligible senior regardless of age or condition, if an assessment by the HDM provider's social worker or assessment staff concludes that it is in the best interest of the eligible senior.
- An individual with a disability who resides at home with the eligible senior, if an assessment by the HDM provider's social worker or assessment staff concludes that it is in the best interest of the eligible senior.
- Priority shall be given to the eligible senior.

V. Services to be Provided

- A. Develop and maintain HDM program policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by Title 22 Regulations, CDA, and OOA Policies and include nutrition education methods for HDM consumers. The HDM program policy and procedures shall also include initial, annual, and quarterly reassessment guidelines. Policy and procedures shall ensure the provision of quality meals, adequate access to sound nutrition information enabling consumers to reduce incidence of chronic diseases and maintain independent living.
- B. Provide home-delivered meal services, which include:
1. Enroll the number of unduplicated consumers annually as indicated in Table A, and in the various neighborhood and/or districts as indicated in the DAAS-OOA approved Site Chart.
 2. Provide the total number of ENP meals annually as indicated in Table A. The meals will be delivered to neighborhoods and/or districts as indicated on the DAAS-OOA approved Site Chart. Each meal shall meet the CDA and OOA menu requirements. Meals offered may be hot, chilled or frozen, regular or modified meals as approved by DAAS-OOA, and as determined appropriate for the population served.
 3. Conduct annual in-home comprehensive assessment and quarterly reassessments of each consumer to evaluate the consumer's eligibility for enrollment in the HDM program. The assessment shall be conducted according to the OOA Policy Memoranda. At least one quarterly assessment per year must be completed in the home of the consumer.
 4. Provide at least one set of nutrition education material to consumers on a quarterly basis. The total units of nutrition education will be as indicated on the OOA approved Site Chart. The service units will be reported in CA-GetCare in the month that the service is provided.

5. A nutrition screening using the "Determine Your Health" checklist is conducted annually for each consumer and documented in CA-GetCare within one month of obtaining the consumer's nutrition risk screening.
6. A suggested donation per meal requested of each participant must be approved by the Grantee's Board of Directors and OOA in advance.
7. Service units:

Table A	FY 2017-18	FY 2018-19	FY 2019-20	Total 3-years
#Unduplicated Consumers	282	282	282	846
#Meals	66,363	66,363	66,363	199,089

- C. Ensure central kitchen (or caterer kitchen) and the home-delivered meal routes meet the standards described in the most recent California Retail Food Code (CRFC).
- D. Ensure a Registered Dietitian or an individual with a valid food safety certification oversees the safety and sanitation components of the program. A HACCP safety and sanitation monitoring for the production kitchen must be conducted on site and documented by a R.D. based on the number of monitoring approved in the Grantee's budget. Grantee with four or more delivery routes will conduct a HDM route monitoring at least once a month. In-service training to address any monitoring findings and/or to reinforce best practices will be scheduled and conducted in a timely manner to bring the program into compliance. The HACCP monitoring reports for the production kitchen and HDM routes shall be sent to OOA on a timely basis and no later than once per quarter.
- E. Ensure that the cycle menu and a nutrient analysis is approved by a Registered Dietitian and submitted to OOA for review approval in accordance to OOA's nutrition standards. Menu substitutions must be approved by a R.D. and documented.
- F. Conduct consumer satisfaction survey yearly for each funded program and provide results to OOA Nutritionist as defined by OOA policy memoranda. The survey tool will be provided by OOA.
- G. The Grantee will comply with the City's food service waste reduction ordinance (File #06094), and use reusable, biodegradable, compostable and/or recyclable food service supplies.
- H. Ensure adequate and culturally competent staffing (paid and/or volunteer) to administer the program and deliver quality services to meet the needs of the consumers and to meet all the nutrition program standards.
- I. The Grantee will attend the quarterly in-service training coordinated and provided by the OOA, and share the information with their staff and volunteers.
- J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- K. The Grantee will complete the California Department of Aging (CDA) Security Awareness Training annually during the term of the grant.
<https://www.aging.ca.gov/docs/Resources/SecurityAwarenessTrng.pps>
- L. Grantee will develop and provide each consumer with a welcome packet that includes at minimum, the following information: the agency's meal delivery schedule, sample menu, donation policy and collection procedures, procedures to change meal delivery request, grievance policy, and how to request assistance, if needed.

VI. Service Objectives

- A. Grantee will serve the total number of unduplicated consumers as indicated in Table A in Section V.

- B. Grantee will provide the total number of meals as indicated in Table A, Section V.
- C. Grantee will provide nutrition compliance units as indicated in Appendix B.

VII. Outcome Objectives

- A. At least 85% of consumers will report being satisfied with the meal quality as defined as “Excellent or Good” in the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee’s average number of meals served at each congregate meal site.
- B. At least 75% of the consumers will report that the meal service helps maintain their independence based on the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee’s average number of meals served daily.
- C. At least 65% of consumers will report an increase in the consumption of fruits and vegetables as evidenced by a reported change from previous baseline data in the Nutrition Risk Screening Tool or other appropriate evaluation data.
- D. At least 65% of consumers with a high nutrition risk score as defined by the “Determine Your Nutritional Health” checklist will be connected to additional and appropriate resources.
- E. At least 65% of consumers that are identified as “lonely” as evidenced by the DAAS adopted loneliness screening tool will be connected to additional and appropriate resources.

VIII. Monitoring Activities

- A. Nutrition Program Monitoring: Program monitoring will include review of kitchen facility and HDM routes in accordance with CRFC, CDA nutrition service standards, and DAAS policies. This includes project income policies, nutrition education policies, consumer eligibility and targeted mandates, documentation of the units of service and all reporting, and progress of service and outcome objectives; how consumer records are collected and maintained; consumer data entry on CA-GetCare; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards related to the nutrition program operation, current organizational chart in the nutrition service department, grievance policies and procedures, verification that hours of operation are reflected in most recent approved site chart; employee resume and credentials, job description, and whether progress notes are maintained according to the OOA Nutrition standards.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

IX. Reporting Requirements

- A. Grantee will enter into CA-GetCare the consumer data obtained from consumers using the HDM intake form, which includes the annual Nutrition Risk Screening, the loneliness screening, and the food security questions for all enrolled consumers by the due date as specified by OOA policy and in accordance to OOA Nutrition program guidelines.

- B. Grantee will enter into CA-GetCare all the consumer level service units in the Service Recording Tool and data for monthly service reporting by the 5th working day of the month for the preceding month.
- C. Grantee will provide a monthly report of number of meals served as described in Section VI, Service Objectives.
- D. Grantee will enter the following monthly metrics in the CARBON database by the 15th of the following month: Number of meals served and number of nutrition compliance units provided.
- E. Grantee will enter the annual Outcome Objective metrics identified in Section VII of this appendix A in the CARBON database by the 15th of the month following the end of the program year.
- F. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 (or as amended) each grant year. This report must be submitted to the CARBON system. Additional reports may be required at other points in the fiscal year if necessary to meet state requirements.
- G. Grantee will develop and maintain its OOA approved Site Chart. The site chart may be updated with the approval of OOA. A copy of the updated Site Chart will be kept in OOA's contractor program.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.
- I. Grantee will provide other reports as requested. Apart from the on-line reporting via Ca-GetCare, and reports requested to be sent via e-mail to the Nutritionist and/or Contract Manager, Monthly and Annual Reports will be entered into CARBON system. For assistance with reporting requirements or submission of reports, contact:

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APPENDIX A2 - SERVICES TO BE PROVIDED
Self-Help for the Elderly

Congregate Meals for Adults with Disabilities (AWD)
Effective July 1, 2017 – June 30, 2020

I. PURPOSE

The purpose of this grant is to assist adults with disabilities living in San Francisco and identified by Grantee as its target population to live independently, by promoting better health through improved nutrition, and reduced isolation through accessible and appropriate meal services.

II. DEFINITIONS

Grantee	Self-Help for the Elderly
AWD	Adults with Disabilities are adults age 18-59 with disability.
CARBON	Human Service Agency's Contracts Administration Reporting and Billing On-line (CARBON) system
CRFC	California Retail Food Code establishes uniform health and sanitation standards for retail food facilities for regulation by the State Department of Public Health, and requires local health agencies to enforce these provisions.
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
Congregate Meals	Congregate meals are provided in a group setting and consist of the procurement, preparation, transporting and serving of meals, as well as nutrition education that meet the needs of the service population.
DAAS	Department of Adult and Aging Services
Disability	<p>A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.</p> <p>Physical disability or mobility limitation includes wheelchair users, cane or walker users, limited reach ranges, limited hand movement, etc. Chronic illness includes HIV, lung disorders, heart disease/stroke, immune system disorders, diabetes, neurological disorders, etc. Sensory disability includes deaf, hard of hearing, blind, low vision, Aphasia, stuttering, etc. Mental disability includes psychiatric disabilities, depression, anxiety, obsessive-compulsive disorder, phobias, schizophrenia, bi-polar disorder, borderline personality disorder, etc. Cognitive disability includes Down's syndrome, traumatic brain injury, learning disabilities, etc.</p>

HACCP	Hazard Analysis of Critical Control Points. A prevention-based food safety system focusing on time and temperature control at different crucial food service system points, monitoring and documenting practices and taking corrective actions when failure to meet critical limits is detected.
HSA	Human Services Agency of the City and County of San Francisco
Low-Income	At or below 200% of federal poverty level. This is only to be used by consumers to self- identify their income status, not to be used as a means test to qualify for the program.
Menu Analysis	A detailed nutritional analysis approved by a registered dietitian: (a) When utilizing computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2 weeks of the 5-week cycle menu. (b) Each average meal (a weekly average) shall meet no less than one-third of the Dietary Reference Intakes (DRI) for all calculated nutrients. (c) At a minimum, values must be determined for calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, potassium, vitamin A, vitamin C, vitamin D, and vitamin B12.
Menu Requirements	Meals shall comply with the current Dietary Guidelines for Americans(DGA), published by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture; and shall provide (a) A minimum of one-third of the DRIs as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences, if the grantee provides one meal per day; (b) At least two-thirds of the DRIs for the provision of 2 meals per day; (c) At least 100% of the DRIs if the grantee provides 3 meals per day; and (d) Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one-third of the DRIs.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses, about options and methods for improving their nutritional status, performed by a Registered Dietitian in accordance with Sections 2585 and 2586, Business and Professions Code.

Nutrition Education	Providing nutrition program consumers current facts and information which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. The nutrition education for congregate sites is defined as demonstrations, audiovisual presentations, lectures, or small group discussions. Nutrition education plan and services shall be approved by a Registered Dietitian.. Dietetic students, interns, or technicians may provide nutrition education under the close supervision of a RD. Nutrition education services shall be based on the needs of the consumers as determined by annual consumer satisfaction survey and/or results from DETERMINE Your Nutritional Health tool. The nutrition education activities shall be provided on quarterly basis and documented.
Nutrition Screening	The completion of a nutrition screening checklist by eligible consumers to determine if they are at nutrition risk. A nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994.
Registered Dietitian (RD)	Registered Dietitian. An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration.
SOGI	Sexual Orientation and Gender Identity, a result of <i>Ordinance No. 159-16</i> which amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104, Sections 104.1 through 104.9.</i>)

III. Target Population

The target population is residents of San Francisco County, between the age of 18 and 59 who have a disability as defined in Section II, Definitions. OOA targets individuals who have the greatest economic and social need such as living on low-income, are minorities, possessing non- or limited-English skills, or are lesbian/gay/bisexual/transgender.

IV. Eligibility for Services

To participate in an AWD Congregate Meal Program, the consumer must be between the age of 18 and 59 and have a disability as defined in Section II, Definitions.

V. Services to be Provided

- A. Develop and maintain nutrition policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by the most recent California Retail Food Code and OOA Policy to ensure the provision of quality meals and sound nutrition information enabling consumers to reduce incidences of chronic diseases and maintain independent living.
- B. Provide congregate meal services, which include:
 1. Enroll the number of unduplicated consumers annually as indicated in Table A, and at various locations as indicated in the DAAS-OOA approved Site Chart.

2. Provide the total number of AWD meals annually as indicated in Table A. The meals will be allocated to each meal site as shown on the DAAS-OOA approved Site Chart. Each meal should meet the AWD menu requirements.
3. Provide at least one session per quarter of nutrition education to consumers. The total units of nutrition education will be, at minimum, as shown on the DAAS-OOA approved Site Chart. The service units will be reported in the month that the service is provided.
4. A nutrition screening using the "Determine Your Health" checklist is conducted annually for each consumer and documented in CA-GetCare within one month of obtaining the consumer's nutrition risk screening.
5. The donation rate per meal requested of each consumer must be approved by the Grantee's Board of Directors and in compliance with OOA policy memoranda.
6. Service Units:

Table A	FY 2017-18	FY 2018-19	FY 2019-20	Total 3-years
#Unduplicated Consumers	14	14	14	42
#Meals	3,355	3,355	3,355	10,065

- C. Ensure central kitchen (or caterer kitchen) and all congregate meal sites meet the standards described in the most recent California Retail Food Code (CRFC).
- D. Ensure a Registered Dietitian or an individual with a valid food safety certification oversees the safety and sanitation components of the program. A HACCP safety and sanitation monitoring for the production kitchen must be conducted on site and documented by a RD based on the number of monitoring approved in the Grantee's budget. Follow-up and in-service training shall be provided, as needed, to bring the program into compliance. The HACCP monitoring reports shall be sent to OOA on a timely basis and no later than once per quarter.
- E. Ensure that the cycle menu and a nutrient analysis is approved by a Registered Dietitian and submitted to OOA for review approval in accordance to OOA's nutrition standards. Menu substitutions must be approved by a R.D. and documented.
- F. Conduct consumer satisfaction survey yearly for each funded program and provide results to OOA Nutritionist as defined by OOA policy memoranda. The survey tool will be provided by OOA on an annual basis.
- G. The Grantee will comply with the City's food service waste reduction ordinance (File #06094), and use reusable, biodegradable, compostable and/or recyclable food service supplies.
- H. Ensure adequate and culturally competent staffing (paid and/or volunteer) to administer the program and deliver quality services to meet the needs of the consumers and to meet all the nutrition program standards.
- I. The Grantee will attend the quarterly in-service training coordinated and provided by the OOA and share the information with their staff and volunteers.
- J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- K. The Grantee will complete the California Department of Aging (CDA) Security Awareness Training annually during the term of the grant.

VI. Service Objectives

- A. Grantee will serve the total number of unduplicated consumers as indicated in Table A, in Section V.
- B. Grantee will provide the total number of meals as indicated in Table A, in Section V.
- C. Grantee will provide nutrition education to consumers in a group setting, a minimum of one nutrition education session per quarter
- D. Grantee will provide nutrition compliance units as indicated in Appendix B.

VII. Outcome Objectives

- A. At least 85% of consumers will report being satisfied with the meal quality as defined as "Excellent or Good" in the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee's average number of meals served at each congregate meal site.
- B. At least 75% of the consumers will report that the meal service helps maintain their independence based on the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee's average number of meals served at each congregate meal site.
- C. At least 65% of consumers will report an increase in the consumption of fruits and vegetables as evidenced by a reported change from previous baseline data in the Nutrition Risk Screening Tool or other appropriate evaluation data.
- D. At least 65% of consumers with a high nutrition risk score as defined by the "Determine Your Nutritional Health" checklist will be connected to additional and appropriate resources.
- E. At least 65% of consumers that are identified as "lonely" as evidenced by the DAAS adopted loneliness screening tool will be connected to additional and appropriate resources.

VIII. Monitoring Activities

- A. Nutrition Program Monitoring: Program monitoring will include review of kitchen facility and congregate meal sites in accordance with CRFC, CDA nutrition service standards, and DAAS policies. This includes project income policies, nutrition education policies, consumer eligibility and targeted mandates, documentation for the units of service and all reporting, and progress of service and outcome objectives; how consumer records are collected and maintained; consumer data entry on CA-GetCare; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards related to nutrition program operation, current organizational chart in the food service department, grievance policies and procedures, verification that hours of operation are reflected with in most recent approved site chart; employee resume and credentials, job description, and whether progress notes are maintained according to the OOA nutrition program standards. .
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

IX. Reporting Requirements

- A. Grantee will enter into CA-GetCare data obtained from consumers using the congregate program intake form, which includes the annual Nutrition Risk Screening, the loneliness screening, and the food security questions for all enrolled consumers by the due date as specified by OOA policy and in accordance to OOA Nutrition program guidelines.
- B. Grantee will enter into CA-GetCare all consumer level service units in the Service Recording Tool and data for monthly service reporting by the 5th working day of the month for the preceding month.
- C. Grantee will provide a monthly report of number of meals served as described in Section VI – Service Objectives.
- D. Grantee will enter the following monthly metrics in the CARBON database by the 15th of the following month: Number of meals served and number of nutrition compliance units provided.
- E. Grantee will enter the annual Outcome Objective metrics identified in Section VII of this Appendix A in the CARBON database by the 15th of the month following the end of the program year.
- F. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. This report must be submitted to the CARBON system. Additional reports may be required at other points in the fiscal year if necessary to meet state requirements
- G. Grantee will develop and maintain its OOA approved Site Chart. The site chart may be updated with the approval of OOA. A copy of the updated Site Chart will be kept in OOA's contractor program.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.
- I. Grantee will provide other reports as requested. Apart from the on-line reporting via CaGetCare, and reports requested to be sent via e-mail to the Nutritionist and/or Contract Manager, Monthly and Annual Reports will be entered into CARBON system. For assistance with reporting requirements or submission of reports, contact

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Appendix A4 – Services to be Provided
Self-Help for the Elderly
Home-Delivered Meals for Adults with Disabilities (HDM-AWD)
Effective July 1, 2017-June 30, 2020

I. Purpose

The purpose of this grant is to assist adults with disabilities living in San Francisco and identified by Grantee as its target population to live independently, by promoting better health through improved nutrition, and reduced isolation through accessible and appropriate meals services.

II. Definitions-

Grantee	Self-Help for the Elderly
ADL	Activities of Daily Living: the basic tasks of everyday life including eating, bathing, dressing, toileting, and transferring (i.e., getting in and out of a bed or chair).
AWD	Adults with Disabilities are adults age 18-59 with disability.
CARBON	Human Service Agency's Contracts Administration Reporting and Billing On-line (CARBON) system
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
CRFC	California Retail Food Code establishes uniform health and sanitation standards for retail food facilities for regulation by the State Department of Public Health, and requires local health agencies to enforce these provisions.
DAAS	Department of Aging and Adult Services
Disability	<p>A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.</p> <p><i>Physical disability or mobile limitation</i> includes wheelchair users, cane or walker users, limited reach ranges, limited hand movement, etc. <i>Chronic illness</i> includes HIV, lung disorders, heart disease/stroke, immune system disorders, diabetes, neurological disorders, etc. <i>Sensory disability</i> includes deaf, hard of hearing, blind, low vision, Aphasia, stuttering, etc. <i>Mental disability</i> includes psychiatric disabilities, depression, anxiety, obsessive-compulsive disorder, phobias, schizophrenia, bi-polar disorder, borderline personality disorder, etc. <i>Cognitive disability</i> includes Down's syndrome, traumatic brain injury, learning disabilities, etc.</p>

Frail	A functionally impaired individual who is either: (a) unable to perform at least two ADL (Activities of Daily Living), including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, or IADL (Instrumental Activities of Daily Living) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) having a cognitive or other mental impairment that requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
HSA	Human Services Agency of the City and County of San Francisco
HACCP	Hazard Analysis of Critical Control Points. A prevention-based food safety system focusing on time and temperature control at different crucial food service system points
Home-Delivered Meals (HDM)	Home-delivered meals are provided to consumers who are frail and homebound by reason of illness, disability, isolation, lack of support network and have no safe, healthy alternative for meals. HDM programs consist of the procurement, preparation, service and delivery of meals, as well as nutrition education and nutrition counseling. This service requires an annual comprehensive assessment and quarterly re-evaluation of the HDM consumer. The HDM consumer must also have a home visit reassessment by their service providers at least every other quarter. Home Delivered Meals are provided to consumers who have substantial mental and/or physical impairments and lack a support network or resources that result in no safe, healthy alternative for meals. HDM programs consist of the procurement, preparation, service and delivery of meals, as well as nutrition education and counseling. This service requires quarterly reevaluation of the HDM consumer by the grantee and an annual comprehensive assessment by a DAAS approved service provider.
IADL	Instrumental Activities of Daily Living: activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone
Low-Income	200% of poverty level. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.
Menu Analysis	A detailed nutritional analysis approved by a registered dietitian: (a) When utilizing computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2 weeks of the 5-week cycle menu. (b) Each average meal (a weekly average) shall meet no less than one-third of the Dietary Reference Intakes (DRI) (c) At a minimum, values must be determined for calories, protein, fat, saturated fat, fiber, calcium, magnesium, sodium, potassium, vitamin A, vitamin C, vitamin D, and vitamin B12.
Menu Requirements	Meals shall comply with the current Dietary Guidelines for Americans (DGA), published by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture; and shall provide to each participating older individual: (a) A minimum of one-third of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences, if the grantee provides one meal per day; (b) At least two-thirds of the DRIs for the provision of 2 meals per day; (c) At least 100% of the DRIs if the grantee provides 3 meals per day; and (d) Fractions of meals or snacks may not be counted even when such snacks cumulatively equal one-third of the DRIs.

Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
Nutrition Counseling	Provision of medical nutrition therapy counseling and referral to other appropriate service to consumers who are receiving special diets, or who are screened to be at high nutrition risk by DETERMINE Your Nutritional Health tool. This service is provided by a Registered Dietitian.
Nutrition Education	The service provider dietitian, consulting dietitian or OOA Nutritionist shall approve the nutrition education plans, and materials. The nutrition education for the HDM consumer may be written nutrition education material in a variety of forms, including but not limited to information sheets, brochures, and booklets. The nutrition education provided shall be based on the needs of the consumers as determined by annual the consumer satisfaction survey and/or results from DETERMINE Your Nutritional Health tool. Nutrition education shall be provided on a quarterly basis and documented. One set of materials is defined as one nutrition education unit provided to one consumer.
OOA	Office on the Aging
Registered Dietitian (RD) – Registered Dietitian Nutritionist (RDN)	Registered Dietitian or Registered Dietitian Nutritionist. An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration. A Registered Dietitian (R.D.) shall be covered by professional liability insurance either individually (if a consultant) or through Grantee.
SOGI	Sexual Orientation and Gender Identity, a result of <i>Ordinance No. 159-16</i> which amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104, Sections 104.1 through 104.9</i>).

III. Target Population

The target population is residents of San Francisco County, between the age of 18-59 who have a disability as defined in Section II, Definitions. OOA targets individuals who have the greatest economic and social need such as living on low-income, are minorities, possessing non- or limited-English skills, or are lesbian/gay/bisexual/transgender.

IV. Eligibility for Services

To participate in Home-Delivered Meals, the consumer must meet the following criteria: A consumer, between the age of 18-59 who has *substantial* mental and/or physical impairments and lack a support network or resources that result in no safe, healthy alternative for meals. Substantial impairments include one or more of the following:

- Self-Care: ADL and IADL, especially grocery shopping and meal preparation and that the consumer lacks the ability to obtain safe, healthy meals.
- Capacity for independent living and self-direction
- Cognitive functioning and emotional adjustment

V. Services to be Provided

A. Develop and maintain HDM program policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by the most recent California Retail Food Code and OOA Policies and include nutrition education for HDM consumers. Policy and procedures shall ensure the provision of quality meals, adequate access to sound nutrition information enabling consumers to reduce incidence of chronic diseases and maintain independent living.

B. Provide home-delivered meal services, which include:

1. Enroll the number of unduplicated consumers annually as indicated in Table A, and in the various neighborhood and/or districts as indicated in the DAAS-OOA approved Site Chart.
2. Provide the total number of AWD meals annually as indicated in Table A. The meals will be delivered to neighborhoods and/or districts as indicated on the DAAS-OOA approved Site Chart. Each meal shall meet the OOA menu requirements. Meals offered may be hot, chilled or frozen, regular or modified meals as approved by DAAS-OOA, and as determined appropriate for the population served.
3. Documenting, tracking and reporting consumers' condition changes to citywide HDM Assessment contractor that would affect the consumer's eligibility to continue receiving HDM services.
4. Meet with the citywide HDM-AWD assessment contractor at least on a quarterly basis to review services, utilization, and condition change documentation.. Grantee must also establish a policy & procedure to communicate with the HDM-AWD assessment provider, as needed, to discuss any issues that may arise pertaining to the HDM-AWD consumer or the service provided.
5. Provide at least one set of nutrition education material to consumers on a quarterly basis. The total units of nutrition education will be as indicated on the OOA approved Site Chart. The service units will be reported in CA-GetCare in the month that the service is provided.
6. A suggested donation per meal requested of each participant must be approved by the Grantee's Board of Directors and OOA in advance.
7. Service units:

Table A	FY 2017-18	FY 2018-19	FY 2019-20	Total 3-years
#Unduplicated Consumers	125	125	125	375
#Meals	40,169	40,169	40,169	120,507

- C. Ensure central kitchen (or caterer kitchen) and the home-delivered meal routes meet the standards described in the most recent California Retail Food Code (CRFC).
- D. Ensure a Registered Dietitian or an individual with a valid food safety certification oversees the safety and sanitation components of the program. A HACCP safety and sanitation monitoring for the production kitchen must be conducted on site and

documented by a R.D. based on the number of monitoring approved in the Grantee's budget. Grantee with four or more delivery routes will conduct a HDM route monitoring at least once a month. In-service training to address any monitoring findings and/or to reinforce best practices will be scheduled and conducted in a timely manner to bring the program into compliance. The HACCP monitoring reports for the production kitchen and HDM routes shall be sent to OOA on a timely basis and no later than once per quarter.

- E. Ensure that the cycle menu and a nutrient analysis is approved by a Registered Dietitian and submitted to OOA for review approval in accordance to OOA's nutrition standards. Menu substitutions must be approved by a R.D. and documented.
- F. Conduct consumer satisfaction survey yearly for each funded program and provide results to OOA Nutritionist as defined by OOA policy memoranda. The survey tool will be provided by OOA.
- G. The Grantee will comply with the City's food service waste reduction ordinance (File #06094), and use reusable, biodegradable, compostable and/or recyclable food service supplies.
- H. Ensure adequate and culturally competent staffing (paid and/or volunteer) to administer the program and deliver quality services to meet the needs of the consumers and to meet all the nutrition program standards.
- I. The Grantee will attend the quarterly in-service training coordinated and provided by the OOA, and share the information with their staff and volunteers.
- J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- K. The Grantee will complete the California Department of Aging (CDA) Security Awareness Training annually during the term of the grant.
- L. Grantee will develop and provide each consumer with a welcome packet that includes at minimum, the following information: the agency's meal delivery schedule, sample menu, donation policy and collection procedures, procedures to change meal delivery request, grievance policy, and how to request assistance, if needed.

VI. Service Objectives

- A. Grantee will serve the total number of unduplicated consumers as indicated in Table A in Section V.
- B. Grantee will provide the total number of meals as indicated in Table A, Section V.

VII. Outcome Objectives

- A. At least 85% of consumers will report being satisfied with the meal quality as defined as "Excellent or Good" in the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee's average number of meals served at each congregate meal site.
- B. At least 75% of the consumers will report that the meal service helps maintain their independence based on the DAAS annual consumer satisfaction survey, with a minimum sample size of the Grantee's average number of meals served daily.
- C. At least 65% of consumers will report an increase in the consumption of fruits and vegetables as evidenced by a reported change from previous baseline data in the Nutrition Risk Screening Tool or other appropriate evaluation data.
- D. At least 65% of consumers with a high nutrition risk score as defined by the "Determine Your Nutritional Health" checklist will be connected to additional and appropriate resources.

- E. At least 65% of consumers that are identified as “lonely” as evidenced by the DAAS adopted loneliness screening tool will be connected to additional and appropriate resources.

VIII. Monitoring Activities

- A. Nutrition Program Monitoring: Program monitoring will include review of kitchen facility and HDM routes in accordance with CRFC and DAAS policies and nutrition standards. This includes project income policies, nutrition education policies, consumer eligibility and targeted mandates, documentation of the units of service and all reporting, and progress of service and outcome objectives; how consumer records are collected and maintained; consumer data entry on CA-GetCare; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards related to the nutrition program operation, current organizational chart in the nutrition service department, grievance policies and procedures, verification that hours of operation are reflected in most recent approved site chart; employee resume and credentials, job description, and whether progress notes are maintained according to the OOA Nutrition standards.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

IX. Reporting Requirements

- A. Grantee will enter into CA-GetCare any updates in the consumer's demographic data obtained from consumers when conducting a quarterly assessment or any other time a consumer may provide new information.
- B. Grantee will enter into CA-GetCare all the consumer level service units in the Service Recording Tool and data for monthly service reporting by the 5th working day of the month for the preceding month.
- C. Grantee will provide a monthly report of number of meals served as described in Section VI, Service Objectives.
- D. Grantee will enter the following monthly metrics in the CARBON database by the 15th of the following month: Number of meals served and number of nutrition compliance units provided.
- E. Grantee will enter the annual Outcome Objective metrics identified in Section VII of this appendix A in the CARBON database by the 15th of the month following the end of the program year.
- F. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 (or as amended) each grant year. This report must be submitted to the CARBON system. Additional reports may be required at other points in the fiscal year if necessary to meet state requirements.
- G. Grantee will develop and maintain its OOA approved Site Chart. The site chart may be updated with the approval of OOA. A copy of the updated Site Chart will be kept in OOA's contractor program.

- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.
- I. Grantee will provide other reports as requested. Apart from the on-line reporting via Ca-GetCare, and reports requested to be sent via e-mail to the Nutritionist and/or Contract Manager, Monthly and Annual Reports will be entered into CARBON system. For assistance with reporting requirements or submission of reports, contact:

Tahir Shikh
Contract Manager/HSA
P.O. Box 7988
San Francisco, CA 94120
Tahir.Shikh@sfgov.org

Linda Lau
Lead Nutritionist/OOA
1650 Mission Street, 5th Floor
San Francisco, CA 94103
Linda.Lau@sfgov.org

	A	B	C	D	E	F
1	BUDGET FORMS					Appendix B, pg. 1
2	Document Date:					5/10/2017
3	HUMAN SERVICES AGENCY - DEPARTMENT OF AGING AND ADULT SERVICES					
4	BUDGET PROPOSAL FORMS					
5	Grantee's Name: SELF-HELP FOR THE ELDERLY					Grant Term
6	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
7	Effective Date of Mod:		No. of Mod:		7/1/17 to 6/30/20	
8	Program: Enter 1 Prog ONLY (e.g. Cong-ENP, HDM-ENP, Cong-AWD, or HDM-AWD)	CONG-ENP	CONG-ENP	CONG-ENP	TOTAL	Average cost/meal
9	Annual #Meals Contracted	223,913	223,913	223,913	671,739	
10	Program Term	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20	
11	DAAS Expenditures					
12	Salaries & Benefits	\$560,760	\$560,760	\$560,760	\$1,682,280	\$2.50
13	Operating Expense	\$801,035	\$801,035	\$801,035	\$2,403,105	\$3.58
14	Subtotal	\$1,361,795	\$1,361,795	\$1,361,795	\$4,085,385	\$6.08
15	Indirect Percentage (max 10%)	10%	10%	10%		
16	Indirect Cost (Line 15 X Line 14, check Gen.Guidance regarding indirect exclusion)	\$136,180	\$136,180	\$136,180	\$408,540	\$0.61
17	Capital Expenditure					
18	TOTAL DAAS EXPENDITURES	\$1,497,975	\$1,497,975	\$1,497,975	\$4,493,925	\$6.69
19						
20	Non-DAAS Expenditures					
21	Salaries & Benefits	\$130,039	\$130,039	\$130,039	\$390,117	\$0.58
22	Operating Expense	\$357,014	\$357,014	\$357,014	\$1,071,043	\$1.59
23	Capital Expenditure					
24	TOTAL Non-DAAS EXPENDITURES	\$487,053	\$487,053	\$487,053	\$1,461,160	\$2.18
25						
26	TOTAL DAAS & Non-DAAS EXPENDITURES	\$1,985,028	\$1,985,028	\$1,985,028	\$5,955,085	\$8.87
27						
28	HSA-DAAS Revenues					
29	Meals: Local Funds	\$988,099	\$988,099	\$988,099	\$2,964,297	
30	Meals: Federal funds	\$509,876	\$509,876	\$509,876	\$1,529,628	
31						
32	Nutrition Compliance (if your agency is requesting funds)	\$23,535	\$23,535	\$23,535	\$70,605	
33	TOTAL HSA-DAAS REVENUES	\$1,521,510	\$1,521,510	\$1,521,510	\$4,564,530	
34	PER MEAL COST, HSA-DAAS	\$6.69	\$6.69	\$6.69	\$6.69	
35	Per MEAL & COMPLIANCE COST	\$6.80	\$6.80	\$6.80	\$6.80	
36	Non-DAAS Revenues					
37	Project Income	352,126	352,126	352,126	\$1,056,379	\$1.57
38	Agency Cash - Fundraising	\$644,803	\$644,803	\$644,803	\$1,934,408	\$2.88
39	Agency In-Kind Volunteer	\$364,287	\$364,287	\$364,287	\$1,092,861	\$1.63
40	Nutrition Compliance Revenues					
41						
42	TOTAL NON HSA-DAAS REVENUES	\$1,361,216	\$1,361,216	\$1,361,216	\$4,083,648	
43	PER MEAL COST, NON-HSA-DAAS	\$6.08	\$6.08	\$6.08	\$6.08	
44	TOTAL REVENUES	\$2,882,726	\$2,882,726	\$2,882,726	\$8,648,178	
45	PER MEAL COST, TOTAL	\$12.87	\$12.87	\$12.87	\$12.87	
46	Full Time Equivalent (FTE)					
48	Prepared by: Leny Nair	Phone No.: 415-677-7682		Date: 5/10/17		
49	HSA-CO Review Signature:			Date:		
50	HSA #1	Form Rev. 12/22/16				

	A	B	C	D	E	F	G	H	I	J
1	Grantee's Name: SELF-HELP FOR THE ELDERLY							Appendix B, page 2		
2	Program Name:							Date: 5/10/17		
3	CONG-ENP									
4										
5	Salaries & Benefits Detail							TOTAL		
6										
7										
8	H.S.A-DAAS	Agency Totals		For DAAS Nutrition		7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20	
9	POSITION TITLE and NAME	Annual Full Time Salary for FTE	Total % FTE	% Nutr Prog (b)	Adjusted Nutr FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	
10										
11	Office Manager/AT	\$51,500	100%	50%	50%	\$25,750	\$25,750	\$25,750	\$77,250	
12	Center Supervisor/LM	\$36,400	100%	50%	50%	\$18,200	\$18,200	\$18,200	\$54,600	
13	Center Coordinator/CC-GM	\$29,994	100%	25%	25%	\$7,499	\$7,499	\$7,499	\$22,496	
14	Center Coordinator/JL-SS	\$32,136	75%	50%	38%	\$12,051	\$12,051	\$12,051	\$36,153	
15	Center Coordinator/SW-LS	\$32,677	50%	50%	25%	\$8,169	\$8,169	\$8,169	\$24,508	
16	Center Coordinator/AK-MH	\$29,994	63%	25%	16%	\$4,687	\$4,687	\$4,687	\$14,060	
17	Center Coordinator/SI-JC	\$33,280	100%	50%	50%	\$16,640	\$16,640	\$16,640	\$49,920	
18	Center Coordinator/TBH-WH	\$29,640	63%	50%	31%	\$9,263	\$9,263	\$9,263	\$27,788	
19	Center Coordinator/JC-MT	\$29,994	75%	50%	38%	\$11,248	\$11,248	\$11,248	\$33,743	
20	Center Coordinator/JK-VV	\$30,160	63%	50%	31%	\$9,425	\$9,425	\$9,425	\$28,275	
21	Center Coordinator/TBH-D1	\$29,640	75%	100%	75%	\$22,230	\$22,230	\$22,230	\$66,690	
22	Mealsite Worker/WW-LS	\$29,120	63%	100%	63%	\$18,200	\$18,200	\$18,200	\$54,600	
23	Mealsite Worker/KI-JC	\$29,120	100%	90%	90%	\$26,208	\$26,208	\$26,208	\$78,624	
24	Mealsite Worker/YL-MT	\$29,120	63%	100%	63%	\$18,200	\$18,200	\$18,200	\$54,600	
25	Mealsite Worker/PW-WH	\$29,120	50%	50%	25%	\$7,280	\$7,280	\$7,280	\$21,840	
26	Mealsite Worker/LZ-SS	\$29,120	50%	100%	50%	\$14,560	\$14,560	\$14,560	\$43,680	
27	Mealsite Worker/TBH-GM	\$29,120	100%	100%	100%	\$29,120	\$29,120	\$29,120	\$87,360	
28	Mealsite Worker/TBH-MH	\$29,120	63%	100%	63%	\$18,200	\$18,200	\$18,200	\$54,600	
29	Mealsite Worker/CX-WP	\$29,120	63%	100%	63%	\$18,200	\$18,200	\$18,200	\$54,600	
30	Mealsite Worker/CS-VV	\$29,120	75%	100%	75%	\$21,840	\$21,840	\$21,840	\$65,520	
31	Mealsite Worker/TBH-D1	\$29,120	63%	100%	63%	\$18,200	\$18,200	\$18,200	\$54,600	
32	HDM Driver/LP	\$31,720	50%	25%	13%	\$3,965	\$3,965	\$3,965	\$11,895	
33	HDM Driver/KL	\$31,720	50%	25%	13%	\$3,965	\$3,965	\$3,965	\$11,895	
34	HDM Driver/AH	\$30,160	88%	25%	22%	\$6,598	\$6,598	\$6,598	\$19,793	
35	HDM Driver/XZ	\$29,120	100%	25%	25%	\$7,280	\$7,280	\$7,280	\$21,840	
36	HDM Driver/GJ	\$30,160	25%	25%	6%	\$1,885	\$1,885	\$1,885	\$5,655	
37	HDM Driver/YW	\$30,160	66%	25%	17%	\$4,976	\$4,976	\$4,976	\$14,929	
38	HDM Driver/TBH	\$30,160	50%	25%	13%	\$3,770	\$3,770	\$3,770	\$11,310	
39	HDM Worker/LY	\$29,120	50%	25%	13%	\$3,640	\$3,640	\$3,640	\$10,920	
40	HDM Worker/MW	\$29,120	50%	25%	13%	\$3,640	\$3,640	\$3,640	\$10,920	
41	HDM Worker/YL	\$29,120	50%	25%	13%	\$3,640	\$3,640	\$3,640	\$10,920	
42	HDM Worker/ZX	\$29,120	50%	25%	13%	\$3,640	\$3,640	\$3,640	\$10,920	
43	HDM Worker/QL	\$29,120	50%	25%	13%	\$3,640	\$3,640	\$3,640	\$10,920	
44	HDM Worker/FK	\$29,120	50%	25%	13%	\$3,640	\$3,640	\$3,640	\$10,920	
45	HDM Worker/LX	\$29,120	50%	25%	13%	\$3,640	\$3,640	\$3,640	\$10,920	
46	Program Assistant/LC	\$34,840	100%	30%	30%	\$10,452	\$10,452	\$10,452	\$31,356	
47	Program Assistant/EL	\$32,760	100%	36%	36%	\$11,794	\$11,794	\$11,794	\$35,381	
48	Program Assistant/ML	\$32,760	100%	12%	12%	\$3,931	\$3,931	\$3,931	\$11,794	
49	Program Assistant/VC	\$32,240	75%	50%	38%	\$12,090	\$12,090	\$12,090	\$36,270	
50										
51										
52	TOTALS	\$ 1,206,254	2704%	1968%	1391%	\$431,354	\$431,354	\$431,354	\$1,294,062	
53										
54	FRINGE BENEFIT RATE	30.0%								
55	EMPLOYEE FRINGE BENEFITS	\$ 361,876				\$129,406	\$129,406	\$129,406	\$388,218	
56										
57										
58	TOTAL DAAS SALARIES & BENEFITS	\$ 1,568,130				\$560,760	\$560,760	\$560,760	\$1,682,280	
59										
60										

	A	B	C	D	E	F	G	H	I	J
61	Non - DAAS	Agency Totals		For DAAS Meal						TOTAL
		Annual Full Time Salary for FTE	Total % FTE (a)	% Nutr Prog (b)	Adjusted Nutr FTE		Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
62	POSITION TITLE and NAME									
63	Meal Site Workers/LJ	\$ 29,120	75%	25%	19%		\$5,460	\$5,460	\$5,460	\$16,380
64	Meal Site Workers/ZY	\$ 29,120	75%	25%	19%		\$5,460	\$5,460	\$5,460	\$16,380
65	Meal Site Workers/LD	\$ 29,120	25%	25%	6%		\$1,820	\$1,820	\$1,820	\$5,460
66	Meal Site Workers/LJ	\$ 29,120	25%	25%	6%		\$1,820	\$1,820	\$1,820	\$5,460
67	Mealsite Worker/WW-LS	\$29,120	63%	50%	31%		\$9,100	\$9,100	\$9,100	\$27,300
68	Center Coordinator/CP	\$ 29,120	75%	100%	75%		\$21,840	\$21,840	\$21,840	\$65,520
69	Center Coordinator/CC-GM	\$29,994	100%	25%	25%		\$7,499	\$7,499	\$7,499	\$22,496
70	Center Coordinator/SW-LS	\$32,677	50%	50%	25%		\$8,169	\$8,169	\$8,169	\$24,508
71	Center Coordinator/AK-MH	\$29,994	63%	25%	16%		\$4,687	\$4,687	\$4,687	\$14,060
72	Center Coordinator/JK-VV	\$30,160	63%	50%	31%		\$9,425	\$9,425	\$9,425	\$28,275
73	Nutrition Director/KC	\$82,400	100%	23%	23%		\$18,952	\$18,952	\$18,952	\$56,856
74										
75										
76										
77										
78										
79										
80	TOTAL NON-DAAS	\$ 379,944	713%	423%	276%		\$94,231	\$94,231	\$94,231	\$282,694
81										
82	FRINGE BENEFIT RATE	38.0%								
83	EMPLOYEE FRINGE BENEFITS	\$ 144,379					\$35,808	\$35,808	\$35,808	\$107,424
84										
85										
86	TOTAL Non-DAAS SALARIES & BENEFITS	\$ 524,323					\$130,039	\$130,039	\$130,039	\$390,117
87										
88	TOTAL DAAS & Non-DAAS SALARIES & BENEFITS	\$ 2,092,453					\$690,799	\$690,799	\$690,799	\$2,072,397
89	HSA #2	Form Rev. 12/22/16								

	A	B	C	D	E	F	G	H
1	Grantee's Name: SELF-HELP FOR							Appendix B, page 3
2	Program Name:							Date: 5/10/17
3	CONG-ENP							
4	Operating Expense Detail							
7	H.S.A-DAAS	Annual #Meals Contracted:	223,913	223,913	223,913	TOTAL		
8	Expenditure Category	Term:	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20		
9	Rental of Property							
10	Utilities(Elec, Water, Gas, Phone, Scavenger)							
11	Office Supplies, Postage							
12	Building Maintenance Supplies and Repair							
13	FOOD COSTS							
14	Raw Food	per meal						
15	Cong Food Svc Supplies	per meal						
16	HDM Food Svc Supplies	per meal						
17	Catered Meals	per meal \$ 3.56	\$797,966	\$797,966	\$797,966	\$2,393,898		
18	CONSULTANT/SUBCONTRACTOR Descriptive Title							
19	Registered Dietitian							
20								
21	OTHER COSTS:							
22	Insurance		\$3,069	\$3,069	\$3,069	\$9,207		
23	Staff Training & Travel							
24	Rental of Equipment							
25	Small equipment & Supplies							
26	Auto - Fuel & Insurance							
27	Repair/Maintenance							
28								
29								
30	TOTAL DAAS OPERATING EXPENSE		\$801,035	\$801,035	\$801,035	\$2,403,105		
32	Non-DAAS							TOTAL
33	Expenditure Category							
34	Rental of Property		\$78,494	\$78,494	\$78,494	\$235,482		
35	Utilities(Elec, Water, Gas, Phone, Scavenger)		\$ 35,000	\$ 35,000	\$ 35,000	\$105,000		
36	Office Supplies, Postage		\$2,700	\$2,700	\$2,700	\$8,100		
37	Building Maintenance Supplies and Repair		\$27,000	\$27,000	\$27,000	\$81,000		
38	FOOD COSTS							
39	Raw Food	per meal \$ 0.10	\$22,391	\$22,391	\$22,391	\$67,174		
40	Cong Food Svc Supplies	per meal \$ 0.20	\$44,783	\$44,783	\$44,783	\$134,348		
41	HDM Food Svc Supplies	per meal						
42	Catered Meals	per meal \$ 0.42	\$93,207	\$93,207	\$93,207	\$279,622		
43	CONSULTANT/SUBCONTRACTOR Descriptive Title							
44	Registered Dietitian							
45								
46	OTHER COSTS:							
47	Insurance		\$5,688	\$5,688	\$5,688	\$17,064		
48	Staff Training & Travel		\$700	\$700	\$700	\$2,100		
49	Communications (Phone & Internet)		\$19,196	\$19,196	\$19,196	\$57,588		
50	Rental of Equipment		\$3,245	\$3,245	\$3,245	\$9,735		
51	Small equipment & Supplies		\$500	\$500	\$500	\$1,500		
52	Auto - Fuel & Insurance		\$19,000	\$19,000	\$19,000	\$57,000		
53	Repair/Maintenance-Vehicle		\$1,000	\$1,000	\$1,000	\$3,000		
54	Membership dues/subscription		\$610	\$610	\$610	\$1,830		
55	Bank Charges		\$1,500	\$1,500	\$1,500	\$4,500		
56	Recruitment		\$2,000	\$2,000	\$2,000	\$6,000		
58	TOTAL Non-DAAS OPERATING EXPENSE		\$357,014	\$357,014	\$357,014	\$1,071,043		
60	TOTAL DAAS & Non-DAAS OPERATING EXPENSE		\$1,158,049	\$1,158,049	\$1,158,049	\$3,474,148		

	A	B	C	D	E	F
1	BUDGET FORMS					Appendix B1, pg. 1 Document Date: 5/9/2017
2						
3	HUMAN SERVICES AGENCY - DEPARTMENT OF AGING AND ADULT SERVICES					
4	BUDGET PROPOSAL FORMS					
5	Grantee's Name: SELF-HELP FOR THE ELDERLY					Grant Term
6	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
7	Effective Date of Mod:		No. of Mod:		7/1/17 to 6/30/20	
8	Program: Enter 1 Prog ONLY (e.g. Cong-ENP, HDM-ENP, Cong-AWD, or HDM-AWD)	CHAMPSS	CHAMPSS	CHAMPSS	TOTAL	Average cost/meal
9	Annual #Meals Contracted	59,420	59,420	59,420	178,260	
10	Program Term	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20	
11	DAAS Expenditures					
12	Salaries & Benefits	\$157,273	\$157,273	\$157,273	\$471,819	\$2.65
13	Operating Expense	\$289,453	\$289,453	\$289,453	\$868,359	\$4.87
14	Subtotal	\$446,726	\$446,726	\$446,726	\$1,340,178	\$7.52
15	Indirect Percentage (max 10%)	10%	10%	10%	10%	
16	Indirect Cost (Line 15 X Line 14, check Gen. Guidance regarding indirect exclusion)	\$44,673	\$44,673	\$44,673	\$134,019	\$0.75
17	Capital Expenditure					
18	TOTAL DAAS EXPENDITURES	\$491,399	\$491,399	\$491,399	\$1,474,197	\$8.27
19						
20	Non-DAAS Expenditures					
21	Salaries & Benefits					
22	Operating Expense	\$180,000	\$180,000	\$180,000	\$540,000	\$3.03
23	Capital Expenditure					
24	TOTAL Non-DAAS EXPENDITURES	\$180,000	\$180,000	\$180,000	\$540,000	\$3.03
25						
26	TOTAL DAAS & Non-DAAS EXPENDITURES	\$671,399	\$671,399	\$671,399	\$2,014,197	\$11.30
27						
28	HSA-DAAS Revenues					
29	Meals	\$491,399	\$491,399	\$491,399	\$1,474,196	
30	Nutrition Compliance (if your agency is requesting funds)					
31						
32						
33						
34	TOTAL HSA-DAAS REVENUES	\$491,399	\$491,399	\$491,399	\$1,474,196	
35	PER MEAL COST, HSA-DAAS	\$8.27	\$8.27	\$8.27	\$8.27	
36	Per MEAL & COMPLIANCE COST	\$8.27	\$8.27	\$8.27	\$8.27	
37	Non-DAAS Revenues					
38	Project Income	180,000	180,000	180,000	\$540,000	\$3.03
39	Agency Cash - Fundraising	\$0	\$0	\$0	(\$0)	\$0.00
40	Agency In-Kind Volunteer					
41	Nutrition Compliance Revenues					
42						
43	TOTAL NON HSA-DAAS REVENUES	\$180,000	\$180,000	\$180,000	\$540,000	
44	PER MEAL COST, NON HSA-DAAS	\$3.03	\$3.03	\$3.03	\$3.03	
45	TOTAL REVENUES	\$671,399	\$671,399	\$671,399	\$2,014,196	
46	PER MEAL COST, TOTAL	\$11.30	\$11.30	\$11.30	\$11.30	
47	Full Time Equivalent (FTE)					
49	Prepared by: Leny Nair	Phone No.: 415-677-7682		Date: 5/9/17		
50	HSA-CO Review Signature:			Date: _____		
51	HSA #1	Form Rev. 12/22/16				

	A	B	C	D	E	F	G	H	I	J
1	Grantee's Name: SELF-HELP FOR THE ELDERLY						Appendix B1, page 2			
2	Program Name:						Date: 5/9/17			
3	CHAMPSS									
4										
5										
6										
7										
8	H.S.A-DAAS						Salaries & Benefits Detail			
9							TOTAL			
10										
11										
12										
13										
14										
15										
16										
17										
18	TOTALS									
19										
20	FRINGE BENEFIT RATE									
21	EMPLOYEE FRINGE BENEFITS									
22										
23										
24	TOTAL DAAS SALARIES & BENEFITS									
25										
26										
27	Non - DAAS									
28										
29										
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43										
44										
45										
46	TOTAL NON-DAAS									
47										
48	FRINGE BENEFIT RATE									
49	EMPLOYEE FRINGE BENEFITS									
50										
51										
52	TOTAL Non-DAAS SALARIES & BENEFITS									
53										
54	TOTAL DAAS & Non-DAAS SALARIES & BENEFITS									
55	HSA #2									

	A	B	C	D	E	F	G	H
1	Grantee's Name: SELF-HELP FOR							Appendix B1, page
2	Program Name:							Date: 5/9/17
3	CHAMPSS							
4								
5								
6	Operating Expense Detail							
7	H.S.A-DAAS	Annual #Meals Contracted:	59,420	59,420	59,420	TOTAL		
8	Expenditure Category	Term:	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20		
9	Rental of Property							
10	Utilities(Elec, Water, Gas, Phone, Scavenger)							
11	Office Supplies, Postage		\$78	\$78	\$78	\$234		
12	Building Maintenance Supplies and Repair							
13	FOOD COSTS							
14	Raw Food	per meal \$	-					
15	Cong Food Svc Supplies	per meal						
16	HDM Food Svc Supplies	per meal \$	-					
17	Catered Meals	per meal \$	4.87	\$289,375	\$289,375	\$289,375	\$868,125	
18	CONSULTANT/SUBCONTRACTOR Descriptive Title							
19	Registered Dietitian							
20								
21	OTHER COSTS:							
22	Insurance							
23	Staff Training & Travel							
24	Rental of Equipment							
25	Small equipment & Supplies							
26	Auto - Fuel & Insurance							
27	Repair/Maintenance							
28								
29								
30	TOTAL DAAS OPERATING EXPENSE		\$289,453	\$289,453	\$289,453	\$868,359		
32	Non-DAAS							
33	Expenditure Category					TOTAL		
34	Rental of Property		\$7,000	\$7,000	\$7,000	\$21,000		
35	Utilities(Elec, Water, Gas, Phone, Scavenger)		\$ 500.00	\$ 500.00	\$500	\$1,500		
36	Office Supplies, Postage		\$475	\$475	\$475	\$1,425		
37	Building Maintenance Supplies and Repair							
38	FOOD COSTS							
39	Raw Food	per meal						
40	Cong Food Svc Supplies	per meal						
41	HDM Food Svc Supplies	per meal \$	-					
42	Catered Meals	per meal \$	2.63	\$156,275	\$156,275	\$156,275	\$468,824	
43	CONSULTANT/SUBCONTRACTOR Descriptive Title							
44	Registered Dietitian							
45								
46	OTHER COSTS:							
47	Insurance		\$3,000	\$3,000	\$3,000	\$9,000		
48	Staff Training & Travel		\$2,000	\$2,000	\$2,000	\$6,000		
49	Printing		\$500	\$500	\$500	\$1,500		
50	Rental of Equipment							
51	Small equipment & Supplies		\$750	\$750	\$750	\$2,251		
52	Auto - Fuel & Insurance							
53	Bank Charges		\$2,500	\$2,500	\$2,500	\$7,500		
54	Software/Database		\$7,000	\$7,000	\$7,000	\$21,000		
56	TOTAL Non-DAAS OPERATING EXPENSE		\$180,000	\$180,000	\$180,000	\$516,075		
58	TOTAL DAAS & Non-DAAS OPERATING EXPENSE		\$469,453	\$469,453	\$469,453	\$1,384,434		
63	HSA #3	Form Rev. 12/22/16						

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B2, Page 1										
2	Document Date: 2/14/17										
3	HUMAN SERVICES AGENCY BUDGET SUMMARY										
4	BY PROGRAM										
5	Contractor Name <input checked="" type="checkbox"/> Self-Help for the Elderly				Term						
6					July 1, 2017 to June 30, 2020						
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>										
8	If modification, Effective Date of Mod. No. of Mod.										
9	Program: Nutrition Compliance for ENP- Congregate	REVENUE Cost Allocation:			REVENUE Cost Allocation:			REVENUE Cost Allocation:			
10	Budget Reference Page No.(s)	Year 1	H.S.A.-DAAS	Non-HSA-DAAS	Year 2	H.S.A.-DAAS	Non-HSA-DAAS	Year 3	H.S.A.-DAAS	Non-HSA-DAAS	Total Revenue
11	Program Term	7/1/17-6/30/18			7/1/18-6/30/19			7/1/19-6/30/20			7/1/17 to 6/30/20
12	Expenditures										
13	Nutrition Education										
14	Salaries & Benefits	1,250	1,222	28	1,250	1,222	28	1,250	1,222	28	3,750
15	Operating Expense	-	-	-	-	-	-	-	-	-	-
16	Subtotal Direct	1,250	1,222	28	1,250	1,222	28	1,250	1,222	28	3,750
17	Indirect Percentage	0.10	0.10	0.11	0.10	0.10	0.10	0.10	0.10	0.10	
18	Indirect Expense	125	122	3	125	122	3	125	122	3	375
19	Total Nutrition Education	1,375	1,344	31	1,375	1,344	31	1,375	1,344	31	4,125
20	Nutrition Counseling										
21	Salaries & Benefits	-	-	-	-	-	-	-	-	-	-
22	Operating Expense	-	-	-	-	-	-	-	-	-	-
23	Subtotal Direct	-	-	-	-	-	-	-	-	-	-
24	Indirect Percentage	-	-	-	-	-	-	-	-	-	-
25	Indirect Expense	-	-	-	-	-	-	-	-	-	-
26	Total Nutrition Counseling	-	-	-	-	-	-	-	-	-	-
27	HACCP Kitchen Monitoring										
28	Salaries & Benefits	3,227	3,217	10	3,227	3,217	10	3,227	3,217	10	9,681
29	Operating Expense	52	52	-	52	52	-	52	52	-	156
30	Subtotal Direct	3,279	3,269	10	3,279	3,269	10	3,279	3,269	10	9,837
31	Indirect Percentage	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	
32	Indirect Expense	328	327	1	328	327	1	328	327	1	984
33	Total HACCP Kitchen Monitoring	3,607	3,596	11	3,607	3,596	11	3,607	3,596	11	10,821
34	Site/Route Monitoring										
35	Salaries & Benefits	12,918	12,731	187	12,918	12,731	187	12,918	12,731	187	38,754
36	Operating Expense	-	-	-	-	-	-	-	-	-	-
37	Subtotal Direct	12,918	12,731	187	12,918	12,731	187	12,918	12,731	187	38,754
38	Indirect Percentage	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	
39	Indirect Expense	1,292	1,273	19	1,292	1,273	19	1,292	1,273	19	3,876
40	Total Site/Route Monitoring	14,210	14,004	206	14,210	14,004	206	14,210	14,004	206	42,630
41	Menu Planning										
42	Salaries & Benefits	2,715	2,545	170	2,715	2,545	170	2,715	2,545	170	8,145
43	Operating Expense	-	-	-	-	-	-	-	-	-	-
44	Subtotal Direct	2,715	2,545	170	2,715	2,545	170	2,715	2,545	170	8,145
45	Indirect Percentage	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	
46	Indirect Expense	271	254	17	271	254	17	271	254	17	813
47	Total Menu Planning	2,986	2,799	187	2,986	2,799	187	2,986	2,799	187	8,958
48	HDM Assessments										
49	Salaries & Benefits	-	-	-	-	-	-	-	-	-	-
50	Operating Expense	-	-	-	-	-	-	-	-	-	-
51	Subtotal Direct	-	-	-	-	-	-	-	-	-	-
52	Indirect Percentage	-	-	-	-	-	-	-	-	-	-
53	Indirect Expense	-	-	-	-	-	-	-	-	-	-
54	Total HDM Assessments	-	-	-	-	-	-	-	-	-	-
55	Other Nutrition Compliance										
56	Salaries & Benefits	1,696	1,629	67	1,696	1,629	67	1,696	1,629	67	5,088
57	Operating Expense	-	-	-	-	-	-	-	-	-	-
58	Subtotal Direct	1,696	1,629	67	1,696	1,629	67	1,696	1,629	67	5,088
59	Indirect Percentage	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	
60	Indirect Expense	170	163	7	170	163	7	170	163	7	510
61	Total Other Nutrition Compliance	1,866	1,792	74	1,866	1,792	74	1,866	1,792	74	5,598
62	GRAND Total Expenditures	24,044	23,535	509	24,044	23,535	509	24,044	23,535	509	72,132
63	HSA Revenues										
64											
65											
66	TOTAL HSA REVENUES	-	-	-	-	-	-	-	-	-	-
67	Other Non-H.S.A.-DAAS Revenues	-	-	-	-	-	-	-	-	-	-
68		-	-	-	-	-	-	-	-	-	-
69		-	-	-	-	-	-	-	-	-	-
70		-	-	-	-	-	-	-	-	-	-
71	TOTAL OTHER REVENUES	-	-	-	-	-	-	-	-	-	-
72	Full Time Equivalent (FTE)	???									
74	Prepared by: Kelly Chew	Telephone No.: 415-677-7606								Date 2/14/2017	
75	HSA-CO Review Signature:										
76	HSA #1										

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B2, Page 2														
2	Document Date: 2/14/17														
3															
4	Program: Nutrition Compliance for ENP- Congregate														
5	(Same as Line 9 on HSA #1)														
6															
7	Nutrition Education Salaries & Benefits Detail														
8	TERM:														
9	July 1, 2017 to June 30, 2020														
10															
11	POSITION TITLE	7/1/17-6/30/18				7/1/18-6/30/19				7/1/19-6/30/20				7/1/17 to 6/30/20	
12		Agency Totals		For HSA Program		For HSA Program		REVENUE Cost Allocation:		For HSA Program		REVENUE Cost Allocation:		For HSA Program	
13		Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS		Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS		Budgeted Salary	H.S.A.-DAAS
14	Assistant Director/RC	\$59,740	100%	2%	2%	926.00	905.00	21.00		926.00	905.00	21.00		926.00	905.00
15						-				-				-	
16						-				-				-	
17						-				-				-	
18						-				-				-	
19						-				-				-	
20						-				-				-	
21						-				-				-	
22						-				-				-	
23						-				-				-	
24						-				-				-	
25						-				-				-	
26						-				-				-	
27						-				-				-	
28						-				-				-	
29						-				-				-	
30	TOTALS	\$59,740	100%	2%	2%	926.00	905.00	21.00		926.00	905.00	21.00		926.00	905.00
31															
32	FRINGE BENEFIT RATE	35%													
33	EMPLOYEE FRINGE BENEFITS	\$20,909				324.00	317.00	7.00		324.00	317.00	7.00		324.00	317.00
34															
35															
36	TOTAL SALARIES & BENEFITS	\$80,649				1,250.00	1,222.00	28.00		1,250.00	1,222.00	28.00		1,250.00	1,222.00
37	TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$3,750													
38	HSA #2														

Document Date: 2/14/17

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B2, Page 3														
2	Document Date: 2/14/17														
3															
4	Program: Nutrition Compliance for ENP- Congregate														
5	(Same as Line 9 on HSA #1)														
6															
7	HACCP Kitchen Monitoring Salaries & Benefits Detail														
8	TERM:														
9	July 1, 2017 to June 30, 2020														
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HACCP Kitchen Monitoring Operating Expense Detail

TERM:
July 1, 2017 to June 30, 2020

Expenditure Category	Year 1 7/1/17-6/30/18	REVENUE Cost Allocation: H.S.A.-DAAS DAAS	Year 2 7/1/18-6/30/19	REVENUE Cost Allocation: H.S.A.-DAAS DAAS	Year 3 7/1/19-6/30/20	REVENUE Cost Allocation: H.S.A.-DAAS DAAS	TOTAL REVENUE 7/1/17 to 6/30/20
Rental of Property							
Utilities(Elec, Water, Gas, Phone, Scavenger)							
Office Supplies, Postage							
Building Maintenance Supplies and Repair							
Printing and Reproduction							
Insurance							
Staff Training							
Staff Travel	\$52	\$52	\$52	\$52	\$52	\$52	\$156
Small Equipment (under \$5,000/item)							
Rental of Equipment							
SUBCONTRACTORS Descriptive Title							
a							
b							
c							
d							
e							
OTHER							
z							
y							
x							
w							
v							
TOTAL OPERATING EXPENSE	\$52	\$52	\$52	\$52	\$52	\$52	\$156
TOTAL OPERATING EXPENSE x3yrs	\$156						

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B2, Page 5														
2	Document Date: 2/14/17														
3															
4	Program: Nutrition Compliance for ENP- Congregate														
5	(Same as Line 9 on HSA #1)														
6															
7															
8	Site or Route Monitoring Salaries & Benefits Detail														
9	TERM: July 1, 2017 to June 30, 2020														
10															
11															
12	POSITION TITLE	Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation		For HSA Program	REVENUE Cost Allocation		For HSA Program	REVENUE Cost Allocation		Total Revenue
13	Assistant Director/RC	\$59,740	100%	11%	11%	6,273.00	6,230.00	43.00	6,273.00	6,230.00	43.00	6,273.00	6,230.00	43.00	18,819.00
14	Director - KC	\$82,400	100%	4%	4%	3,296.00	3,200.00	96.00	3,296.00	3,200.00	96.00	3,296.00	3,200.00	96.00	9,888.00
15						-	-	-	-	-	-	-	-	-	-
16						-			-			-			-
17						-			-			-			-
18						-			-			-			-
19						-			-			-			-
20						-			-			-			-
21						-			-			-			-
22						-			-			-			-
23						-			-			-			-
24						-			-			-			-
25						-			-			-			-
26						-			-			-			-
27						-			-			-			-
28						-			-			-			-
29						-			-			-			-
30	TOTALS	\$142,140	200%	15%	15%	9,569.00	9,430.00	139.00	9,569.00	9,430.00	139.00	9,569.00	9,430.00	139.00	28,707.00
31															
32	FRINGE BENEFIT RATE	35%													
33	EMPLOYEE FRINGE BENEFITS	\$49,749				3,349.00	3,301.00	48.00	3,349.00	3,301.00	48.00	3,349.00	3,301.00	48.00	10,047.00
34															
35															
36	TOTAL SALARIES & BENEFITS	\$191,889				12,918.00	12,731.00	187.00	12,918.00	12,731.00	187.00	12,918.00	12,731.00	187.00	38,754.00
37	TOTAL SALARIES & BENEFITS for HAS Program x3yrs	\$38,754													
38	HSA #8														

Document Date: 2/14/17

Document Date: 2/14/17

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B2, Page 6 Document Date: 2/14/2017														
2															
3															
4															
5	Program: Nutrition Compliance for ENP- Congregate (Same as Line 9 on HSA #1)														
6															
7															
8	Menu Planning Salaries & Benefits Detail														
9	TERM July 1, 2017 to June 30, 2020														
10															
11															
12															
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B2, Page 7														
2	Document Date: 2/14/17														
3															
4	Program: Nutrition Compliance for ENP- Congregate														
5	(Same as Line 9 on HSA #1)														
6															
7															
8	Other Nutrition Compliance Salaries & Benefits Detail														
9	TERM:														
10	July 1, 2017 to June 30, 2020														
11		7/1/17-6/30/18				7/1/18-6/30/19				7/1/19-6/30/20				7/1/17 to 6/30/2	
12		Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation		For HSA Program	REVENUE Cost Allocation		For HSA Program	REVENUE Cost Allocation		Total Revenue
13	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	
14	Nutrition Manager - EI	\$59,740	100%	1%	1%	597.00	597.00	-	597.00	597.00	-	597.00	597.00	-	1,791.00
15	Director - KC	\$82,400	100%	1%	1%	659.00	610.00	49.00	659.00	610.00	49.00	659.00	610.00	49.00	1,977.00
16						-			-			-			-
17						-			-			-			-
18						-			-			-			-
19						-			-			-			-
20						-			-			-			-
21						-			-			-			-
22						-			-			-			-
23						-			-			-			-
24						-			-			-			-
25						-			-			-			-
26						-			-			-			-
27						-			-			-			-
28						-			-			-			-
29						-			-			-			-
30	TOTALS	\$142,140	200%	2%	2%	1,256.00	1,207.00	49.00	1,256.00	1,207.00	49.00	1,256.00	1,207.00	49.00	3,768.00
31	FRINGE BENEFIT RATE	35%													
32	EMPLOYEE FRINGE BENEFITS	\$49,749				440.00	422.00	18.00	440.00	422.00	18.00	440.00	422.00	18.00	1,320.00
33															
34															
35															
36	TOTAL SALARIES & BENEFITS	\$191,889				1,696.00	1,629.00	67.00	1,696.00	1,629.00	67.00	1,696.00	1,629.00	67.00	5,088.00
37	TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$5,088													
38	HSA #14	Document Date: 2/14/17													

	A	B	C	D	E	F
1	BUDGET FORMS					Appendix B3, pg. 1 Document Date: 5/12/2017
2						
3	HUMAN SERVICES AGENCY - DEPARTMENT OF AGING AND ADULT SERVICES					
4	BUDGET PROPOSAL FORMS					
5	Grantee's Name: SELF-HELP FOR THE ELDERLY					Grant Term
6	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
7	Effective Date of Mod:		No. of Mod:		7/1/17 to 6/30/20	
8	Program: Enter 1 Prog ONLY (e.g. Cong-ENP, HDM-ENP, Cong-AWD, or HDM-AWD)	HDM-ENP	HDM-ENP	HDM-ENP	TOTAL	Average cost/meal
9	Annual #Meals Contracted	66,363	66,363	66,363	199,089	
10	Program Term	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20	
11	DAAS Expenditures					
12	Salaries & Benefits	\$251,112	\$251,112	\$251,112	\$753,336	\$3.78
13	Operating Expense	\$160,944	\$160,944	\$160,944	\$482,832	\$2.43
14	Subtotal	\$412,056	\$412,056	\$412,056	\$1,236,168	\$6.21
15	Indirect Percentage (max 10%)	10%	10%	10%		
16	Indirect Cost (Line 15 X Line 14, check Gen.Guidance regarding indirect exclusion)	\$41,205	\$41,205	\$41,205	\$123,615	\$0.62
17	Capital Expenditure					
18	TOTAL DAAS EXPENDITURES	\$453,261	\$453,261	\$453,261	\$1,359,783	\$6.83
19						
20	Non-DAAS Expenditures					
21	Salaries & Benefits	\$103,194	\$103,194	\$103,194	\$309,582	\$1.55
22	Operating Expense	\$162,633	\$162,633	\$162,633	\$487,898	\$2.45
23	Capital Expenditure					
24	TOTAL Non-DAAS EXPENDITURES	\$265,827	\$265,827	\$265,827	\$797,480	\$4.01
25						
26	TOTAL DAAS & Non-DAAS EXPENDITURES	\$719,087	\$719,087	\$719,087	\$2,157,263	\$10.84
27						
28	HSA-DAAS Revenues					
29	Meals	\$453,261	\$453,261	\$453,261	\$1,359,783	
30	Nutrition Compliance (if your agency is requesting funds)	\$80,075	\$80,075	\$80,075	\$240,225	
31						
32						
33						
34	TOTAL HSA-DAAS REVENUES	\$533,336	\$533,336	\$533,336	\$1,600,008	
35	PER MEAL COST, HSA-DAAS	\$6.83	\$6.83	\$6.83	\$6.83	
36	Per MEAL & COMPLIANCE COST	\$8.04	\$8.04	\$8.04	\$8.04	
37	Non-DAAS Revenues					
38	Project Income	81,545	81,545	81,545	\$244,634	\$1.23
39	Agency Cash - Fundraising	\$184,282	\$184,282	\$184,282	\$552,846	\$2.78
40	Agency In-Kind Volunteer	\$34,860	\$34,860	\$34,860	\$104,580	\$0.53
41	Nutrition Compliance Revenues					
42						
43	TOTAL NON HSA-DAAS REVENUES	\$300,687	\$300,687	\$300,687	\$902,060	
44	PER MEAL COST, NON HSA-DAAS	\$4.53	\$4.53	\$4.53	\$4.53	
45	TOTAL REVENUES	\$834,023	\$834,023	\$834,023	\$2,502,068	
46	PER MEAL COST, TOTAL	\$12.57	\$12.57	\$12.57	\$12.57	
47	Full Time Equivalent (FTE)					
49	Prepared by: Leny Nair	Phone No.: 415-677-7682		Date: 5/12/17		
50	HSA-CO Review Signature:			Date:		
51	HSA #1	Form Rev. 12/22/16				

	A	B	C	D	E	F	G	H	I	J
1	Grantee's Name: SELF-HELP FOR THE ELDERLY								Appendix B3, page 2	
2	Program Name:								Date: 5/12/17	
3	HDM-ENP									
4										
5										
6										
7										
8	H.S.A-DAAS								TOTAL	
		Agency Totals		For DAAS Nutrition		7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20	
9	POSITION TITLE and NAME	Annual Full Time Salary for FTE	Total % FTE	% Nutr Prog (b)	Adjusted Nutr FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	
10	Nutrition Director/KC	\$82,400	100%	7%	7%	\$5,768	\$5,768	\$5,768	\$17,304	
11	HDM Transp Manager/FC	\$50,000	100%	23%	23%	\$11,500	\$11,500	\$11,500	\$34,500	
12	Outreach Worker/TC	\$35,464	50%	100%	11%	\$3,759	\$3,759	\$3,759	\$11,278	
13	HDM Supervisor/WW	\$34,840	75%	50%	38%	\$13,065	\$13,065	\$13,065	\$39,195	
14	HDM Driver/LP	\$31,720	50%	75%	38%	\$11,895	\$11,895	\$11,895	\$35,685	
15	HDM Driver/KL	\$31,720	50%	75%	38%	\$11,895	\$11,895	\$11,895	\$35,685	
16	HDM Driver/AH	\$30,160	88%	75%	66%	\$19,793	\$19,793	\$19,793	\$59,378	
17	HDM Driver/XZ	\$29,120	100%	75%	75%	\$21,840	\$21,840	\$21,840	\$65,520	
18	HDM Driver/GJ	\$30,160	25%	75%	19%	\$5,655	\$5,655	\$5,655	\$16,965	
19	HDM Driver/YW	\$30,160	66%	75%	50%	\$14,929	\$14,929	\$14,929	\$44,788	
20	HDM Driver/TBH	\$30,160	50%	75%	38%	\$11,310	\$11,310	\$11,310	\$33,930	
21	HDM Worker/LY	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
22	HDM Worker/MW	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
23	HDM Worker/YL	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
24	HDM Worker/ZX	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
25	HDM Worker/LX	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
26										
27										
28										
29	TOTALS	\$ 561,504	1004%	1080%	587%	\$186,009	\$186,009	\$186,009	\$558,027	
30										
31	FRINGE BENEFIT RATE	35.0%								
32	EMPLOYEE FRINGE BENEFITS	\$ 196,526				\$65,103	\$65,103	\$65,103	\$195,309	
33										
34										
35	TOTAL DAAS SALARIES & BENEFITS	\$ 758,030				\$251,112	\$251,112	\$251,112	\$753,336	
36										
37										
38	Non - DAAS	Agency Totals		For DAAS Meal					TOTAL	
39	POSITION TITLE and NAME	Annual Full Time Salary for FTE	Total % FTE (a)	% Nutr Prog (b)	Adjusted Nutr FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	
40	On Call HDM Worker	\$ 29,120	75%	75%	56%	\$16,380	\$16,380	\$16,380	\$49,140	
41	On Call HDM Worker	\$ 29,120	75%	75%	56%	\$16,380	\$16,380	\$16,380	\$49,140	
42	On Call HDM Worker	\$ 29,120	25%	75%	19%	\$5,460	\$5,460	\$5,460	\$16,380	
43	On Call HDM Worker	\$ 29,120	25%	75%	19%	\$5,460	\$5,460	\$5,460	\$16,380	
44	HDM Worker/QL	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
45	HDM Worker/FK	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
46	HDM Worker/LX	\$29,120	50%	75%	38%	\$10,920	\$10,920	\$10,920	\$32,760	
47										
48										
49										
50										
51										
52										
53										
54										
55										

	A	B	C	D	E	F	G	H	I	J
56										
57	TOTAL NON-DAAS	\$ 203,840	350%	525%	263%		\$76,440	\$76,440	\$76,440	\$229,320
58										
59	FRINGE BENEFIT RATE	35.0%								
60	EMPLOYEE FRINGE BENEFITS	\$ 71,344					\$26,754	\$26,754	\$26,754	\$80,262
61										
62										
63	TOTAL Non-DAAS SALARIES & BENEFITS	\$ 275,184					\$103,194	\$103,194	\$103,194	\$309,582
64										
65	TOTAL DAAS & Non-DAAS SALARIES & BENEFITS	\$ 1,033,214					\$354,306	\$354,306	\$354,306	\$1,062,918
66	HSA #2	Form Rev. 12/22/16								

	A	B	C	D	E	F	G	H
1	Grantee's Name: SELF-HELP FOF							Appendix B3, page
2	Program Name:							Date: 5/12/17
3	HDM-ENP							
4	Operating Expense Detail							
7	H.S.A-DAAS	Annual #Meals Contracted:	66,363	66,363	66,363	TOTAL		
8	Expenditure Category	Term:	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20		
9	Rental of Property							
10	Utilities(Elec, Water, Gas, Phone, Scavenger)							
11	Office Supplies, Postage		\$374	\$374	\$374	\$1,122		
12	Building Maintenance Supplies and Repair							
13	FOOD COSTS							
14	Raw Food	per meal \$	-					
15	Cong Food Svc Supplies	per meal \$	-					
16	HDM Food Svc Supplies	per meal						
17	Catered Meals	per meal \$	2.27	\$150,644	\$150,644	\$150,644	\$451,932	
18	CONSULTANT/SUBCONTRACTOR Descriptive Title							
19	Registered Dietitian							
20								
21	OTHER COSTS:							
22	Insurance							
23	Staff Training & Travel							
24	Rental of Equipment							
25	Small equipment & Supplies							
26	Auto - Fuel & Insurance		\$9,926	\$9,926	\$9,926	\$29,778		
27	Repair/Maintenance							
28								
29								
30	TOTAL DAAS OPERATING EXPENSE		\$160,944	\$160,944	\$160,944	\$482,832		
32	Non-DAAS TOTAL							
33	Expenditure Category							
34	Rental of Property							
35	Utilities(Elec, Water, Gas, Phone, Scavenger)							
36	Office Supplies, Postage		\$300	\$300	\$300	\$900		
37	Building Maintenance Supplies and Repair							
38	FOOD COSTS							
39	Raw Food	per meal \$	0.16	\$10,618	\$10,618	\$10,618	\$31,854	
40	Cong Food Svc Supplies	per meal						
41	HDM Food Svc Supplies	per meal \$	0.30	\$19,909	\$19,909	\$19,909	\$59,727	
42	Catered Meals	per meal \$	1.54	\$101,914	\$101,914	\$101,914	\$305,741	
43	CONSULTANT/SUBCONTRACTOR Descriptive Title							
44	Registered Dietitian							
45								
46	OTHER COSTS:							
47	Insurance		\$3,818	\$3,818	\$3,818	\$11,454		
48	Staff Training & Travel		\$400	\$400	\$400	\$1,200		
49	Communications (Phone & Internet)		\$1,600	\$1,600	\$1,600	\$4,800		
50	Rental of Equipment							
51	Small equipment & Supplies							
52	Auto - Fuel & Insurance		\$15,774	\$15,774	\$15,774	\$47,322		
53	Repair/Maintenance-Vehicle		\$8,000	\$8,000	\$8,000	\$24,000		
54	Recruitment		\$300	\$300	\$300	\$900		
56	TOTAL Non-DAAS OPERATING EXPENSE		\$162,633	\$162,633	\$162,633	\$487,898		
58	TOTAL DAAS & Non-DAAS OPERATING EXPENSE		\$323,576	\$323,576	\$323,576	\$970,730		
63	HSA #3		Form Rev. 12/22/16					

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B4, Page 1										
2	Document Date: 2/14/2017										
3	HUMAN SERVICES AGENCY BUDGET SUMMARY										
4	BY PROGRAM										
5	Contractor Name:					Term					
6	Self-Help for the Elderly					July 1, 2017 to June 30, 2020					
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>										
8	If modification, Effective Date of Mod. No. of Mod.										
9	Program: Nutrition Compliance for ENP- HDM	REVENUE Cost Allocation:			REVENUE Cost Allocation:			REVENUE Cost Allocation:			
10	Budget Reference Page No.(s)	Year 1	H.S.A.-DAAS	Non-HSA-DAAS	Year 2	H.S.A.-DAAS	Non-HSA-DAAS	Year 3	H.S.A.-DAAS	Non-HSA-DAAS	Total Revenue
11	Program Term	7/1/17-6/30/18			7/1/18-6/30/19			7/1/19-6/30/20			7/1/17 to 6/30/20
12	Expenditures										
13	Nutrition Education										
14	Salaries & Benefits	181	135	46	181	135	46	181	135	46	543
15	Operating Expense	-	-	-	-	-	-	-	-	-	-
16	Subtotal Direct	181	135	46	181	135	46	181	135	46	543
17	Indirect Percentage	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
18	Indirect Expense	18	13	5	18	13	5	18	13	5	54
19	Total Nutrition Education	199	148	51	199	148	51	199	148	51	597
20	Nutrition Counseling										
21	Salaries & Benefits	-	-	-	-	-	-	-	-	-	-
22	Operating Expense	-	-	-	-	-	-	-	-	-	-
23	Subtotal Direct										
24	Indirect Percentage										
25	Indirect Expense										
26	Total Nutrition Counseling										
27	HACCP Kitchen Monitoring										
28	Salaries & Benefits	546	540	6	546	540	6	546	540	6	1,638
29	Operating Expense	-	-	-	-	-	-	-	-	-	-
30	Subtotal Direct	546	540	6	546	540	6	546	540	6	1,638
31	Indirect Percentage	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
32	Indirect Expense	55	54	1	55	54	1	55	54	1	165
33	Total HACCP Kitchen Monitoring	601	594	7	601	594	7	601	594	7	1,803
34	Site/Route Monitoring										
35	Salaries & Benefits	9,666	9,666	-	9,666	9,666	-	9,666	9,666	-	28,998
36	Operating Expense	-	-	-	-	-	-	-	-	-	-
37	Subtotal Direct	9,666	9,666	-	9,666	9,666	-	9,666	9,666	-	28,998
38	Indirect Percentage	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
39	Indirect Expense	966	966	-	966	966	-	966	966	-	2,898
40	Total Site/Route Monitoring	10,632	10,632	-	10,632	10,632	-	10,632	10,632	-	31,896
41	Menu Planning										
42	Salaries & Benefits	1,176.0	1,156.0	20.0	1,176.0	1,156.0	20.0	1,176.0	1,156.0	20.0	3,528.0
43	Operating Expense	-	-	-	-	-	-	-	-	-	-
44	Subtotal Direct	1,176.0	1,156.0	20.0	1,176.0	1,156.0	20.0	1,176.0	1,156.0	20.0	3,528.0
45	Indirect Percentage	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
46	Indirect Expense	117	116	1	117	116	1	117	116	1	351
47	Total Menu Planning	1,293	1,272	21	1,293	1,272	21	1,293	1,272	21	3,879
48	HDM Assessments										
49	Salaries & Benefits	61,025	61,025	-	61,025	61,025	-	61,025	61,025	-	183,075
50	Operating Expense	-	-	-	-	-	-	-	-	-	-
51	Subtotal Direct	61,025	61,025	-	61,025	61,025	-	61,025	61,025	-	183,075
52	Indirect Percentage	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
53	Indirect Expense	6,103	6,103	-	6,103	6,103	-	6,103	6,103	-	18,309
54	Total HDM Assessments	67,128	67,128	-	67,128	67,128	-	67,128	67,128	-	201,384
55	Other Nutrition Compliance										
56	Salaries & Benefits	281	274	7	281	274	7	281	274	7	843
57	Operating Expense	-	-	-	-	-	-	-	-	-	-
58	Subtotal Direct	281	274	7	281	274	7	281	274	7	843
59	Indirect Percentage	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
60	Indirect Expense	28	27	1	28	27	1	28	27	1	84
61	Total Other Nutrition Compliance	309	301	8	309	301	8	309	301	8	927
62	GRAND Total Expenditures	80,162	80,075	87	80,162	80,075	87	80,162	80,075	87	240,486
63	HSA Revenues										
64											
65											
66	TOTAL HSA REVENUES										
67	Other Non-H.S.A.-DAAS Revenues										
68											
69											
70											
71	TOTAL OTHER REVENUES										
72	Full Time Equivalent (FTE)	???									
74	Prepared by: Kelly Chew					Telephone No.: 415-677-7606					Date 2/14/2017
75	HSA-CO Review Signature: _____										
76	HSA #1										

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1	Appendix B4, Page 2															
2	Document Date: 2/14/2017															
3																
4	Program: Nutrition Compliance for ENP- HDM															
5	(Same as Line 9 on HSA #1)															
6																
7																
8	TERM:															
9	July 1, 2017 to June 30, 2020															
10																
11	Nutrition Education Salaries & Benefits Detail															
12		7/1/17-6/30/18				7/1/18-6/30/19			7/1/19-6/30/20			7/1/17 to 6/30/20				
13		Agency Totals		For HSA Program		For HSA Program		REVENUE Cost Allocation		For HSA Program		REVENUE Cost Allocation		For HSA Program		Total Revenue
14	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS		
15	Assistant Director/RC	\$67,000	100%	0%	0%	134.00	100.00	34.00	134.00	100.00	34.00	134.00	100.00	34.00	402.00	
16						-			-			-			-	
17						-			-			-			-	
18						-			-			-			-	
19						-			-			-			-	
20						-			-			-			-	
21						-			-			-			-	
22						-			-			-			-	
23						-			-			-			-	
24						-			-			-			-	
25						-			-			-			-	
26						-			-			-			-	
27						-			-			-			-	
28						-			-			-			-	
29						-			-			-			-	
30	TOTALS	\$67,000	100%	0%	0%	134.00	100.00	34.00	134.00	100.00	34.00	134.00	100.00	34.00	402.00	
31	FRINGE BENEFIT RATE	35%														
32	EMPLOYEE FRINGE BENEFITS	\$23,450				47.00	35.00	12.00	47.00	35.00	12.00	47.00	35.00	12.00	141.00	
33																
34																
35																
36	TOTAL SALARIES & BENEFITS	\$90,450				181.00	135.00	46.00	181.00	135.00	46.00	181.00	135.00	46.00	543.00	
37	TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$543														
38	HSA #2	Document Date: 2/14/2017														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B4, Page 3														
2	Document Date: 2/14/2017														
3															
4	Program: Nutrition Compliance for ENP- HDM														
5	(Same as Line 9 on HSA #1)														
6															
7	HACCP Kitchen Monitoring Salaries & Benefits Detail														
8	TERM:														
9	July 1, 2017 to June 30, 2020														
10															
11															
12															
13															
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41															
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B4, Page 4														
2	Document Date: 2/14/2017														
3															
4	Program: Nutrition Compliance for ENP- HDM														
5	(Same as Line 9 on HSA #1)														
6															
7															
8	Site or Route Monitoring Salaries & Benefits Detail														
9	TERM:														
10	July 1, 2017 to June 30, 2020														
11															
12		Agency Totals		For HSA Program		for HSA Program	REVENUE Cost Allocation		for HSA Program	REVENUE Cost Allocation		for HSA Program	REVENUE Cost Allocation		Total Revenue
13	POSITION TITLE	Annual Full TimeSalary for FTE	Total % FTE	% FTE	Adjust ed FTE	Budgeted Salary	H.S.A.- DAAS	Non-HSA- DAAS	Budgeted Salary	H.S.A.- DAAS	Non-HSA- DAAS	Budgeted Salary	H.S.A.- DAAS	Non-HSA- DAAS	
14	HDM Manager - FW	\$50,000	100%	6%	6%	3,000.00	3,000.00		3,000.00	3,000.00	-	3,000.00	3,000.00	-	9,000.00
15	HDM Coordinator - SN	\$41,600	100%	10%	10%	4,160.00	4,160.00		4,160.00	4,160.00		4,160.00	4,160.00		12,480.00
16						-	-	-	-	-	-	-	-	-	-
17						-			-			-			-
18						-			-			-			-
19						-			-			-			-
20						-			-			-			-
21						-			-			-			-
22						-			-			-			-
23						-			-			-			-
24						-			-			-			-
25						-			-			-			-
26						-			-			-			-
27						-			-			-			-
28						-			-			-			-
29						-			-			-			-
30	TOTALS	\$91,600	200%	16%	16%	7,160.00	7,160.00	-	7,160.00	7,160.00	-	7,160.00	7,160.00	-	21,480.00
31															
32	FRINGE BENEFIT RATE	35%													
33	EMPLOYEE FRINGE BENEFITS	\$32,060				2,506.00	2,506.00	-	2,506.00	2,506.00	-	2,506.00	2,506.00	-	7,518.00
34															
35															
36	TOTAL SALARIES & BENEFITS	\$123,660				9,666.00	9,666.00	-	9,666.00	9,666.00	-	9,666.00	9,666.00	-	28,998.00
37	TOTAL SALARIES & BENEFITS for HAS Program x3yrs	\$28,998													
38	HSA #8														

Document Date: 2/14/2017

Document Date: 2/14/2017

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1	Appendix B4, Page 5															
2	Document Date: 2/14/2017															
3																
4	Program: Nutrition Compliance for ENP- HDM															
5	(Same as Line 9 on HSA #1)															
6																
7																
8	Menu Planning Salaries & Benefits Detail															
9	TERM:															
10	July 1, 2017 to June 30, 2020															
11		7/1/17-6/30/18				7/1/18-6/30/19				7/1/19-6/30/20				7/1/17 to 6/30/20		
12		Agency Totals		For HSA Program		For HSA Program		REVENUE Cost Allocation		For HSA Program		REVENUE Cost Allocation		For HSA Program		Total Revenue
13	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS		
14	Assistant Director/RC	\$67,000	100%	1%	1%	871.00	856.00	15.00	871.00	856.00	15.00	871.00	856.00	15.00	2,613.00	
15						-			-			-			-	
16						-			-			-			-	
17						-			-			-			-	
18						-			-			-			-	
19						-			-			-			-	
20						-			-			-			-	
21						-			-			-			-	
22						-			-			-			-	
23						-			-			-			-	
24						-			-			-			-	
25						-			-			-			-	
26						-			-			-			-	
27						-			-			-			-	
28						-			-			-			-	
29						-			-			-			-	
30	TOTALS	\$67,000	100%	1%	1%	871.00	856.00	15.00	871.00	856.00	15.00	871.00	856.00	15.00	2,613.00	
31																
32	FRINGE BENEFIT RATE	35%														
33	EMPLOYEE FRINGE BENEFITS	\$23,450				305.00	300.00	5.00	305.00	300.00	5.00	305.00	300.00	5.00	915.00	
34																
35																
36	TOTAL SALARIES & BENEFITS	\$90,450				1,176.00	1,156.00	20.00	1,176.00	1,156.00	20.00	1,176.00	1,156.00	20.00	3,528.00	
37	TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$3,528														
38	HSA #10														Document Date:	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B4, Page 6														
2	Document Date: 2/14/2017														
3															
4	Program: Nutrition Compliance for ENP- HDM														
5	(Same as Line 9 on HSA #1)														
6															
7															
8	Annual & Quarterly HDM Intake and Assessment Salaries & Benefits Detail														
9	TERM:														
10	July 1, 2017 to June 30, 2020														
11															
		7/1/17-6/30/18				7/1/18-6/30/19				7/1/19-6/30/20				7/1/17 to 6/30/2	
		Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation		For HSA Program	REVENUE Cost Allocation		For HSA Program	REVENUE Cost Allocation		Total Revenue
		Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	
12	POSITION TITLE														
13	Outreach worker - TC	\$17,728	100%	100%	100%	17,728.00	17,728.00	-	17,728.00	17,728.00	-	17,728.00	17,728.00	-	53,184.00
14	HDM Coordinator- SN	\$41,600	100%	36%	36%	14,976.00	14,976.00	-	14,976.00	14,976.00	-	14,976.00	14,976.00	-	44,928.00
15	HDM Manager - FW	\$50,000	100%	25%	25%	12,500.00	12,500.00	-	12,500.00	12,500.00	-	12,500.00	12,500.00	-	37,500.00
16						-			-			-			-
17						-			-			-			-
18						-			-			-			-
19						-			-			-			-
20						-			-			-			-
21						-			-			-			-
22						-			-			-			-
23						-			-			-			-
24						-			-			-			-
25						-			-			-			-
26						-			-			-			-
27						-			-			-			-
28						-			-			-			-
29						-			-			-			-
30	TOTALS	\$109,328	300%	161%	161%	45,204.00	45,204.00	-	45,204.00	45,204.00	-	45,204.00	45,204.00	-	135,612.00
31															
32	FRINGE BENEFIT RATE	35%													
33	EMPLOYEE FRINGE BENEFITS	\$38,265				15,821.00	15,821.00	-	15,821.00	15,821.00	-	15,821.00	15,821.00	-	47,463.00
34															
35															
36	TOTAL SALARIES & BENEFITS	\$147,593				61,025.00	61,025.00	-	61,025.00	61,025.00	-	61,025.00	61,025.00	-	183,075.00
37	TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$183,075													
38	HSA #12	Document Date: 2/14/2017													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B4, Page 7														
2	Document Date: 2/14/2017														
3															
4	Program: Nutrition Compliance for ENP- HDM														
5	(Same as Line 9 on HSA #1)														
6															
7															
8	Other Nutrition Compliance Salaries & Benefits Detail														
9	TERM:														
10	July 1, 2017 to June 30, 2020														
11		7/1/17-6/30/18				7/1/18-6/30/19				7/1/19-6/30/20				7/1/17 to 6/30/20	
12		Agency Totals		For HSA Program		For HSA Program	REVENUE Cost Allocation:		For HSA Program	REVENUE Cost Allocation:		For HSA Program	REVENUE Cost Allocation:		Total Revenue
13	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	Budgeted Salary	H.S.A.-DAAS	Non-HSA-DAAS	
14	HDM Coordinator - SN	\$41,600	100%	1%	1%	208.00	203.00	5.00	208.00	203.00	5.00	208.00	203.00	5.00	624.00
15						-	-	-	-	-	-	-	-	-	-
16						-			-			-			-
17						-			-			-			-
18						-			-			-			-
19						-			-			-			-
20						-			-			-			-
21						-			-			-			-
22						-			-			-			-
23						-			-			-			-
24						-			-			-			-
25						-			-			-			-
26						-			-			-			-
27						-			-			-			-
28						-			-			-			-
29						-			-			-			-
30	TOTALS	\$41,600	100%	1%	1%	208.00	203.00	5.00	208.00	203.00	5.00	208.00	203.00	5.00	624.00
31		35%													
32	FRINGE BENEFIT RATE	\$14,560				73.00	71.00	2.00	73.00	71.00	2.00	73.00	71.00	2.00	219.00
33	EMPLOYEE FRINGE BENEFITS														
34															
35															
36	TOTAL SALARIES & BENEFITS	\$56,160				281.00	274.00	7.00	281.00	274.00	7.00	281.00	274.00	7.00	843.00
37	TOTAL SALARIES & BENEFITS for H.S.A Program x3yrs	\$843													
38	HSA #14														

Document Date: 2/14/2017

Document Date: 2/14/2017

	A	B	C	D	E	F
1	BUDGET FORMS					Appendix B5, pg. 1 Document Date: 5/9/2017
2						
3	HUMAN SERVICES AGENCY - DEPARTMENT OF AGING AND ADULT SERVICES BUDGET PROPOSAL FORMS					
4						
5	Grantee's Name: SELF-HELP FOR THE ELDERLY					Grant Term
6	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
7	Effective Date of Mod:		No. of Mod:		7/1/17 to 6/30/20	
8	Program: Enter 1 Prog ONLY (e.g. Cong-ENP, HDM-ENP, Cong-AWD, or HDM-AWD)	CONG-AWD	CONG-AWD	CONG-AWD	TOTAL	Average cost/meal
9	Annual #Meals Contracted	3,355	3,355	3,355	10,065	
10	Program Term	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20	
11	DAAS Expenditures					
12	Salaries & Benefits	\$19,711	\$19,711	\$19,711	\$59,133	\$5.88
13	Operating Expense	\$51	\$51	\$51	\$153	\$0.02
14	Subtotal	\$19,762	\$19,762	\$19,762	\$59,286	\$5.89
15	Indirect Percentage (max 10%)	10%	10%	10%	10%	
16	Indirect Cost (Line 15 X Line 14, check Gen.Guidance regarding indirect exclusion)	\$1,976	\$1,976	\$1,976	\$5,928	\$0.59
17	Capital Expenditure					
18	TOTAL DAAS EXPENDITURES	\$21,738	\$21,738	\$21,738	\$65,214	\$6.48
19						
20	Non-DAAS Expenditures					
21	Salaries & Benefits					
22	Operating Expense	\$17,807	\$17,807	\$17,807	\$53,421	\$5.31
23	Capital Expenditure					
24	TOTAL Non-DAAS EXPENDITURES	\$17,807	\$17,807	\$17,807	\$53,421	\$5.31
25						
26	TOTAL DAAS & Non-DAAS EXPENDITURES	\$39,545	\$39,545	\$39,545	\$118,635	\$11.79
27						
28	HSA-DAAS Revenues					
29	Meals	\$21,738	\$21,738	\$21,738	\$65,213	
30	Nutrition Compliance (if your agency is requesting funds)					
31						
32						
33						
34	TOTAL HSA-DAAS REVENUES	\$21,738	\$21,738	\$21,738	\$65,213	
35	PER MEAL COST, HSA-DAAS	\$6.48	\$6.48	\$6.48	\$6.48	
36	Per MEAL & COMPLIANCE COST	\$6.48	\$6.48	\$6.48	\$6.48	
37	Non-DAAS Revenues					
38	Project Income	5,360	5,360	5,360	\$16,080	\$1.60
39	Agency Cash - Fundraising	\$12,447	\$12,447	\$12,447	\$37,341	\$3.71
40	Agency In-Kind Volunteer	\$11,504	\$11,504	\$11,504	\$34,512	\$3.43
41	Nutrition Compliance Revenues					
42						
43	TOTAL NON HSA-DAAS REVENUES	\$29,311	\$29,311	\$29,311	\$87,933	
44	PER MEAL COST, NON HSA-DAAS	\$8.74	\$8.74	\$8.74	\$8.74	
45	TOTAL REVENUES	\$51,049	\$51,049	\$51,049	\$153,146	
46	PER MEAL COST, TOTAL	\$15.22	\$15.22	\$15.22	\$15.22	
47	Full Time Equivalent (FTE)					
49	Prepared by: Leny Nair		Phone No.: 415-677-7682		Date: 2/14/17	
50	HSA-CO Review Signature: _____					Date: _____
51	HSA #1					Form Rev. 12/22/16

	A	B	C	D	E	F	G	H	I	J
1	Grantee's Name: SELF-HELP FOR THE ELDERLY							Appendix B5, page 2		
2	Program Name:							Date: 5/9/17		
3	CONG-AWD									
4										
5										
6										
7										
8	H.S.A-DAAS							TOTAL		
		Agency Totals		For DAAS Nutrition			7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20
9	POSITION TITLE and NAME	Annual Full Time Salary for FTE	Total % FTE	% Nutr Prog (b)	Adjusted Nutr FTE		Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
10	Center Coordinator	\$29,640	63%	50%	31%		\$9,263	\$9,263	\$9,263	\$27,789
11	Meal Site Worker/WP	\$29,120	50%	50%	25%		\$7,280	\$7,280	\$7,280	\$21,840
12										
13										
14										
15										
16										
17										
18	TOTALS	\$ 58,760	113%	100%	56%		\$16,543	\$16,543	\$16,543	\$49,629
19										
20	FRINGE BENEFIT RATE	19.2%								
21	EMPLOYEE FRINGE BENEFITS	\$ 11,253					\$3,168	\$3,168	\$3,168	\$9,504
22										
23										
24	TOTAL DAAS SALARIES & BENEFITS	\$ 70,013					\$19,711	\$19,711	\$19,711	\$59,133
25										
26										
27	Non - DAAS							TOTAL		
		Agency Totals		For DAAS Meal						
28	POSITION TITLE and NAME	Annual Full Time Salary for FTE	Total % FTE (a)	% Nutr Prog (b)	Adjusted Nutr FTE		Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
29	Meal site & kitchen volunteers									
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46	TOTAL NON-DAAS	\$ -								
47										
48	FRINGE BENEFIT RATE									
49	EMPLOYEE FRINGE BENEFITS	\$ -								
50										
51										
52	TOTAL Non-DAAS SALARIES & BENEFITS	\$ -								
53										
54	TOTAL DAAS & Non-DAAS SALARIES & BENEFITS	\$ 70,013					\$19,711	\$19,711	\$19,711	\$59,133
55	HSA #2	Form Rev. 12/22/16								

	A	B	C	D	E	F	G	H
1	Grantee's Name: SELF-HELP FOF							Appendix B5, page
2	Program Name:							Date: 5/9/17
3	CONG-AWD							
4	Operating Expense Detail							
7	H.S.A-DAAS	Annual #Meals Contracted:	3,355	3,355	3,355	TOTAL		
8	Expenditure Category	Term:	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 6/30/20		
9	Rental of Property							
10	Utilities(Elec, Water, Gas, Phone, Scavenger)							
11	Office Supplies, Postage							
12	Building Maintenance Supplies and Repair							
13	FOOD COSTS							
14	Raw Food	per meal \$	-					
15	Cong Food Svc Supplies	per meal \$	-					
16	HDM Food Svc Supplies	per meal \$	-					
17	Catered Meals	per meal \$	-					
18	CONSULTANT/SUBCONTRACTOR Descriptive Title							
19	Registered Dietitian							
20								
21	OTHER COSTS:							
22	Insurance							
23	Staff Training & Travel							
24	Rental of Equipment		\$51	\$51	\$51	\$153		
25	Small equipment & Supplies							
26	Auto - Fuel & Insurance							
27	Repair/Maintenance							
28								
29								
30	TOTAL DAAS OPERATING EXPENSE		\$51	\$51	\$51	\$153		
32	Non-DAAS TOTAL							
33	Expenditure Category							
34	Rental of Property		\$2,272	\$2,272	\$2,272	\$6,816		
35	Utilities(Elec, Water, Gas, Phone, Scavenger)		\$ 1,512.00	\$ 1,512.00	\$1,512	\$4,536		
36	Office Supplies, Postage							
37	Building Maintenance Supplies and Repair		\$150	\$150	\$150	\$450		
38	FOOD COSTS							
39	Raw Food	per meal \$	-					
40	Cong Food Svc Supplies	per meal \$	3.98					
41	HDM Food Svc Supplies	per meal \$	-					
42	Catered Meals	per meal \$	-					
43	CONSULTANT/SUBCONTRACTOR Descriptive Title							
44	Registered Dietitian							
45								
46	OTHER COSTS:							
47	Insurance		\$350	\$350	\$350	\$1,050		
48	Staff Training & Travel							
49	Rental of Equipment							
50	Rental of Equipment		\$145	\$145	\$145	\$435		
51	Small equipment & Supplies							
52	Auto - Fuel & Insurance							
53	Repair/Maintenance							
54	Bank Charges		\$25	\$25	\$25	\$75		
56	TOTAL Non-DAAS OPERATING EXPENSE		\$17,807	\$17,807	\$17,807	\$53,421		
58	TOTAL DAAS & Non-DAAS OPERATING EXPENSE		\$17,858	\$17,858	\$17,858	\$53,574		
63	HSA #3	Form Rev. 12/22/16						

	A	B	C	D	E	F	G	H	I	J	K	L
1	BUDGET FORMS											Appendix B7, pg 1
2												Document Date: 9/13/2017
3	HUMAN SERVICES AGENCY - DEPARTMENT OF AGING AND ADULT SERVICES											
4	BUDGET PROPOSAL FORMS											
5	Grantee's Name: SELF-HELP FOR THE ELDERLY											Grant Term
6	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/> 2											
7	Effective Date of Mod: No. of Mod: 2											7/1/17 to 6/30/20
8	Program: Enter 1 Prog ONLY (e.g. Cong-ENP, HDM-ENP, Cong-AWD, or HDM-AWD)	HDM-AWD	Add Back	Revised Budget	HDM-AWD	Add Back	Revised Budget	HDM-AWD	Add Back	Revised Budget	TOTAL	Average cost/meal
9	Annual #Meals Contracted	30,178	9,991	40,169	30,178	9,991	40,169	30,178	9,991	40,169	120,507	
10	Program Term	7/1/17 to 6/30/18	7/1/17 to 6/30/18	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/18 to 6/30/19	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/19 to 6/30/20	7/1/19 to 6/30/20	7/1/17 to 6/30/20	
11	DAAS Expenditures											
12	Salaries & Benefits	\$107,487	\$28,869	\$136,356	\$107,487	\$28,869	\$136,356	\$107,487	\$28,869	\$136,356	\$409,068	\$3.39
13	Operating Expense	\$65,623	\$27,780	\$93,403	\$65,623	\$27,780	\$93,403	\$65,623	\$27,780	\$93,403	\$280,209	\$2.33
14	Subtotal	\$173,110	\$56,649	\$229,759	\$173,110	\$56,649	\$229,759	\$173,110	\$56,649	\$229,759	\$689,277	\$5.72
15	Indirect Percentage (max 10%)	10%			10%			10%				
16	Indirect Cost (Line 15 X Line 14, check Gen.Guidance regarding indirect exclusion)	\$17,311	\$6,294	\$23,605	\$17,311	\$6,294	\$23,605	\$17,311	\$6,294	\$23,605	\$70,815	\$0.59
17	Capital Expenditure											
18	TOTAL DAAS EXPENDITURES	\$190,421	\$62,943	\$253,364	\$190,421	\$62,943	\$253,364	\$190,421	\$62,943	\$253,364	\$760,092	\$6.31
19												
20	Non-DAAS Expenditures											
21	Salaries & Benefits											
22	Operating Expense	\$54,198	\$13,807	\$68,005	\$54,198	\$13,807	\$68,005	\$54,198	\$13,807	\$68,005	\$204,014	\$1.69
23	Capital Expenditure											
24	TOTAL Non-DAAS EXPENDITURES	\$54,198		\$68,005	\$54,198		\$68,005	\$54,198		\$68,005	\$204,014	\$1.69
25												
26	TOTAL DAAS & Non-DAAS EXPENDITURES	\$244,619		\$321,369	\$244,619		\$321,369	\$244,619		\$321,369	\$964,106	\$8.00
27												
28	HSA-DAAS Revenues											
29	Meals	\$190,421	\$62,943	\$253,364	\$190,421	\$62,943	\$253,364	\$190,421	\$62,943	\$253,364	\$760,092	
30	Nutrition Compliance (if your agency is requesting funds)											
31												
32												
33												
34	TOTAL HSA-DAAS REVENUES	\$190,421	\$62,943	\$253,364	\$190,421	\$62,943	\$253,364	\$190,421	\$62,943	\$253,364	\$760,092	
35	PER MEAL COST, HSA-DAAS	\$6.31	\$6.30	\$6.31	\$6.31	\$6.30	\$6.31	\$6.31	\$6.30	\$6.31	\$6.31	
36	PER MEAL & COMPLIANCE COST	\$6.31	\$6.30	\$6.31	\$6.31	\$6.30	\$6.31	\$6.31	\$6.30	\$6.31	\$6.31	
37	Non-DAAS Revenues											
38	Project Income	4,842		4,842	4,842		4,842	4,842		4,842	\$14,527	\$0.12
39	Agency Cash - Fundraising	\$49,356	\$13,807	63,162	\$49,356	\$13,807	63,162	\$49,356	\$13,807	63,162	\$189,486	\$1.57
40	Agency In-Kind Volunteer											
41	Nutrition Compliance Revenues											
42												
43	TOTAL NON HSA-DAAS REVENUES	\$54,198	\$13,807	\$68,005	\$54,198	\$13,807	\$68,005	\$54,198	\$13,807	\$68,005	\$204,014	
44	PER MEAL COST, NON HSA-DAAS	\$1.80	\$1.38	\$1.69	\$1.80	\$1.38	\$1.69	\$1.80	\$1.38	\$1.69	\$1.69	
45	TOTAL REVENUES	\$244,619	\$76,750	\$321,369	\$244,619	\$76,750	\$321,369	\$244,619	\$76,750	\$321,369	\$964,106	
46	PER MEAL COST, TOTAL	\$8.11	\$7.68	\$8.00	\$8.11	\$7.68	\$8.00	\$8.11	\$7.68	\$8.00	\$8.00	
47	Full Time Equivalent (FTE)											
48												
49	Prepared by: Leny Nair	Phone No.: 415-677-7682							Date: 9/13/17			
50	HSA-CO Review Signature:								Date:			
51	HSA #1	Form Rev. 12/22/16										

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Grantee's Name: SELF-HELP FOR THE ELDERLY												Appendix B7, page 2			
2	Program Name:												Date:			
3	HDM-AWD												9/13/17			
4																
5																
6	Salaries & Benefits Detail															TOTAL
7																
8	H.S.A-DAAS															
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Grantee's Name: SELF-HELP FOF													Appendix B7, page 3
2	Program Name:													Date:
3	HDM-AWD													9/13/17
4														
5	Operating Expense Detail													
7	H.S.A-DAAS	Annual #Meals Contracted:	30,178	9,991	40,169	30,178	9,991	40,169	30,178	9,991	40,169	TOTAL		
8	Expenditure Category	Term:	7/1/17 to 6/30/18	7/1/17 to 6/30/18	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/18 to 6/30/19	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/19 to 6/30/20	7/1/19 to 6/30/20	7/1/17 to 6/30/20		
9	Rental of Property													
10	Utilities(Elec, Water, Gas, Phone, Scavenger)													
11	Office Supplies, Postage		\$137	\$100	\$237	\$137	\$100	\$237	\$137	\$100	\$237	\$710		
12	Building Maintenance Supplies and Repair													
13	FOOD COSTS													
14	Raw Food	per meal \$												
15	Cong Food Svc Supplies	per meal \$												
16	HDM Food Svc Supplies	per meal												
17	Catered Meals	per meal \$	2.17											
18	CONSULTANT/SUBCONTRACTOR Descriptive Title													
19	Registered Dietitian													
20														
21	OTHER COSTS:													
22	Insurance													
23	Staff Training & Travel													
24	Rental of Equipment													
25	Small equipment & Supplies													
26	Auto - Fuel & Insurance			\$6,000	\$6,000		\$6,000	\$6,000		\$6,000	\$6,000	\$18,000		
27	Repair/Maintenance													
28														
29														
30	TOTAL DAAS OPERATING EXPENSE		\$65,623	\$27,760	\$93,403	\$65,623	\$27,780	\$93,403	\$65,623	\$27,780	\$93,403	\$280,209		
32	Non-DAAS													TOTAL
33	Expenditure Category													
34	Rental of Property													
35	Utilities(Elec, Water, Gas, Phone, Scavenger)													
36	Office Supplies, Postage													
37	Building Maintenance Supplies and Repair													
38	FOOD COSTS													
39	Raw Food	per meal \$	0.42											
40	Cong Food Svc Supplies	per meal												
41	HDM Food Svc Supplies	per meal												
42	Catered Meals	per meal \$	0.96											
43	CONSULTANT/SUBCONTRACTOR Descriptive Title													
44	Registered Dietitian													
45														
46	OTHER COSTS:													
47	Insurance		\$1,300		\$1,300	\$1,300		\$1,300	\$1,300		\$1,300	\$3,900		
48	Staff Training & Travel													
49	Communications (Phone & Internet)		\$300		\$300	\$300		\$300	\$300		\$300	\$900		
50	Rental of Equipment													
51	Small equipment & Supplies													
52	Auto - Fuel & Insurance		\$7,895		\$7,895	\$7,895		\$7,895	\$7,895		\$7,895	\$23,685		
53	Repair/Maintenance-Vehicle		\$3,000		\$3,000	\$3,000		\$3,000	\$3,000		\$3,000	\$9,000		
54	Recruitment													
55	TOTAL Non-DAAS OPERATING EXPENSE		\$54,198	\$13,807	\$68,005	\$54,198	\$13,807	\$68,005	\$54,198	\$13,807	\$68,005	\$204,014		
57														
58	TOTAL DAAS & Non-DAAS OPERATING EXPENSE		\$119,821	\$41,567	\$161,408	\$119,821	\$41,567	\$161,408	\$119,821	\$41,567	\$161,408	\$484,223		
63	HSA #3	Form Rev. 12/22/16												



SELFHEL-01

JROMERO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0G66614 One Risk Group, LLC DBA: One Risk Management & Insurance Services 5976 W. Las Positas Blvd., Suite 100 Pleasanton, CA 94588		CONTACT NAME: PHONE (A/C, No, Ext): (925) 226-7350 E-MAIL ADDRESS: info@oneriskgroup.com FAX (A/C, No): (925) 226-7380		
INSURED Self-Help for the Elderly 731 Sansome Street, Suite 100 San Francisco, CA 94111		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Philadelphia Indemnity Insurance Company		18058
		INSURER B : Nonprofits' Insurance Alliance of CA		
		INSURER C : Cypress Insurance Company		10855
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	PHUB591336	06/30/2017	06/30/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
						EBL AGGREGATE \$ 1,000,000
B	AUTOMOBILE LIABILITY	X	2017-09605- NPO	06/30/2017	06/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>					EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N	SEWC815594	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	General Liability		PHUB591336	06/30/2017	06/30/2018	Each Occurrence \$ 1,000,000
A	General Liability		PHUB591336	06/30/2017	06/30/2018	Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Social Services

Certificate holder is additional insured on General Liability and Auto Liability per attached endorsements.

CERTIFICATE HOLDER

CANCELLATION

San Francisco Department of Public Health
101 Grove Street, #402
San Francisco, CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



SELFHEL-01

JROMERO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0G66614 One Risk Group, LLC DBA: One Risk Management & Insurance Services 5976 W. Las Positas Blvd., Suite 100 Pleasanton, CA 94588		CONTACT NAME: PHONE (A/C, No, Ext): (925) 226-7350 FAX (A/C, No): (925) 226-7380 E-MAIL ADDRESS: info@oneriskgroup.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Nonprofits' Insurance Alliance of CA	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED

Self Help for the Elderly
731 Sansome Street, #100
San Francisco, CA 94111-3123

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		2017-09605- NPO	06/30/2017	06/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2017-09605-UMB-NPO	06/30/2017	06/30/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is additional insured per the attached.

CERTIFICATE HOLDER

CANCELLATION

City & County of San Francisco, Its officers, directors,
agents and employees; Human Services Agency
1650 Mission St., #300
San Francisco, CA 94103

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**GENERAL LIABILITY DELUXE ENDORSEMENT:
HUMAN SERVICES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	\$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	\$30,000 limit	2
Damage to Premises Rented to You	\$1,000,000	3
HIPAA	Clarification	4
Medical Payments	\$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	\$5,000	5
Supplementary Payment – Loss of Earnings	\$1,000 per day	5
Employee Indemnification Defense Coverage	\$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	\$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured – Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

Duties in the Event of Occurrence, Claim or Suit	Included	10
Unintentional Failure to Disclose Hazards	Included	10
Transfer of Rights of Recovery Against Others To Us	Clarification	10
Liberalization	Included	11
Bodily Injury – includes Mental Anguish	Included	11
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	11

A. Extended Property Damage

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph a. is deleted in its entirety and replaced by the following:

a. Expected or Intended Injury

"Bodily injury" or property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

B. Limited Rental Lease Agreement Contractual Liability

SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph b. **Contractual Liability** is amended to include the following:

- (3) Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

C. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. **Exclusions**, Paragraph g. (2) is deleted in its entirety and replaced by the following:

- (2) A watercraft you do not own that is:
 - (a) Less than 58 feet long; and
 - (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection 2. Exclusions, Paragraph j. Damage to Property, Item (1) is deleted in its entirety and replaced with the following:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a \$30,000 limit. A client is defined as a person under your direct care and supervision.

E. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:

- a. The last paragraph of **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions**; is deleted in its entirety and replaced by the following:

Exclusions c. through n. do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

- b. **SECTION III – LIMITS OF INSURANCE, Paragraph 6.** is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

- c. **SECTION V – DEFINITIONS, Paragraph 9.a.,** is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection 4. Other Insurance, Paragraph b. Excess Insurance, (1) (a) (ii)** is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

- a. \$1,000,000; or
- b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

F. HIPAA

SECTION I – COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, is amended as follows:

1. Paragraph 1. **Insuring Agreement** is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "violation(s)" of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any "suit," "investigation," or "civil proceeding" seeking these damages. However, we will have no duty to defend the insured against any "suit" seeking damages, "investigation," or "civil proceeding" to which this insurance does not apply.

2. Paragraph 2. **Exclusions** is amended to include the following additional exclusions:

This insurance does not apply to:

- a. **Intentional, Willful, or Deliberate Violations**

Any willful, intentional, or deliberate "violation(s)" by any insured.

- b. **Criminal Acts**

Any "violation" which results in any criminal penalties under the HIPAA.

- c. **Other Remedies**

Any remedy other than monetary damages for penalties assessed.

- d. **Compliance Reviews or Audits**

Any compliance reviews by the Department of Health and Human Services.

3. **SECTION V – DEFINITIONS** is amended to include the following additional definitions:

- a. "Civil proceeding" means an action by the Department of Health and Human Services (HHS) arising out of "violations."
- b. "Investigation" means an examination of an actual or alleged "violation(s)" by HHS. However, "investigation" does not include a Compliance Review.
- c. "Violation" means the actual or alleged failure to comply with the regulations included in the HIPAA.

G. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:

- a. \$20,000; or
- b. The Medical Expense Limit shown in the Declarations of this Coverage Part.

2. **SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection 1. **Insuring Agreement**, a. (3) (b) is deleted in its entirety and replaced by the following:

- (b) The expenses are incurred and reported to us within three years of the date of the accident.

H. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, Subsection 2. **Exclusions**, Paragraph e. **Athletic Activities** is deleted in its entirety and replaced with the following:

e. Athletic Activities

To a person injured while taking part in athletics.

I. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B are amended as follows:

1. b. is deleted in its entirety and replaced by the following:

1. b. Up to \$5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.

- 1.d. is deleted in its entirety and replaced by the following:

1. d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

J. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B the following is added:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding occurring in the course of employment.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits."

K. Key and Lock Replacement – Janitorial Services Client Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended to include the following:

We will pay for the cost to replace keys and locks at the "clients" premises due to theft or other loss to keys entrusted to you by your "client," up to a \$10,000 limit per occurrence and \$10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

- a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.
- b. "Employee" means:
 - (1) Any natural person:
 - (a) While in your service or for 30 days after termination of service;
 - (b) Who you compensate directly by salary, wages or commissions; and
 - (c) Who you have the right to direct and control while performing services for you; or
 - (2) Any natural person who is furnished temporarily to you:
 - (a) To substitute for a permanent "employee" as defined in Paragraph (1) above, who is on leave; or
 - (b) To meet seasonal or short-term workload conditions;
 while that person is subject to your direction and control and performing services for you.
 - (3) "Employee" does not mean:
 - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
 - (b) Any "manager," director or trustee except while performing acts coming within the scope of the usual duties of an "employee."
- c. "Manager" means a person serving in a directorial capacity for a limited liability company.

L. Additional Insureds

SECTION II – WHO IS AN INSURED is amended as follows:

- 1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

Coverage Part, Paragraph 3.a. is deleted in its entirety and replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period.
- 2. Each of the following is also an insured:
 - a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.
 - b. **Managers and Supervisors** – Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your “employees” are also insureds for “bodily injury” to a co-“employee” while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

- c. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
- d. **Funding Source** – Any person or organization with respect to their liability arising out of:
 - (1) Their financial control of you; or
 - (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.
- e. **Home Care Providers** – At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.
- f. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any “occurrence” which takes place after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- g. **Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You** – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- h. **Grantors of Permits** – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
 - (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:
 - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
 - (b) The construction, erection, or removal of elevators; or
 - (c) The ownership, maintenance, or use of any elevators covered by this insurance.
- i. **Vendors** – Only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
 - (1) The insurance afforded the vendor does not apply to:
 - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
 - (b) Any express warranty unauthorized by you;
 - (c) Any physical or chemical change in the product made intentionally by the vendor;
 - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
 - (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
 - (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- j. **Franchisor** – Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. **As Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- l. **Owners, Lessees or Contractors** – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - (1) Your acts or omissions; or
 - (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

m. State or Political Subdivisions – Any state or political subdivision as required, subject to the following provisions:

- (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.
- (2) This insurance does not apply to:
 - (a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

M. Duties in the Event of Occurrence, Claim or Suit

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 2. is amended as follows:

a. is amended to include:

This condition applies only when the "occurrence" or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or "suit" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

N. Unintentional Failure To Disclose Hazards

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of

Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

P. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

Q. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph 3. Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

- a. Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

R. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

- 1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is deleted in its entirety and replaced by the following:

- b. Malicious prosecution or abuse of process;

- 2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

- a. Done intentionally by or at the direction of, or with the knowledge or consent of:
 - (1) Any insured; or
 - (2) Any executive officer, director, stockholder, partner or member of the insured;
- b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured;

- c. Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
- d. Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.



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**BUSINESS AUTO COVERAGE
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

POLICY NUMBER: 2017-09605-NPO

Schedule AI

Page 3

NAME OF INSURED: Self-Help for the Elderly

**ADDITIONAL INSURED /
LOSS PAYEE**

Additional Insured - NIAC A1

O'Brien Center for Scholarly Publications and Student
Information Center University of California Hastings
College of Law
200 McAllister St.

San Francisco, CA 94102

As respects vehicle(s): ALL

Additional Insured - CA2001

The City And County Of San Francisco , its officers,
agents and employees; Dept. Of Public Health
101 Grove St. #402

San Francisco, CA 94102

As respects vehicle(s): ALL

Additional Insured - NIAC A1

City & County of San Francisco, Its officers, agents, &
employees, San Francisco District Attorney
850 Bryant Street

San Francisco, CA 94103

As respects vehicle(s): ALL

Additional Insured - NIAC A1

Veolia Transporation Srvcs, Inc; the Cty & Cnty of SF; the
SF Municipal Transportation Agency, (SFMTA) the
officers, agents, employees*

68 12th St., Ste. 100

San Francisco, CA 94103

As respects vehicle(s): ALL

Additional Insured - NIAC A1

City & County of San Francisco, Its officers, directors,
agents and employees; Human Services Agency
1650 Mission St., #300

San Francisco, CA 94103

As respects vehicle(s): ALL

COUNTERSIGNED: 06/21/2017

BY

(AUTHORIZED REPRESENTATIVE)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5% of the applicable manual premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5% of total manual premium.

The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule**Specific Waiver**

Person/Organization: City & County of San Francisco, its officers, directors, employees and agents

Job Description: Insurance requirement

Waiver Premium: 1593.00

Class	State	Payroll Subject to Waiver
8742	CA	1,815,428.00
8868	CA	955,913.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 01/01/2017

Policy No.: SEWC815594

Endorsement No.:

Insured:

Premium \$

Insurance Company: Cypress Insurance Company

WC 99 04 02C

Countersigned by _____

(Ed. 9-14)

**Grant Modification Certification Checklist
For the City Attorney**

Grant Manager Tahir Shaikh

Date 10/26/17

Supervisor sign off [Signature]

Date 10/27/17

Name of Grant and Program Self-Help for the Elderly - increase the contract amount for HDM AND

Modification Number 1st amendment

Instructions: Prior to submitting this checklist and documents for review, ensure the following:

- ☒ The proper boilerplate is being used! (G-100)
- ☒ Check that budget matches SimClaim
- ☒ Make sure that revised Appendices have the correct reference as identified in the grant modification (eg. Appendix A.1 appears on both documents)
- ☒ Check that budget matches Agreement total, amount is being increased

Documents to send to the City Attorney

Ensure that the applicable documents are included below. If there is some reason why a particular document is not included, please explain why in the "Comments Section" of this checklist.

- ☒ Include all Appendices that have been revised. Appendix effected: A4 & B7
- ☐ Include copy of approved Sole Source waiver, if applicable
- ☒ Insurance certificates/endorsements
 - ☐ General Liability
 - ☒ Automobile Liability
 - ☒ Workers' Comp (*please note Worker's Comp is not needed for P-501 grantors*)
 - ☒ Additional Insured Endorsement for General Liability
 - ☒ Additional Insured Endorsement for Automobile Liability (not necessary if Grantor does not own auto(s), i.e. that only boxes "Hired Autos" and/or "Non-Owned Autos" are checked, AND auto policy is under General liability policy, i.e. both have the same policy number.)
 - ☒ Waiver of Subrogation for Workers' Comp
 - ☐ Professional Liability, if applicable
 - ☐ Insurance Waiver approved by Risk Manager and with boilerplate language revised, if applicable

Comments: _____