	A	В	С	D	E	F
1			endix B2-a, Page 1			
2		Documen	t Date: 03/23/2021			
3	HUMAN SERVICES A			MARY		
4		BY PROGRAI	VI			
5	Name					Term
6	Institute on Aging				July 1, 201	9 - June 30, 2023
7	(Check One) New Renewal	Modification _X_	_			
8	If modification, Effective Date of Mod. 7/	1/2021 No. of	Mod. 3			
9	Program: Community Living Fund					
10	Budget Reference Page No.(s)					Total
	Program Term	FY 19-20	FY 20-21	FY 21-22	FY 22-23	7/1/19 - 6/30/23
12	Expenditures					
13	Salaries & Benefits	\$ 1,597,704	\$1,911,841	\$1,765,480	\$1,765,480	\$ 7,040,506
14	Operating Expense	\$ 252,126	\$ 303,694		\$ 270,413	
	Subtotal	\$1,849,830	\$2,215,535	\$2,035,893	\$2,035,893	\$8,137,152
16	Indirect Percentage (%)	15%	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$277,475	\$332,330	\$305,384	\$305,384	\$1,220,573
	Allowable Indirect from Subcontracts	\$12,750	\$12,750	\$12,750	\$12,750	\$51,000
	Capital Expenditure	\$59,153	\$60,000	\$0	\$0	\$119,153
20	Total Expenditures	\$2,196,573	\$2,620,615	\$2,354,027	\$2,354,027	\$9,525,243
	Other Operating Expense	\$428,618	\$481,903	\$372,600	\$372,600	\$1,655,722
23	Purchase of Services	\$2,237,574	\$2,090,378	\$1,817,752	\$1,817,752	\$7,963,455
24	T dioliase of Services	ΨΖ,ΖΟΓ,ΟΓΨ	Ψ2,030,370	ψ1,017,732	Ψ1,017,732	Ψ1,505,405
	TOTAL EXPENDITURES	\$4,862,765	\$5,192,895	\$4,544,379	\$4,544,379	\$19,144,418
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 - , ,	+ /- /- /-	+ ,- ,-	, , , ,
26	HSA Revenues					
27		A	^ 1	^	40.100	A
	DAS Revenue (local) Federal Funds	\$3,695,702 \$1,167,064	\$3,946,600	\$3,453,728	\$3,453,728	\$14,549,758 \$4,504,660
30	reuerai runus	\$1,167,064	\$1,246,295	\$1,090,651	\$1,090,651	\$4,594,660
31						
32						
33						
34						
35	Total Revenues	\$4,862,765	\$5,192,895	\$4,544,379	\$4,544,379	\$19,144,418
36	Full Time Equivalent (FTE)					
38	Prepared by:					
39	HSA-CO Review Signature:					
40	HSA #1					

	A	В	С	D	Е	F	G	Н	ı	.I
1	A	<u> </u>					<u> </u>		· · · · · · · · · · · · · · · · · · ·	Appendix B2-a, Page
2										cument Date: 03/23/2
3									200	Jannoni Bato. 00/20/2
	Program: Community Living Fund									
5	(Same as Line 9 on HSA #1)									
	(Game as Ellie's Girrie/(#1)		Salar	ios 8 Bo	nefits Det	hail				
6			Salai	ies a de	ineniis Dei		EV 00 04	EV 04 00	EV 00 00	
7		A T.	a la	F 110/	\ D	FY 19-20	FY 20-21	FY 21-22	FY 22-23	TOTAL
8		Agency Tot Annual Full	ais	FOI HO!	A Program					TOTAL
		1	Total 0/		A divote d					
	DOCITION TITLE	TimeSalary for	Total %	0/ 575	Adjusted	Dudgeted Colomi	Dudgeted Colomi	Dudgeted Colema	Dudgeted Colomi	7/4/40 0/00/00
9	POSITION TITLE	FTE	FTE	% FTE	FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	7/1/19 - 6/30/23
	Program Director	95,000	100%	90%	0%	\$66,317	\$0	\$0	\$0	\$66,317
	Manager NorCal CM	110,700	100%	35%	35%	\$8,079	\$37,800	\$38,745	\$38,745	\$123,369 \$488,748
	Sr. Director CM	144,084	100%	40%	40%	\$13,475	\$54,000	\$57,633	\$57,633	\$182,742
	Business Manager	102,917	100%	30%	5%	\$5,538	\$30,000	\$5,146	\$5,146	\$45,830 \$67,859
	Regional Director	170,656	100%	10% 15%	10% 15%	\$21,577 \$0	\$12,150	\$17,066 \$22,508	\$17,066 \$22,508	\$67,858 \$75,196
	Director, Clinical Ops	157,320 140,000	100% 100%	15%	15%	\$0 \$39,373	\$28,000 \$0	\$23,598 \$0	\$23,598 \$0	\$75,196
	Regional Director, Community Living	,		15%	15%	\$39,373 \$29,904				•
	VP of Community Living	207,278	100%				\$30,236	\$31,092	\$31,092	\$122,323 \$356,800
	Clinical Supervisor	94,042	100%	95%	95%	\$88,120	\$90,000	\$89,340	\$89,340	\$356,800
	Clinical Supervisor	98,980	100%	70%	70%	\$38,991	\$68,600	\$69,286	\$69,286	\$246,164
	Clinical Supervisor (LCSW Hours)	97,983	100%	10%	10%	\$7,861	\$9,990	\$9,798	\$9,798	\$37,448
	Accounting Coordinator 1	52,707	100%	100%	100%	\$51,284	\$52,960	\$52,707	\$52,707	\$209,659
	Sr. Program Coordinator	59,958	100%	100%	100% 20%	\$52,787 \$0	\$53,045	\$59,958	\$59,958	\$225,749
	Lead Operations Business Analyst	123,150	100% 100%	20% 20%	20% 0%	\$9,109	\$21,800 \$0	\$24,630 \$0	\$24,630 \$0	\$71,060 \$0,100
	Director of Quality Improvement	130,000 72,196	100%	100%	100%	\$9,109	\$71,166	\$72,196	\$72,196	\$9,109 \$285,892
	Care Manager 1	85,241	100%	100%	100%	\$35,059	\$88,276	\$85,241	\$85,241	\$293,817
27	Care Manager 2	83,569	100%	100%	100%	\$83,234		\$83,569	\$83,569	\$334,397
28	Care Manager 3 Care Manager 4	76,614	100%	100%	100%	\$75,261	\$84,025 \$76,318	\$76,614	\$76,614	\$304,806
	Care Manager 5	85,241	100%	100%	100%	\$84,355	\$84,025	\$85,241	\$85,241	\$338,862
		73,633	100%	100%	100%	\$56,853	\$77,033	\$73,633	\$73,633	\$281,152
	Care Manager 6 Care Manager 7	68,032	100%	100%	100%	\$67,091	\$68,403	\$68,032	\$68,032	\$271,557
	Care Manager 8	85,241	100%	100%	100%	\$39,772	\$85,705	\$85,241	\$85,241	\$295,959
	Care Manager 9	70,773		100%			\$74,041	\$35,386	\$35,386	\$295,959
	Care Manager 10	69,386	100%	100%	50%		\$70,591	\$34,693	\$34,693	\$188,726
	Care Manager 11	66,044	100%	100%	100%		\$62,449	\$66,044	\$66,044	\$249,686
	OT Consultant	96,965	100%	60%	40%	\$24,895	\$75,263	\$38,786	\$38,786	\$177,730
	OT Consultant	98,899	100%	100%	100%	\$106,459	\$101,918	\$98,899	\$98,899	\$406,175
	Psychologist Consultant	109,000	100%	40%	0%		\$0	\$0	\$0	\$17,970
	Medi-Cal Biller	63,034	100%	30%	30%		\$12,960	\$18,910	\$18,910	\$58,569
	RN Consultant	109,000	100%	10%	10%		\$8,720	\$10,900	\$10,900	\$30,520
41	Conoditant	100,000	10070	10 /0	1070	ΨΟ	ΨΟ,1 ΔΟ	\$10,000	ψ10,000	Ψ00,020
42		\$ 3,097,643	31.00	20.05	16.95	\$1,285,646	\$1,529,473	\$1,412,384	\$1,412,384	\$5,639,887
43		<u> </u>	01.00	20.00	10.00	ψ1,200,040	ψ1,020,-170	ψ1,112,00π	ψ1,112,00π	ψ0,000,001
	FRINGE BENEFIT RATE	25.00%	25%			\$312,059	\$382,368	\$353,096	\$353,096	\$1,400,619
	EMPLOYEE FRINGE BENEFITS	\$774,411				Ψ012,000	Ψ002,000	4000,000	4000,000	ψ1,100,010
46		4 ,,,,,,,,					I	ı	1	
	TOTAL SALARIES & BENEFITS	\$3,872,054				\$1,597,704	\$1,911,841	\$1,765,480	\$1,765,480	\$7,040,506
	HSA #2	+5,5.2,501				\$1,007,701	1	Ţ .,. 50, 100	ψ.,. σο, ισο	ψ. ,σ. ο,σσσ
49										
<u></u>										

	A	В	С		D		Е	F	G	Н	1	J
2												B2-a, Page 3 e: 03/23/2021
3										Docum	eni Dai	5. 03/23/2021
5	Program: Community Living Fund (Same as Line 9 on HSA #1)											
6	(Same as Line 9 on HSA #1)											
7			Operat	ing	Expense Deta	til						
8												
10												
11	Expenditure Category		TERM		FY 19-20		FY 20-21	FY 21-22		FY 22-23	7/	TOTAL 1/19 - 6/30/23
	Occupancy		I LIXIVI	\$	93,536	Φ.	128,170	120,000	\$	120,000		
	Staff Travel		-	\$	14,069		18,000	15,000	\$	15,000		
	Office Supplies, Postage		-	\$	10,246		7,511	6,343	- - \$	6,343	_	_
	Insurance		-	\$	6,315		7,000	7,000	\$	7,000		_
17	Storage		-	\$	4,114	\$	5,000	\$ 4,500	\$	4,500		_
18	Web Hosting and User Fee		-	\$	62,230	\$	66,390	\$ 66,570	\$	66,570		261,759
19	Technology Equipment		_	\$	23,189	\$	20,000	\$ 8,000	\$	8,000	—) <u>\$</u>	59,189
20	Wireless		_	\$	29,211	\$	35,000	\$ 35,000	\$	35,000	<u> </u>	134,211
21	Recruiting Fees		_	\$	1,712	\$	2,000	\$ 2,000	\$	2,000		7,712
22	Professional Trainings		<u>-</u>	\$	2,656	\$	8,600	\$ 3,000	\$	3,000	<u> </u>	17,256
	Translation Services		_	\$	4,849	\$	6,023	\$ 3,000	\$	3,000	<u> </u>	16,872
	TOTAL OPERATING EXPENSE			\$	252,126	\$	303,694	\$ 270,413	\$	270,413	3 \$	1,096,646
26 27	Other Operating Expense (excluded in Indirect Cost)											
28	Partner Agencies (Break Out and Provide Budget summa	ary page for ea	ach)									
29	Catholic Charities		_	\$	190,246	\$	205,754	\$ 128,800	\$	128,800	<u> </u>	653,600
30	Self-Help for the Elderly		-	\$	152,774	\$	157,450	\$ 125,350	\$	125,350	<u> </u>	560,924
31	Conard House		_	\$	77,178	\$	118,700	\$ 118,450	\$	118,450	<u> </u>	432,777
32			-						<u> </u>			
33	Temporary Contract Employees		-	\$	8,421				<u> </u>		\$	8,421
34	OTHER OPERATING EXPENSE TOTAL			\$	428,618	\$	481,903	\$ 372,600	\$	372,600) \$	1,655,722
35	HSA #3											

Appendix B2-a, Page 4 Document Date: 03/23/2021

Program Name: Community Living Fund (Same as Line 9 on HSA #1)

Purchase of Service Detail

Purchase of Service Category	TERM FY 19-20	FY 20-21	FY 21-22	FY 22-23	TOTAL
Global Purchase of Services	\$2,237,574	\$2,090,378	\$1,817,752	\$1,817,752	\$7,963,455
TOTAL PURCHASE OF SERVICE EXPENSE	\$2,237,574	\$2,090,378	\$1,817,752	\$1,817,752	\$7,963,455
HSA #4					

	Α	В		С	D	E	F	G					
1								dix B2-a, Page 5					
3	Document Date: 03/23/2021												
4	Program: Community Living Fund												
5	(Same as Line 9 on HSA #1)												
6													
7													
8		(Equip	omen	t and Remode	eling Cost)								
9	- 0	D.M.E.M.T. TEDM	i	E) / 40 00	F)/ 00 04	E)/ 04 00	E) / 00 00	TOTAL					
10	EQUI	PMENT TERM	+	FY 19-20	FY 20-21	FY 21-22	FY 22-23	7/1/19 - 6/30/23					
11	No.	ITEM/DESCRIPTION											
12		NetSuite Vendor system	\$	59,153.00				59,153					
13		RTZ System Updates			\$60,000.00			60,000					
14						0		0					
15							0	0					
16													
17													
18													
19													
20	TOTAL	EQUIPMENT COST		59,153	60,000	0	0	119,153					
21													
22	REM	ODELING	_										
23	Descrip	tion:											
24													
25													
26													
27													
28													
29	TOTAL	REMODELING COST											
30													
-		CAPITAL EXPENDITURE						119,153					
32	(Equipn	nent and Remodeling Cost)											
33	HSA #4	1											

Appendix	B2-a	Page	6
ADDUITUIA	DZ a.	1 auc	v

HUMAN SERVICES AGENCY SUBCONTRACTOR BUDGET SUMMARY

SUBCONTI	RACTOR BUDGET	SUMMARY			
Name		Term			
Catholic Charities		7/1/19-6/30/23			
(Check One) New Renewal	Modification	_			
If modification, Effective Date of Mod.	No. of Mod.				
Program: CLF Subcontract					
Budget Reference Page No.(s)					
Program Term	7/1/19-6/30/20	7/1/19-6/30/21	7/1/19-6/30/22	7/1/19-6/30/23	Total
Expenditures					
Salaries & Benefits	\$153,000	\$166,000	\$100,000	\$100,000	\$519,000
Operating Expenses	\$12,431	\$12,917	\$12,000	\$12,000	\$49,348
Subtotal	\$165,431	\$178,917	\$112,000	\$112,000	\$568,348
Indirect Percentage (%)	15%	15%	15%	15%	
Indirect Cost (Line 16 X Line 15)	\$24,815	\$26,837	\$16,800	\$16,800	\$85,252
Total Expenditures	\$190,246	\$205,754	\$128,800	\$128,800	\$653,600
HSA Revenues					
IOA CLF	\$0			\$0	\$0
TOTAL HSA REVENUES	\$0			\$0	\$0
Other Revenues					
Total Revenues	\$0			\$0	\$0
Full Time Equivalent (FTE)					
Prepared by:	Telephone No.:		Date:	<u>-</u>	
HSA-CO Review Signature:					
HSA #1					

		Appendix B2-a, Page	7		
ни	IAN SERVICES AG				
	RACTOR BUDGET	_			
Name		Term			
Self-Help for the Elderly		7/1/19-6/30/23			
(Check One) New Renewal _	Modification	-			
If modification, Effective Date of Mod.	No. of Mod.	,			
Program: CLF Subcontract					
Budget Reference Page No.(s)					
Program Term	7/1/19-6/30/20	7/1/19-6/30/21	7/1/19-6/30/22	7/1/19-6/30/23	Total
Expenditures					
Salaries & Benefits	\$122,000	\$126,000	\$100,000	\$100,000	\$448,000
Operating Expenses	\$10,847	\$10,913	\$9,000	\$9,000	\$39,760
Subtotal	\$132,847	\$136,913	\$109,000	\$109,000	\$487,760
Indirect Percentage (%)	15%	15%	15%	15%	15.00%
Indirect Cost (Line 16 X Line 15)	\$19,927	\$20,537	\$16,350	\$16,350	\$73,164
Total Expenditures HSA Revenues	\$152,774	\$157,450	\$125,350	\$125,350	\$560,924
IOA CLF	\$0			\$0	\$0
TOTAL HSA REVENUES	\$0			\$0	\$0
Other Revenues				·	·
	1				
Total Revenues	\$0	\$0	\$0		
Full Time Equivalent (FTE)					
Prepared by:	Telephone No.:		Date:		

HSA-CO Review Signature:

HSA #1

Appendix	R2-a	Page	Я
ADDELIGIA	DZ-a.	raue	O

HUMAN SERVICES AGENCY SUBCONTRACTOR BUDGET SUMMARY

SUBCONTR	ACTOR BUDGET	SUMMARY			
Name		Term			
Conard House		7/1/19-6/30/23			
(Check One) New Renewal	Modification	_			
If modification, Effective Date of Mod.	No. of Mod.				
Program: CLF Subcontract					
Budget Reference Page No.(s)					
Program Term	7/1/19-6/30/20	7/1/19-6/30/21	7/1/19-6/30/22	7/1/19-6/30/23	Total
Expenditures					
Salaries & Benefits	\$55,000	\$80,000	\$80,000	\$80,000	\$295,000
Operating Expenses	\$12,111	\$23,217	\$23,000	\$23,000	\$81,328
Subtotal	\$67,111	\$103,217	\$103,000	\$103,000	\$376,328
Indirect Percentage (%)	15%	15%	15%	15%	
Indirect Cost (Line 16 X Line 15)	\$10,067	\$15,483	\$15,450	\$15,450	\$56,449
Total Expenditures	\$77,178	\$118,700	\$118,450	\$118,450	\$432,777
HSA Revenues					
IOA CLF			\$0	\$0	\$0
TOTAL HSA REVENUES			\$0	\$0	\$0
Other Revenues				·	·
Total Revenues			\$0	\$0	\$0
Full Time Equivalent (FTE)					
Prepared by:	Telephone No.:				
HSA-CO Review Signature:					
HSA #1					