



Contract Number

21-564 A-1

SAP Number

4400017351

**Department of Aging and Adult
Services**

| | |
|---|------------------------------------|
| Department Contract Representative | Julie West |
| Telephone Number | 909-387-2462 |
| Contractor | Inland Caregiver Resource Center |
| Contractor Representative | Carmen Estrada |
| Telephone Number | 909-514-1404 x 119 |
| Contract Term | July 1, 2021 through June 30, 2024 |
| Original Contract Amount | \$ 510,000 |
| Amendment Amount | \$ 285,000 |
| Total Contract Amount | \$ 795,000 |
| Cost Center | 5292001036 |

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 21-564, effective June 13, 2023, as follows:

SECTION I. DEFINITIONS

Amend Section I. to add additional definitions to read as follows:

- P. Intergenerational (IG) Activity – An activity that includes more than one (1) generation, specifically, older adults (sixty (60) years of age and older) and younger generations (ages fifty-nine (59) and younger). The activity must demonstrate efforts related to bringing participants of the Older Californians Nutrition Program (OCNP) together with children or adults. Mutually beneficial intergenerational activities promote greater understanding and respect between generations and strengthen older adult's recovery and resilience from the isolation and health impacts from the COVID-19 pandemic.

- Q. Older Californians Nutrition Program (OCNP) – The Title III C-1 Congregate Nutrition Services and Title III C-2 Home-Delivered Nutrition Services (Previously called Elderly Nutrition Program (ENP)).
- R. Older Adults Recovery and Resilience Funding (OARR) – A one (1) time General Fund augmentation that the CDA requested to strengthen older adult’s recovery and resilience from severe isolation and heal impacts from long-term stay at home due to Coronavirus (COVID-19) pandemic. The funding provides financial resources to support and maintain service needs to several senior programs, such as Fall Prevention, Nutrition and Title III-B and III-E programs under the Federal Older Americans Act.
- S. Younger Generation – An adult between eighteen (18) years old and fifty-nine (59) years old or a child under eighteen (18) years old.
- T. Nutritious – A meal/snack that contains one-third (1/3) of the Dietary Reference Intakes (DRI) and complies with the most current Dietary Guidelines for Americans (DGA).
- U. Voluntary Contributions – Any monies received from participants of Title III-B Senior Supportive Services that contributes towards the cost of this program. Participants of Supportive Services programs have the right to contribute toward that program. Any contribution from a recipient must be voluntary, kept confidential, and may not be coerced. Voluntary contributions are considered as program income and can only be used for the sole purpose of expanding the programs/services for which the contribution is given and may not be used on other programs.

SECTION II. CONTRACTOR SERVICE RESPONSIBILITIES

Amend Section II. to read as follows:

Contractor shall provide all services as outlined in the Work Plan/Scope of Work (Attachment A and Attachment A.1). The Work Plan will be reviewed and updated each fiscal year based upon funding allocation and service needs.

SECTION V. FISCAL PROVISIONS

Amend Section V, Paragraphs A., B., C., and D., and add Paragraphs J. and K. to read as follows:

- A. The maximum amount of cost reimbursement under this Contract shall not exceed a cumulative of \$795,000, of which \$795,000 may be Federally funded, and shall be subject to availability of funds to the County. The consideration to be paid to each Contractor, as provided herein, shall be in full payment for all Contractor’s services and expenses incurred in the performance hereof, including travel and per diem. Overtime and holiday make-up time will not be permitted. Payments are subject to provisions in the Payments, Budgets, Closeout, and Audits. Funding for Intergenerational (IG) activities, in the amount of \$100,000 must be spent no later than December 31, 2023.
- B. Contractor shall be compensated on a cost reimbursement basis, limited to the obligations and expenditures outlined in the Program Budgets (Attachment E and Attachment E.1) annually, attached hereto and incorporated by reference into this Contract.
- C. **REPORTS**
 - 5. Reporting information remains the same in paragraphs 1-4, however, note that Monthly Expenditure Reports/Invoices must be completed separately for any request for reimbursement for billing/expenses related to IG activities and must be tracked separately from the scope of work for congregate sites and home-Delivered Meals under the Older Californians Nutrition Program (OCNP) (formerly known as Elderly Nutrition Services).
- J. Funding for IG activities expires December 31, 2023, therefore, the funding (\$100,000) for IG program must be expended by December 31, 2023.
- K. Matching Contributions, as specified in Paragraph D do not apply to IG funds.

SECTION X. GENERAL PROVISIONS

Amend Section X. to add Paragraph S. to read as follows:

- S. Executive Order N-6-22 Russian Sanctions – On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least thirty (30) calendar days to provide a written response. Termination shall be at the sole discretion of the County.

ATTACHMENTS

Amend Attachments to revise, add, or replace as follows:

Attachment A, Work Plan for Supportive Services, Section F, Paragraph b, amended to read as follows:

- b. Client Contributions and Confidentiality
 - i. Recipients of Supportive Services shall be given the opportunity to contribute toward the cost of services received. Inform recipients that there is no obligation to contribute and any contributions are voluntary.
 - ii. Contractor shall encourage seniors to contribute to the cost of services by notifying them at least annually, using the DAAS Senior Services Programs “Voluntary Contribution Flyer,” that voluntary contributions are accepted and are important to maintaining the service(s) provided. Provider shall notify Title III-B Senior Service Program clients of voluntary contribution opportunities by posting the voluntary contribution flyer in a prominent area where services are provided (if not in-home) and by issuing the Voluntary Contribution Flyer (Attachment F) at the time of program enrollment. The provider shall not in any way employ tactics which could be viewed as coercive, embarrassing, and/or obligatory to the service being provided.
 - iii. Any voluntary contribution letters sent to clients for Title III services may not resemble a bill or a statement and shall stipulate that contributions are voluntary and not required to receive service.
 - iv. Contractor shall ensure that all voluntary contributions by eligible participants are kept confidential.
 - v. Contractor understands that all voluntary contributions received shall be identified as program income. Contractor shall establish appropriate procedures to safeguard and account for all voluntary contributions to protect from loss, mishandling, and theft.
 - vi. Contractor shall use any voluntary contributions received to expand the same service (for which the voluntary contributions were given (Supportive Services) and to supplement NOT supplant funds received under the OAA.

- vii. No eligible individual shall be denied participation because of failure or inability to contribute.

Attachment A.1 added: Scope of Work for Nutrition and Intergenerational Activities, and included in this amendment, 5 pages.

Attachment E, Supportive Services Budget, replace in its entirety, 1 page.

Attachment E.1 added: Nutrition, and Intergenerational Activities Budget, and included in this amendment, 1 page.

Attachment F.1 added: Monthly Expenditure Report, Intergenerational Activities, and included in this amendment, 1 page.

All other terms and conditions of Contract No. 21-564 remain in full force and effect.

This Contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

SAN BERNARDINO COUNTY

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

Inland Caregiver Resource Center

(Print or type name of corporation, company, contractor, etc.)

By ►

(Authorized signature - sign in blue ink)

Name Carmen Estrada
(Print or type name of person signing contract)

Title Executive Director
(Print or Type)

Dated: _____

Address 1430 East Cooley Drive, Suite 240
Colton, CA 92324

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Jacqueline Carey-Wilson, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Patty Steven, Contracts Manager

Date _____

Reviewed/Approved by Department

►

Sharon Nevins, Director

Date _____

San Bernardino County
Nutrition and Intergenerational (IG) Activities
Scope of Work
Scope of Work Term: March 21, 2023 – December 31, 2023

This Scope of Work (SOW) contains program requirements mandated by the California Department of Aging (CDA) and the Department of Aging and Adult Services (DAAS) and required Inland Caregiver Resource Center, Inc. The SOW specifies and establishes program description, requirements, reporting and outcomes.

Contractor: Inland Caregiver Resource Center

Region/Service Location: Desert, West Valley, East Valley, and Mountain areas.

Program Description:

- A. **Program Duration:** Contract start date through December 31, 2023.
- B. **Funding:** Older Adults' Recovery and Resilience fund - Home and Community Based Services (OARR-HCBS).
- C. **Purpose:** The purpose of this program is to provide OARR-HCBS funds to encourage mutually beneficial nutrition and intergenerational activities to connect older adults with younger generations. The program serves to promote greater understanding and respect between generations and strengthen older adult's recovery and resilience from the isolation and health impacts from the COVID-19 pandemic.
 - 1. **Goal:** Strengthen the recovery and resilience from isolation and health impacts from the COVID-19 pandemic to serve more meals to additional older adults and reestablish community-based meal sites.
 - 2. **Objective:** Provide an intergenerational activity that offers an opportunity for older adults to socialize with younger generations (virtual or in-person), or to enhance the OCNP by offering activities and/or nutritious meals or snacks that are attractive to all participants.
- D. **Target population:** Older adults and younger generations.

Requirements

- A. **Participants:** Participants for meals and/or activities provided under this funding must include older individuals and younger generations. Older individuals are not required to be OCNP participants, however, should be encouraged and provided with information to participate in the OCNP. The eligibility criteria for OCNP participants is:
 - 1. **Congregate (C1):** Individuals eligible to receive a meal at a congregate nutrition site shall include the following:
 - a. Any older individual.
 - b. The spouse of any older individual.
 - c. A person with a disability, under age sixty (60) who resides in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.
 - d. A disabled individual who resides at home with and accompanies an older individual who participates in the program.

- e. A volunteer under age sixty (60), if doing so will not deprive an older individual sixty (60) or older of a meal. [CCR 7636.9(b)(3); CCR 7638.7(b); and OAA 339(H)]
2. Home-delivered (C2): Individuals eligible to receive a home-delivered meal are individuals who are:
 - a. Frail as defined by 22 CCR 7119, homebound by reason of illness or disability, or otherwise isolated. (These individuals shall be given priority in the delivery of services.) [45 Code of Federal Regulations (CFR) 1321.69(a)].
 - b. A spouse of a person defined in 22 CCR 7638.7(c)(2), regardless of age or condition if an assessment concludes that is in the best interest of the homebound older individual.
 - c. An individual with a disability who resides at home with older individuals, if an assessment concludes that it is in the best interest of the homebound older individual who participates in the program.
- B. Allowable Activities: The program for nutrition and intergenerational activities support the goal of connecting older adults and younger generations. Activities must have an intergenerational (IG) component (includes older adults and younger generations) and include a meal, healthy snack, and/or nutrition education component. Any adjustments to program activities, after contract award, must be pre-approved by DAAS, prior to conducting the activity, to ensure that it is appropriate under the funding requirements. Activity requests are to be submitted via email to the Program Analyst at least forty-five (45) days prior to event. Examples of allowable activities include, but are not limited to:
 1. Social Activities
 - a. Movie event
 - b. Painting or Craft activity
 - c. Meal Companion (includes virtual to include home-bound individuals)
 - d. Cultural food event
 - e. Game activity
 2. Demonstration/classes
 - a. Cooking demonstrations supporting healthy eating
 - b. Indoor/outdoor gardening class(es)
- C. Meals: Meals provided with an IG activities must be in accordance with the [Older Americans' Act \(OAA\)](#) and [California Code of Regulations \(CCR\)](#). All meals will promote high standards of food safety and sanitation as required by the [California Retail Food Code \(CRFC\)](#). Healthy snacks may be included as part of an intergenerational activity but will not be reported as meals. Healthy snacks are considered part of the intergenerational activity.
 1. Meals provided are to be good quality and follow the requirements as the [Dietary Guidelines for Americans \(DGA\)](#) and provide one third (1/3) of the Dietary References Intakes (DRI).
 2. Meals provided to other age groups should be of the same nutritional value as meals provided to older adults.
 3. Intergenerational activities may be hosted during the senior nutrition program, provided all participants will receive a meal.
- E. Equipment/Supplies: Purchases are allowable up to \$5,000 excluding computing devices. All requests for equipment and vehicles costing \$5,000 or more and any computing devices, regardless of cost (including, but not limited to: workstations, servers, laptops, personal digital assistants, notebook computers, tablets, smartphones, and cellphones), and all portable electronic storage media regardless of cost (including, but not limited to: thumb/flash drives and portable hard drives) included in the budget, require a written request and DAAS approval prior to purchases being made.
- F. Inventory: Inventory records must be kept on items purchased with the OARR funds. These are items of value that can be reused several times throughout the program. (i.e., Projector, karaoke machine, etc.).

- G. Tracking: The following data must be tracked separately from any other contracted activities and not entered into the WellSky database:
1. Participants under the following categories:
 - a. Eligible participants of Congregate (C1) (unduplicated count) (if a IIIC provider or if partnering with a IIIC provider).
 - b. Eligible participants of Home Delivered meals (C2) (unduplicated count) (if a IIIC provider or if partnering with a IIIC provider).
 - c. Not currently eligible participants to OCNP (estimated).
 - d. Intergenerational participants (estimated).
 2. Meals (service units) provided under the following categories: (Meals can only be counted once to the program funding the meal).
 - a. Congregate meals (C1) (only applies to a IIIC provider or IIIC partnership).
 - b. Home Delivered meals (C2) (only applies to a IIIC provider or IIIC partnership).
 - c. Not currently eligible OCNP participant.
 - d. Intergenerational participants.
 3. Expenses and equipment.

Performance Outcomes

- A. Provide a minimum of two (2) activities per month, which includes a nutritious meal/snack.
- B. Meet a minimum of 95% of the total number of participants and meals for the contract period of this scope: of work as listed below.

| AGE CATEGORY | MEALS | PARTICIPANTS |
|-------------------------------|-------|--------------------|
| OLDER GENERATION (over 60) | N/A | 100 (unduplicated) |
| YOUNGER GENERATION (under 60) | N/A | 100 |

- C. Demonstrate accomplishment of the program with an increase in activities and/or participation.

Reporting

- A. Service units for both meals (if provided) and intergenerational activities are required to be reported. Contractors will submit the IG Activities Report monthly to report all the activities and meals provided. The report is due by the twenty-fifth (25th) calendar day following the month of service. The IG Registration Sheet is a tool to use at each event to capture the data needed for the IG Activities Report. This form must be submitted with the IG Activities Report each month. IF MEALS ARE NOT PROVIDED, DO NOT REPORT SNACKS AS MEALS.
1. IG Registration Sheet: Document that records information at the time of the activity and serves as supporting documentation for report (Attachment A.1, page 5).
 2. IG Activities Report: Describe the activities conducted and includes count of participants, demographics and a brief narrative describing successes and challenges of the program (Attachment A.1, page 4).

San Bernardino County
Department of Aging and Adult Services
INTERGENERATIONAL (IG) ACTIVITIES REPORT

* Due by the 25th business day of the month following the month of service.

| Provider Name: | | | | | Program: | | | | | Report Month: | | | | | | | | | | |
|---|--|--------------------------|--------------|---|------------------------|-------|-------------|-------|-------|----------------------|-------|-------|---------------|----|----|-----|--------------|----|-----|----|
| Contact Person: | | | | | Contact Number: | | | | | Fiscal Year: | | | | | | | | | | |
| | | | DEMOGRAPHICS | | | | | | | | | | PARTICIPATION | | | | | | | |
| | | | GENDER | | | AGE | | | | | | | MEAL COUNT | | | | PERSON COUNT | | | |
| Activity Date | | Activity Type / Location | | Male | Female | Other | 12 or under | 13-19 | 20-39 | 40-59 | 60-79 | 80-99 | 100+ | C1 | C2 | OAA | IG | C1 | OAA | IG |
| 1 | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Activities Provided (choose all that apply) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Plan/develop IG activities. | | | | <input type="checkbox"/> IG gardening activity. | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Develop partnerships or other collaborative efforts for the development of IG | | | | <input type="checkbox"/> Virtual or in-person IG social activity. | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Develop shared site with programs serving meals to children for IG meal program. | | | | <input type="checkbox"/> Virtual or in-person lunch companion for home-delive | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> IG cooking demonstration or cooking classes. | | | | <input type="checkbox"/> Other Activities Provided | | | | | | | | | | | | | | | | |
| Please enter a response for each sentence below. | | | | | | | | | | | | | | | | | | | | |
| Describe the services/activities provided this quarter for each item checked above) | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | |
| Describe the demographics of the participants. | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | |
| Describe any successes and challenges. If there were challenges, describe any actions taken to address them. | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | |
| Describe any service collaboration efforts. | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | |
| Describe any capacity building strategies. | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | |

INTERGENERATIONAL ACTIVITIES

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|---------------------|---------------------|--------|----------|------------------|-------|-------|-------|-------|-------|------|----------------------|----|-----|----|---------------------|----|-----|----|
| Provider Name: | | Page 1 of: _ | | Program: | | | | | | | | | | | | | | | |
| Activity Date: | | | | | | | | | | | | | | | | | | | |
| Activity Type / Location: | | | | | | | | | | | | | | | | | | | |
| Nutritious Meal or Snack: | | | | | | | | | | | | | | | | | | | |
| REGISTRATION SHEET | | | | | | | | | | | | | | | | | | | |
| | | DEMOGRAPHICS | | | | | | | | | | PARTICIPATION | | | | | | | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | GENDER | | | AGE GROUP | | | | | | | MEAL COUNT | | | | PERSON COUNT | | | |
| 0 | | 0 | | | 0 | | | | | | | 0 | | | | 0 | | | |
| PRINT FULL NAME | PHONE NUMBER | Male | Female | Other | 12 or under | 13-19 | 20-39 | 40-59 | 60-79 | 80-99 | 100+ | C1 | C2 | OAA | IG | C1 | C2 | OAA | IG |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
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| 19 | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

COUNTY OF SAN BERNARDINO
III B SUPPORT SERVICES PROGRAM BUDGET

Provider: Inland Caregiver Resource Center

Fiscal Year: 2023-24

Orig ☒ Amend ☐

Match Requirement: \$ 47,337

| SERVICE | Adult Day Care | | Homemaker | | Personal Care | | Residential Repair | | Chore | | |
|---|------------------|-------------|------------------|-------------|------------------|-------------|--------------------|-------------|------------------|-------------|-------------------|
| Expected Service Units: | 895 | | 1490 | | 1490 | | 80 | | 1343 | | |
| Expenditure Category: | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Total |
| 1 Personnel | \$ 4,633 | | \$ 11,603 | | \$ 11,603 | | \$ 14,016 | | \$ 10,518 | | \$ 52,373 |
| 2 Staff Travel & Training | | | | | | | | | | | \$ - |
| 3 Equipment | | | | | | | | | | | \$ - |
| 4 Non-Inventoriable Equipment | | | | | | | | | | | \$ - |
| 5 Consultants | | | | | | | | | | | \$ - |
| 6 Other Expenses: | \$ 1,542 | | \$ 3,867 | | \$ 3,867 | | \$ 4,672 | | \$ 3,506 | | \$ 17,454 |
| a Supplies | | | | | | | | | | | \$ - |
| b Insurance | | | | | | | | | | | \$ - |
| c Repair & Maintenance | | | | | | | | | | | \$ - |
| d Rent/Building Space | | | | | | | | | | | \$ - |
| e Utilities | | | | | | | | | | | \$ - |
| f Vehicle Operations | | | | | | | | | | | \$ - |
| g Miscellaneous: Sub Contractors | \$ 13,425 | | \$ 47,680 | | \$ 47,680 | | \$ 52,012 | | \$ 42,976 | | \$ 203,773 |
| 7 Indirect Cost | | | | | | | | | | | \$ - |
| Total Expenditures (add lines 1-7) | \$ 19,600 | \$ - | \$ 63,150 | \$ - | \$ 63,150 | \$ - | \$ 70,700 | \$ - | \$ 57,000 | \$ - | \$ 273,600 |

| Revenue Sources: | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Total |
|----------------------|------------------|-------------|------------------|-------------|------------------|-------------|------------------|-------------|------------------|-------------|-------------------|
| Federal Funds | \$ 4,600 | | \$ 14,850 | | \$ 14,850 | | \$ 16,600 | | \$ 13,450 | | \$ 64,350 |
| Federal Funds ARP | \$ 11,500 | | \$ 37,300 | | \$ 37,300 | | \$ 41,100 | | \$ 33,550 | | \$ 160,750 |
| Program Income | | | | | | | | | | | \$ - |
| Deferred Income | | | | | | | | | | | \$ - |
| Matching Cash | \$ 3,500 | | \$ 11,000 | | \$ 11,000 | | \$ 13,000 | | \$ 10,000 | | \$ 48,500 |
| Matching In-Kind | | | | | | | | | | | \$ - |
| Non-Match Cash | | | | | | | | | | | \$ - |
| Non-Match In-Kind | | | | | | | | | | | \$ - |
| Total Revenue | \$ 19,600 | \$ - | \$ 63,150 | \$ - | \$ 63,150 | \$ - | \$ 70,700 | \$ - | \$ 57,000 | \$ - | \$ 273,600 |

Submitted by:

DAAS Approval:

Carmen Estrada

Gina Gonzales

print

print



Signature

5 -5 -23

Date



Signature

5/8/2023

Date

AP IIIB FAIN 2201CAOAEA-01
 ARP IIIB FAIN 2101CASSC6-00
 Dated 7-1-2022

C:\Users\E3330.HS\AppData\Local\Microsoft\Windows\NetCache\Content.Outlook\F4HG5WOK\ICRC IIIB FY2024 Org Bud

BUDGET
County of San Bernardino
Nutrition and Intergenerational Activities Program

Fiscal Year: through December 31, 2023

Original ☒ Amendment ☐

Provider: Inland Caregiver Resource Center

| SERVICE | Intergenerational Activities | | | | | | |
|------------------------------------|------------------------------|---------|------|---------|------|---------|------------|
| Expenditure Category: | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Total |
| 1 Personnel | \$ 82,000 | | \$ - | | | | \$ 82,000 |
| 2 Staff Travel & Training | | | | | | | \$ - |
| 3 Equipment | | | | | | | \$ - |
| 4 Non-Inventoriable Equipment | | | | | | | \$ - |
| 5 Consultants | | | | | | | \$ - |
| 6 Other Expenses: | \$ 14,000 | | \$ - | | | | \$ 14,000 |
| a Supplies | | | | | | | \$ - |
| b Insurance | | | | | | | \$ - |
| c Repair & Maintenance | | | | | | | \$ - |
| d Rent/Building Space | | | | | | | \$ - |
| e Utilities | | | | | | | \$ - |
| f Vehicle Operations | | | | | | | \$ - |
| g Miscellaneous - Sub-Contractor | | | | | | | \$ - |
| 7 Indirect Cost | \$ 4,000 | | \$ - | | | | \$ 4,000 |
| Total Expenditures (add lines 1-7) | \$ 100,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 100,000 |

| Revenue Sources: | Cash | In-Kind | Cash | In-Kind | Cash | In-Kind | Total |
|-------------------|------------|---------|------|---------|------|---------|------------|
| OARR Funds | \$ 100,000 | | | | | | \$ 100,000 |
| Program Income | | | | | | | \$ - |
| Deferred Income | | | | | | | \$ - |
| Matching Cash | | | | | | | \$ - |
| Matching In-Kind | | | | | | | \$ - |
| Non-Match Cash | | | | | | | \$ - |
| Non-Match In-Kind | | | | | | | \$ - |
| Total Revenue | \$ 100,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 100,000 |

Submitted by:

Carmen Estrada

print



Signature

2-10-23

Date

Jeffrey Young

print



Signature

Date

5/9/23

MONTHLY EXPENDITURE REPORT

| | | | |
|---|--|-----------------|-------------------|
| Older Adults' Recovery and Resilience (OARR) | | | |
| Older Californians Nutrition Program (OCNP) and Intergenerational Activities | | | |
| | | | FY 2022-23 |
| SAN BERNARDINO COUNTY | | CONTRACTOR NAME | |
| DEPARTMENT OF AGING AND ADULT SERVICES | | | |
| | | | |
| CONGREGATE SITES C 1 <input type="checkbox"/> | HOME DELIVERED MEALS C2 <input type="checkbox"/> | | |
| | | Service Month: | |
| | | Invoice Date: | |
| OARR OCNP | | | |
| Expenditures: | Cash | In-kind | |
| Personnel | | | 0.00 |
| Equipment** | | | 0.00 |
| Operating Expenses | | | 0.00 |
| Contracted Services | | | 0.00 |
| Indirect Cost* | | | 0.00 |
| Total Expenditures: | - | - | 0.00 |
| Deductions: | Cash | In-kind | |
| Program Income | | | 0.00 |
| Non-Match Cash | | | 0.00 |
| Cash Match | | | 0.00 |
| In-kind Contributions | | | 0.00 |
| Total Deductions: | - | - | 0.00 |
| Request for Reimbursement | | | 0.00 |
| | DAAS USE ONLY | | |
| | Reimbursement Amount | | |
| | Internal Order | | |
| | PO Number | | |
| | Please Pay | | |
| Signature of Preparer: | | Date: | |
| Authorized Agency Signature: | | Date: | |
| * Requires Indirect Cost Rate Plan approved by DAAS | | Received: _____ | |
| ** Tangible personal property purchased with CDA funds, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit or any item that has memory. Requires CDA approval prior to purchase. | | | |