Attachment 1

AGING

HICAP BUDGET CDA Budget Approval Cover Sheet

PSA NO: 25

BUDGET PERIOD: July 1, 2017 - June 30, 2020

	Figure 1990	OR STATE USE ONLY			
AAA-BASED TEAM / FISCAL SPECIALIST	DATE	TEAM COACH	DATE		
>		>	1		



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HICAP BUDGET - SUMMARY (All Years)

CONTRACT NO: HI 1718-01

	CONTRACT NO.	111 17 10-01			
BUDGET PERIOD: 7/1/2017 - 6/30/2020	[] ORIGINAL [x] REVISION #2	SUBMISSION DATE:	1/9/19	PSA No:	25
COST CATEGORY	Federal Funds	State	Funds	Local Funds	TOTAL FUNDS
AAA ADMINISTRATION	HICAP Federal Admin	HICAP Reimb. Admin	HICAP Fund Admin	Program Income / Other Funds	TOTAL
Personnel	0	71,329	35,642	0	106,971
Operating Expenses		0	0	0	0
Indirect Admin	0	0	0	0	0
TOTAL HICAP ADMINISTRATION	0	71,329	35,642	0	106,971
HICAP PROGRAM	HICAP Federal Program	HICAP Reimb. Program	HICAP Fund Program	Program Income / Other Funds	TOTAL FUNDS
Direct Services	0	0	0	0	0
Subcontractor Subrecipient Services	639,120	804,839	402,313	0	1,846,272
TOTAL HICAP PROGRAM	639,120	804.839	402,313	0	1,846,272
TOTAL HICAP BUDGET	639,120	876,168	437,955	0	1,953,243

HICAP Legal Representation Services are provided:	[x]Yes	Amount Budgeted:	\$ 184627
[W&I Code, Section 9541 (c) (3)]			

Payment Method: Reimbursement [] Request for Funds [x]

HHS Approved Indirect Cost Rate(s):

		FOR STATE USE ONLY	
AAA-BASED TEAM / FISCAL SPECIALIST	DATE	TEAM COACH	DATE
>		>	



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AAA ADMINISTRATION BUDGET - FEDERAL & LOCAL FUNDS

CONTRACT NO: HI 1718-01

BUDGET PERIOD: 7/1/2017 - 6							
	/30/2018	[] ORIGINAL [x]		SUBMISSION DATE:		PSA No:	25
PERSONNEL		Monthly	Total Annual FTE	9 Month	3 Month	Local Funds	
Position Classification:		Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
							-
		TOTAL SAL	LARIES & WAGES	0	0	0	
			STAFF BENEFITS				
			TAL PERSONNEL	0	0	0	
OPERATING EXPENSES		10	TALTEROOMILE	9 Month	3 Month	Local Funds	TOTA
Rent:	Sq ft:	Sq ft Rate/mo.:	1		- month	200417 41140	1018
*Equipment (List Item below):	Oqia	oq it itatemio	Quantity				
					1		
							
					,		
	below):						
	below):						
	below):						
	below):						
	below):						
	below):						
	below):	TOTAL OPERA	ATING EXPENSES	0	0	0	
Travel: Other Operating Expenses (List	below):		ATING EXPENSES	0	0	0	

^{*} Equipment exceeding \$500 must be reported on Property page



EXHIBIT B

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AAA ADMINISTRATION BUDGET - STATE & LOCAL FUNDS (12 MONTH)

CONTRACT NO: HI 1718-01

BUDGET PERIOD: 7/1/2017 - 6/30/20	18	[] ORIGINAL [x] F	REVISION #2	SUBMISSION DATE:	1/9/2019	PSA No:	25
PERSONNEL		Monthly	Total Annual FTE	HICAP Reimb.	HICAP Fund	Local Funds	
Position Classification:		Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
Senior Management Analyst I		9,873	7.00%	8,000	1,000		9,000
Management Analyst		8,359	21.00%	13,000	9,000		22,000
Accountant II		6,558	5.00%	2,777	1,880		4,657
							. 0
					_		0
							0
							0
		TOTAL SAL	ARIES & WAGES	23,777	11,880	0	35,657
		S	TAFF BENEFITS				0
		TOT	TAL PERSONNEL	23,777	11,880	0	35,657
OPERATING EXPENSES				HICAP Reimb.	HICAP Fund	Local Funds	TOTAL
Rent: Sq	ft:	Sq ft Rate (mo.):					0
*Equipment (List Item below):			Quantity				
							0
							0
······································							0
							Alleman Late and Alleman
Travel:							0
							C
Travel: Other Operating Expenses (List):							C
							C C
							0
							C C C C C C C C C C C C C C C C C C C
		TOTAL OPERA	TING EXPENSES	0	0	0	C C C C C C C C C C C C C C C C C C C
			TING EXPENSES NDIRECT COSTS	0	0	0	000000000000000000000000000000000000000

^{*} Equipment exceeding \$500 must be reported on Property page



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HICAP DIRECT SERVICES BUDGET - FEDERAL & LOCAL FUNDS

CONTRACT NO: HI 1718-01

	CONTRACT NO		<u> </u>		1	
BUDGET PERIOD: 7/1/2017 - 6/30/2018	[] ORIGINAL [x]		SUBMISSION DATE:		PSA No:	25
PERSONNEL	Monthly	Total Annual FTE	9 Month	3 Month	Local Funds	~~
Position Classification:	Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
				1		
				i		
		·				
						
	TOTAL SAI	LARIES & WAGES	0	0	0	
		STAFF BENEFITS				
		TAL PERSONNEL	0	0	0	
OPERATING EXPENSES			9 Month	3 Month	Local Funds	TOTA
Rent: Sq ft:	Sq ft Rate (mo.)	:		-		
*Equipment (List Item below):		Quantity				
	·	-		-		
		<u> </u>				
Travel:						
Other Operating Expenses (List):						
	TOTAL COUR	TING EVENERA				
		ATING EXPENSES	0	0	0	
		INDIRECT COSTS				
TOTA	L FEDERAL & LOCAL D	IRECT SERVICES	0	0:	0	

^{*} Equipment exceeding \$500 must be reported on Property page

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AAA DIRECT SERVICES BUDGET - STATE & LOCAL FUNDS (12 MONTH)

		CONTRACT NO:	HI 1718-01				
BUDGET PERIOD: 7/1/2017 - 6/30/2018		[] ORIGINAL [x]	REVISION #2	SUBMISSION DATE:	1/9/2019	PSA No:	25
PERSONNEL		Monthly	Total Annual FTE	HICAP Reimb.	HICAP Fund	Local Funds	
Position Classification:		Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
							-
			l				
		TOTAL SAL	ARIES & WAGES	0	0	0	
		S	TAFF BENEFITS				
		TO:	TAL PERSONNEL	0	0	0	
OPERATING EXPENSES			TAL I LINGOINILL	HICAP Reimb.	HICAP Fund	Local Funds	TOTA
		C- # D-+- /)		THOAT REITID.	THOAT TUNG	Local Fallas	
Rent: Sq ft: *Equipment (List Item below):		Sq ft Rate (mo.):	Quantity				
Equipment (districtin below).			Quantity				
			<u> </u>				
							-
Travel (describe):							ā lili li
Other Operating Expenses (List below):							
Other Operating Expenses (List below).							
				I			
		TOTAL OPERA	TING EXPENSES	0	. 0	0	
		i	NDIRECT COSTS				
	TOTAL		IRECT SERVICES		0	0	
* Equipment exceeding \$500 must be ser			ILECT SEKVICES	<u> </u>	0	<u> </u>	

^{*} Equipment exceeding \$500 must be reported on Property page
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HICAP SUBCONTRACTOR SUBRECIPIENT SERVICES SCHEDULE - 12 Month

CONTRACT NO: HI 1718-01 BUDGET PERIOD: 7/1/2017 - 6/30/2018 [] ORIGINAL [x] REVISION #2 SUBMISSION DATE: 1/9/2019 PSA No: 25 HICAP HICAP HICAP HICAP Program Income TOTAL 9 Month 3 Month Reimbursement and Other CONTRACTED Fund SubContractors Subrecipients Federal Funds Federal Funds Program Program Local Funds **SERVICES** Name: Center for Health Care Rights 132,406 52,433 268,279 134,105 587,223 520 S. la Fayette Park Pl., LA,CA Address: Telephone: (213) 383-4519 Contact Person: Ms. Aileen Harper Name: 0 Address: Telephone: Contact Person: Name: 0 Address: Telephone: Contact Person: Name: 0 Address: Telephone: Contact Person: 9 MONTH FED. 3 MONTH FED. HICAP REIMB. **HICAP FUND** LOCAL FUNDS **TOTAL** TOTAL HICAP CONTRACTED SERVICES 132,406 52,433 268,279 134,105 0 587,223

Budget Contracted expenses from all funding sources

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EXHIBIT B Page 7 of 19

HICAP PROPERTY/EQUIPMENT BUDGETED

BUDGET PERIOD: 7/1/2017 - 6/30/2018	[] ORIGINAL	[x] REVISION #2 SUBMISSION DATE: 1/9/2019		PSA No:	25
ITEM DESCRIPTION	EXPECTED ACQUIRE DATE	Purpose/Justification	Per Unit Cost	FUNDING USED Select from dropdown	HICAP COST
AAA ADMIN EQUIPMENT	include all pr	operty with a unit cost exceeding \$500			
				HICAP Federal	
			-	HICAP Reimb.	
				HICAP Fund	
				None	
				None	
		AAA ADMINIST	RATION - EQUIPMEN	T PURCHASES TOTAL	
AAA DIRECT PROGRAM EQUIPMENT	Include all pr	operty with a unit cost exceeding \$500			
				HICAP Federal	
				None	
		AAA DIRECT PR	OGRAM - EQUIPMENT	PURCHASES TOTAL	
		TOTAL	AAA EQUIPMEN	IT PURCHASES	
SUBCONTRACTOR SUBRECIPIENT EQUIPME	NT Include	all property with a unit cost exceeding \$500			
				HICAP Reimb.	
				None	
		SUBRECIPIENT CONTRACTOR EQ	UIPMENT PURC	CHASES TOTAL	
		TOTAL EQUIPMENT	PURCHASES	BUDGETED	

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AAA ADMINISTRATION BUDGET - FEDERAL & LOCAL FUNDS

	CONTRACT NO	. 111 17 10-01				
BUDGET PERIOD: 7/1/2018 - 6/30/2019	[] ORIGINAL [x]	REVISION #2	SUBMISSION DATE:	1/9/2019	PSA No:	25
PERSONNEL	Monthly	Total Annual FTE	9 Month	3 Month	Local Funds	
Position Classification:	Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
	TOTAL SAL	ARIES & WAGES	0	0	0	
		STAFF BENEFITS			-	
OPERATING EXPENSES	10	TAL PERSONNEL	0 14	-	0	
			9 Month	3 Month	Local Funds	TOTA
Rent: Sq ft: *Equipment (List Item below):	Sq ft Rate/mo.:	Quantity				
Equipment (List item below).		Quantity				
Travel:						
Other Operating Expenses (List below):						
	TOTAL OPERA	TING EXPENSES	0	0	0	
		NDIRECT COSTS				
70						-
* Equipment exceeding \$500 must be reported a	TAL FEDERAL & LOCAL A	ADMINISTRATION	0	0	0	I

^{*} Equipment exceeding \$500 must be reported on Property page

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EXHIBIT B

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AAA ADMINISTRATION BUDGET - STATE & LOCAL FUNDS (12 MONTH)

CONTRACT NO: HI 1718-01

BUDGET PERIOD: 7/1/2018 - 6/30/2019	[] ORIGINAL [x]	DEVISION #3	SUBMISSION DATE:	1/0/2010	PSA No: 2	5
PERSONNEL	Monthly	Total Annual FTE	HICAP Reimb.	HICAP Fund	Local Funds	J
Position Classification:	Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
Senior Management Analyst I	10,096		8,000	1,000	Calaries & Wages	9,000
Management Analyst	8,547	21.00%	13,000	9,000		22,000
Accountant II	6,706	5.00%	2,776	1,881		4,657
Accountant	0,700	3.0076	2,770	1,001		4,037
					-	0
						0
			· · · · · ·			0
						0
	TOTAL SALA	RIES & WAGES	23,776	11,881,	0	35,657
	ST	AFF BENEFITS				0
		AL PERSONNEL	23,776	11,881	0	35,657
OPERATING EXPENSES		TET EROOTITEE	HICAP Reimb.	HICAP Fund	Local Funds	TOTAL
Rent: Sq ft:	Sq ft Rate (mo.):		THOST TOMB	THOSE TUNE	Loour undo	0
*Equipment (List Item below):	od it ivate (ino.).	Quantity	7.2.			0
						0
						0
						0
						0
						0
Travel:						0
Other Operating Expenses (List):						0
Office operating Experises (Elst).						0
						0
						0
						0
						0
Т	OTAL OPERAT	ING EXPENSES	0	0.	0	0
		DIRECT COSTS				0
TOTAL STA		MINISTRATION		11,881	0	35,657

^{*} Equipment exceeding \$500 must be reported on Property page



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HICAP DIRECT SERVICES BUDGET - FEDERAL & LOCAL FUNDS

CONTRACT NO: HI 1718-01 BUDGET PERIOD: 7/1/2018 - 6/30/2019 [] ORIGINAL [x] REVISION #2 SUBMISSION DATE: 1/9/2019 PSA No: 25 PERSONNEL Monthly Total Annual FTE 9 Month 3 Month Local Funds Position Classification: Wage Rate FTE | % of Time Worked | Salaries & Wages | Salaries & Wages Salaries & Wages TOTAL 0 0 **TOTAL SALARIES & WAGES** 0 STAFF BENEFITS TOTAL PERSONNEL **OPERATING EXPENSES** 9 Month 3 Month Local Funds TOTAL Rent: Sq ft: Sq ft Rate (mo.): *Equipment (List Item below): Quantity 0 0 Travel: Other Operating Expenses (List): 0 0 0 0 0 TOTAL OPERATING EXPENSES 0 INDIRECT COSTS 0

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TOTAL FEDERAL & LOCAL DIRECT SERVICES

^{*} Equipment exceeding \$500 must be reported on Property page



EXHIBIT B

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AAA DIRECT SERVICES BUDGET - STATE & LOCAL FUNDS (12 MONTH)

BUDGET PERIOD: 7/1/2018 - 6/30/20	19	[] ORIGINAL [x] REVISION #2	SUBMISSION DATE:	1/9/2019	PSA No:	25
PERSONNEL		Monthly	Total Annual FTE	HICAP Reimb.	HICAP Fund	Local Funds	
Position Classification:		Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
							C
	·						
		TOTAL SALA	RIES & WAGES	0	0	0.	(
			AFF BENEFITS				
			L PERSONNEL	0	0	0	
OPERATING EXPENSES		1012	I ENGONNEL	HICAP Reimb.	HICAP Fund	Local Funds	TOTAL
Rent: Sq ft		Sq ft Rate (mo.):		THO THE THE	Thora Fund	200arr ands	1017(2
*Equipment (List Item below):		oq it itate (iiio.).	Quantity				
		1					(
							(
							(
							(
Trough (dengriba):							
Travel (describe):							
Other Operating Expenses (List below):	<u> </u>						(
							. (
							0
							_(
	٦	TOTAL OPERAT		0	0	0	C
		IN	DIRECT COSTS				C
	TOTAL STAT	E & LOCAL DIR	ECT SERVICES	0	0	0	0
* Fauinment exceeding \$500 must be re					·····		

^{*} Equipment exceeding \$500 must be reported on Property page

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HICAP SUBCONTRACTOR SUBRECIPIENT SERVICES SCHEDULE - 12 Month

CONTRACT NO: HL1718-01

		CONTRACT NO:	HI 1718-01				
BUDGET PERIOD: 7/1/2018 - 6/30/2019		[] ORIGINAL [x]	REVISION #2	SUBMISSION DATE	1/9/2019	PSA No:	25
		HICAP	HICAP	HICAP	HICAP	Program Income	TOTAL
		9 Month	3 Month	Reimbursement	Fund	and Other	CONTRACTED
SubContrac	ctors Subrecipients	Federal Funds	Federal Funds	Program	Program	Local Funds	SERVICES
Name:	Center for Health Care Rights	187,867	53,283	268,280	134,104		643,534
Address:	520 S. La Fayette Park Pl., LA,CA						
Telephone:	(213) 383-4519	İ					
Contact Pers	on: Ms. Aileen Harper						
Name:							0
Address:							
Telephone:							
Contact Pers	on:						
Name:							0
Address:							
Telephone:							
Contact Pers	on:						
Name:							0
Address:							
Telephone:							
Contact Pers	on:						
	·	9 MONTH FED.	3 MONTH FED.	HICAP REIMB.	HICAP FUND	LOCAL FUNDS	TOTAL
TOTAL HI	CAP CONTRACTED SERVICES						
		187,867	53,283	268,280	134,104	0	643,534

Budget Contracted expenses from all funding sources

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EXHIBIT B Page 13 of 19

HICAP PROPERTY/EQUIPMENT BUDGETED

CONTRACT NO: HI 1718-01

BUDGET PERIOD: 7/1/2018 - 6/30/2019	[] ORIGINAL	[x] REVISION #2 SUBMISSION DATE: 1/9/2019		PSA No:	25
ITEM DESCRIPTION	EXPECTED ACQUIRE DATE	Purpose/Justification	Per Unit Cost	FUNDING USED Select from dropdown	HICAP COST
AAA ADMIN EQUIPMENT	Include all pr	operty with a unit cost exceeding \$500			
				HICAP Federal	
				HICAP Reimb.	
				HICAP Fund	
				None	
· · · · · · · · · · · · · · · · · · ·				None	
	_	AAA ADMINISTE	RATION - EQUIPMENT	PURCHASES TOTAL	
AAA DIRECT PROGRAM EQUIPMENT	Include all pr	operty with a unit cost exceeding \$500			
				HICAP Federal	
				None	
				None	
				None	
				None	
		AAA DIRECT PRO	GRAM - EQUIPMENT	PURCHASES TOTAL	
		TOTAL A	AA EQUIPMEN	IT PURCHASES	
SUBCONTRACTOR SUBRECIPIENT EQUIPME	NT Include	all property with a unit cost exceeding \$500			
			T	HICAP Reimb.	
				None	<u> </u>
		SUBRECIPIENT CONTRACTOR EQ	JIPMENT PURC	HASES TOTAL	
		TOTAL FOLLOWERS	DUDOUAGE	DUDGETED	
For a reations or accessibility assistance with this financia		TOTAL EQUIPMENT	PURCHASES	BUNGETED	

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AAA ADMINISTRATION BUDGET - FEDERAL & LOCAL FUNDS

	CONTRACT NO	: HI 1718-01					
BUDGET PERIOD: 7/1/2019 - 6/30/2020	[] ORIGINAL [x]	REVISION #2	SUBMISSION DATE:	1/9/2019	PSA No: 25		
PERSONNEL	Monthly	Total Annual FTE	9 Month	3 Month	Local Funds		
Position Classification:	Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL	
			-				
				-			
	TOTAL SA	LARIES & WAGES	0	0	0		
		STAFF BENEFITS					
		TAL PERSONNEL	0	0	0		
OPERATING EXPENSES		TALTEROORNEL	9 Month	3 Month	Local Funds	TOTA	
	0.6547		3 WOITH	Jiviona	Local Tulius		
Rent: Sq ft: *Equipment (List Item below):	Sq ft Rate/mo.:	Quantity					
Equipment (List item below).		Quantity					
							
						<u> </u>	
Travel:							
Other Operating Expenses (List below):							
Other Operating Expenses (List below).							
			-				
							
	TOTAL OPERA	ATING EXPENSES	0	0	0		
		INDIRECT COSTS					
TOT 4	L FEDERAL & LOCAL A		0	0	0		
* Favinment expending \$500 must be reported on F		ADMINISTRATION	<u> </u>	U	U		

^{*} Equipment exceeding \$500 must be reported on Property page

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AAA ADMINISTRATION BUDGET - STATE & LOCAL FUNDS (12 MONTH)

CONTRACT NO: HI 1718-01

BUDGET PERIOD: 7/1/2019 - 6/30/2020	[] ORIGINAL [x] F		SUBMISSION DATE:	1/9/2019	PSA No: 2	5
PERSONNEL	Monthly	Total Annual FTE	HICAP Reimb.	HICAP Fund	Local Funds	<u> </u>
Position Classification:	Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
Senior Management Analyst I	10,096	7.00%	8,000	1,000		9,000
Management Analyst	8,547	21.00%	13,000	9,000		22,000
Accountant II	6,706	5.00%	2,776	1,881		4,657
						0
						0
	TOTAL SAL	ARIES & WAGES	23,776	11,881	0	35,657
	s	TAFF BENEFITS				0
	TO	TAL PERSONNEL	23,776	11,881	0	35,657
OPERATING EXPENSES			HICAP Reimb.	HICAP Fund	Local Funds	TOTAL
Rent: Sq ft:	Sq ft Rate (mo.):					0
*Equipment (List Item below):		Quantity				
						0
						0
	<u> </u>					
						0
						0
Travel:		-				0
Other Operating Expenses (List):						0
Otter Operating Experiods (Elst).						
					-	
						0
						0
						0
	TOTAL OPERA	TING EXPENSES	0	0	0	0
		NDIRECT COSTS		-		
	" TOTAL STATE & LOCAL A		22.776	44 004	0	
* Equipment exceeding \$500 must be reported an Br		DIMINISTRATION	23,776	11,881	V V	35,657

^{*} Equipment exceeding \$500 must be reported on Property page



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HICAP DIRECT SERVICES BUDGET - FEDERAL & LOCAL FUNDS

BUDGET PERIOD: 7/1/2019 - 6/30/2020	[] ORIGINAL [x]		SUBMISSION DATE	: 1/9/2019	PSA No: 2	25
PERSONNEL			9 Month	3 Month	Local Funds	
Position Classification:	Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
	TOTAL SAL	ARIES & WAGES	0	0	0	
	5	STAFF BENEFITS				
	TO	TAL PERSONNEL	0		1	
OPERATING EXPENSES			9 Month	3 Month	Local Funds	TOTA
Rent: Sq ft: *Equipment (List Item below):	Sq ft Rate (mo.):	Quantity				
Equipment (List term below).		Quartity				
Travel:						
Other Operating Expenses (List):						
<u>.</u>						
	TOTAL ODERA	TING EVENESS				
		TING EXPENSES	0	0	0	
		NDIRECT COSTS				
TOTAL	L FEDERAL & LOCAL DI	RECT SERVICES	0	0	0	

^{*} Equipment exceeding \$500 must be reported on Property page

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AAA DIRECT SERVICES BUDGET - STATE & LOCAL FUNDS (12 MONTH)

	CONTRACT NO:	HI 1718-01				
BUDGET PERIOD: 7/1/2019 - 6/30/2020	[] ORIGINAL [x]	REVISION #2	SUBMISSION DATE:	1/9/2019	PSA No:	25
PERSONNEL	Monthly	Total Annual FTE	HICAP Reimb. HICAP Fund		Local Funds	
Position Classification:	Wage Rate FTE	% of Time Worked	Salaries & Wages	Salaries & Wages	Salaries & Wages	TOTAL
			24			
	TOTAL SAL	ARIES & WAGES	0	0	0	
	S	TAFF BENEFITS				
		TAL PERSONNEL	0	0	0	
OPERATING EXPENSES			HICAP Reimb.	HICAP Fund	Local Funds	TOTA
Rent: Sq ft:	Sq ft Rate (mo.):					
*Equipment (List Item below)		Quantity				
	25					
Travel (describe):						
Other Operating Expenses (List below):	-					-
					_	
		-				
	TOTAL OPERA	TING EXPENSES				
				0	0	
		NDIRECT COSTS				
	TOTAL STATE & LOCAL D	RECT SERVICES	0	0	0	

^{*} Equipment exceeding \$500 must be reported on Property page

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HICAP SUBCONTRACTOR SUBRECIPIENT SERVICES SCHEDULE - 12 Month

CONTRACT NO: HI 1718-01 BUDGET PERIOD: 7/1/2019 - 6/30/2020 [] ORIGINAL [x] REVISION #2 SUBMISSION DATE: 1/9/2019 PSA No: 25 HICAP HICAP HICAP HICAP Program Income TOTAL 9 Month 3 Month Reimbursement Fund and Other CONTRACTED SubContractors Subrecipients Federal Funds Federal Funds Program Program Local Funds **SERVICES** Center for Health Care Rights Name: 159,848 53,283 268,280 134,104 615,515 Address: 520 S. La Fayette Park Pl., LA,CA (213) 383-4519 Telephone: Contact Person: Ms. Aileen Harper Name: 0 Address: Telephone: Contact Person: Name: 0 Address: Telephone: Contact Person: Name: 0 Address: Telephone: Contact Person: 9 MONTH FED. 3 MONTH FED. HICAP REIMB. **HICAP FUND** LOCAL FUNDS TOTAL TOTAL HICAP CONTRACTED SERVICES

53,283

268,280

134,104

0

615,515

Budget Contracted expenses from all funding sources

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159,848



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HICAP PROPERTY/EQUIPMENT BUDGETED

		[x] REVISION #2	SUBMISSION DATE: 1/9/2019		PSA No:	25
ITEM DESCRIPTION	EXPECTED ACQUIRE DATE	F	Purpose/Justification	Per Unit Cost	FUNDING USED Select from dropdown	HICAP COST
AAA ADMIN EQUIPMENT	Include all pr	operty with a unit cost e	xceeding \$500			
					HICAP Federal	
		-			HICAP Reimb.	
					HICAP Fund	
					None	
					None	
			AAA ADMINIST	RATION - EQUIPMENT	PURCHASES TOTAL	
AAA DIRECT PROGRAM EQUIPMENT	Include all pr	operty with a unit cost e	xceeding \$500			
					HICAP Federal	
					None	
					None	
					None	
					None	
			AAA DIRECT PR	OGRAM - EQUIPMENT	PURCHASES TOTAL	
			TOTAL	AAA EQUIPMEN	T PURCHASES	
SUBCONTRACTOR SUBRECIPIENT EQUIPMENT	Include	all property with a unit of	cost exceeding \$500			
		~			HICAP Reimb.	
					None	
					None	
					None	
					None	
					None	
					None	
					None	
					None	
		S	UBRECIPIENT CONTRACTOR EQ	UIPMENT PURC	HASES TOTAL	
			TOTAL EQUIPMENT		DUDOFTED	

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