STATE OF CALIFORNIA

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

X C	HECK HERE IF ADDITIONAL PAGES AR	E ATTACHED _	1 Page	AGREEMENT NUMBER TV-1920-25 REGISTRATION NUMBER	AMENDMENT NUMBER 1
1.	This Agreement is entered into be	tween the Stat	e Agency and	Contractor named below:	
	STATE AGENCY'S NAME				
	California Department of Aging				
	CONTRACTOR'S NAME				
	City of Los Angeles Department o	Aging			
2.	The term of this				
	Agreement is July 1,	2019	through	June 30, 2020	
3.	The maximum amount of this	\$ 1,511,30	61		
	Agreement after this amendment i			leven thousand three hundre	ed sixty-one and 00/100 dollars
4.	The parties mutually agree to this of the Agreement and incorporate		s follows. All a	actions noted below are by	this reference made a part
•)-	This amendment increases funds	provided to the	Contractor b	y \$ 8,710.	
	The attached Budget Display page pages 10 dated 7/1/2019. The Bud original Budget.				

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR					
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)					
City of Los Angeles Department of Aging					
BY (Authorized Signature) DATE SIGNED (Do not type)					
)12-4390					
DATE SIGNED (Do not type)					
PRINTED NAME AND TITLE OF PERSON SIGNING					
Nate Gillen, Manager, Contracts and Business Services Section					
ADDRESS					
1300 National Drive, Ste. 200, Sacramento, CA 95834					
	DATE SIGNED (Do not type) 012-4390 DATE SIGNED (Do not type)				

BUDGET SUMMARY

EXHIBIT B-1 Page 1 of 5

BUDGET PERIOD: 7/1/2019 - 6/30/2020		[X] DIRECT [] SUBCONTRACTED		[] ORIGINAL [X] REVISION NO.: 1 [] RFP CONTRAC		CONTRACT NO	ONTRACT NO.: TV 1920-25		SLOTS: 165 DATE: 7/9/2019				
SECTION A													
COST CATEGORIES CONTRACTOR ADMIN		SUBCONTRACTOR ADMIN			PROGRAM/PWFB			TOTAL					
PERSONNEL COSTS	(a) Federal	(b) Recipient Local Share	(c) Federal	(d) Recipient Local Share	(e) Federal	(f) State	(g) Recipient Local Share	(h) Program	(i) Federal	(j) State	(k) Recipient Local Share	(I) Program	(m) Total
Personnel	120,212				1,195,804				1,316,016		0		0 1,316,016
Fringe Benefits		v					207,610		0		207,610		0 207.610
Total Personnel Costs	120,212	(0	0 (1,195,804		207,610)	0 1,316,016		207,610		0 1,523,627
OPERATING COSTS						PROGR/	AM/OTHER						
Travel									0		0		0 0
Equipment									0		0		0 0
Supplies									0		C		0 0
Consultant			_						0		0		0 0
One-Stop Shared Infrastructure									C		C		0 0
Orientation					46,590				46,590		C		0 46,590
Assessment					49,585				49,585		C		0 49,585
Training					49,585	5			49,585		C		0 49,585
Supportive Service	=======================================										C		0 0
Job Development					49,585	5			49,585		C		0 49.585
Transportation									, C		C		0 0
Other									C		C		0 0
Total Operating Costs	0		0	0 (195,345	5	0)	0 195,345	5	0		0 195,345
Indirect Costs									0)			.0 0
Total Operating and Indirect Costs	0		0	0	195,345		C		0 195,345	5	C		0 195,345
TOTAL COSTS	120,212		0	0	1,391,149		207,610		0 1,511,361		207,610		0 1,718,971
SECTION B								SECTION		<u> </u>		<u> </u>	
SECTION B		(-)	(10)	(a) Resistant	(d) P	1(-)	-	SECTION	<u> </u>				
		(a) Federal	(b) State	(c) Recipient Local Share	(d) Program	(e) Total							%
TOTAL ADMINISTRATION 120,21				0	120,21	12	Contractor A	dministration (no	more than 8	%)		7.95%	
TOTAL SUBCONTRACTOR ADMIN		0		5		0	PWFB (at lea			,		79.12%	
TOTAL PROGRAM/PWFB 1,195,804			4	207,610	0 (1,403,41	15	Recipient Lo					13.74%
TOTAL PROGRAM/OTHER 195,34			5			195,34							
TOTAL COSTS		1.511,36		207,610		1,718,97							

SECTION D

Payment Method: Reimbursement [x] Advance []

Approved Indirect Cost Rate(s):

Approved indirect Cost Rate(s):	FOR STAT	E USE ONLY	
Program Fiscal Team Analyst:	Date	Program Fiscal Team Manager:	Date

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CONTRACTOR ADMINISTRATION*

	SION NO.: 1 [] RFP	CONTRACT NO.: TV 1920-25	SLOTS: 165	DATE: 7/9/2019	
SECTION A: PERSONNEL COSTS					
	375		(a)	(b)	(c)
		N.S.	Annual	% of Time	
Position Classification:			Wage Rate	Devoted	Total
Sr. Management Analyst I			\$121,146	85.00%	102,9
Sr. Management Analyst II			\$150,127	11.48%	17,2
					
			TOTAL	PERSONNEL	120,2
			FRING	SE BENEFITS	
			TOTAL PERSO	NNEL COSTS	120.2
SECTION B: OPERATING COSTS					Total
Travel:					
Equipment** (List below):			Quantity	Unit Price	
Supplies:					
Consultant:					
One-Stop Shared Infrastructure costs					
Other (List):			· · · · · · · · · · · · · · · · · · ·		
			TOTAL OPERA		
			INDI	RECT COSTS	
		TOTA	L COSTS - ADM	IINISTRATION	120,2

^{*} Complete this page if contractor retains federal funds for administrative costs.

For questions or accessibility assistance with this financial document, please contact CDAFiscalTeam@aging.ca.gov.

^{**} Complete Equipment Page

SUBCONTRACTOR ADMINISTRATION*

	: 7/1/2019 - 6/30/2020	[X] DIRECT [] SUBCONTRACTED	[] ORIGINAL [X] REVISION NO.: 1 [] RFP	CONTRACT NO.: TV 1920-25	SLOTS: 165	DATE: 7/9/2019	
SECTION A:	PERSONNEL C	OSTS					
					(a)	(b)	(c)
D 111 O1 16					Annual	% of Time	
Position Classific	ation:		<u>.</u>	· · · · · · · · · · · · · · · · · · ·	Wage Rate	Devoted	Total
					-		(
			· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·	 		
					TOTAL	PERSONNEL	
					FRING	E BENEFITS	
				TC	TAL PERSOI	NNEL COSTS	
SECTION B:	OPERATING CO	OSTS					Total
Travel:							
Equipment** (Lis	st below):				Quantity	Unit Price	
					 		
	Marie To District					Name of the last o	
Supplies:							

						L C. W. El III	
Consultant:							
	d Infrastructure costs					*	
Other (List):			·				
							
Subcontracto				T	OTAL OPERA		
Subcontracto					INDI	RECT COSTS	3
Telephone N	lumber:			SUBCONTRACTOR	ADMINISTR.	ATION TOTAL	14

For questions or accessibility assistance with this financial document, please contact CDAFiscalTeam@aging.ca.gov.

^{*} Do not include contractor's administrative costs.

** Complete Equipment Page

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PROGRAM COSTS

BUDGET PERIOD: 7/1/2019 - 6/30/2020 [X] DIRECT [] SUBCONTRACTED	[] ORIGINAL [X] REVISION NO.: 1	[]RFP	CONTRACT NO.: TV 1920-25	SLOTS: 165	DATE: 7/9/2019
PROGRAM I	PARTICIPANT WAGES	S AND FRINGE	BENEFITS (PWFB)		
SECTION A: PERSONNEL					
	(a)	(b)	(c)	(d)	(e)
	Number	(5)	Average Work	Average Number	(6)
Participant Classification	of Participants	Wage per Hour	Week Hours	of Weeks	Total
Community Administration Support Worker I	90	\$14.25	18	52	1,180,59
ommunity Administration Support Worker I (Monitor)	1	\$16.25	18	52	15.2
.,	· · · · · · · · · · · · · · · · · · ·	110.20	 -		15.2
			 	 	
		 			77
		· l		TOTAL PERSONNEL	1,195,80
SECTION B: FRINGE BENEFITS				TOTALTEROOMICE	1,155,0
	Number of Destining at				
Categories	Number of Participants	 	· · · · · · · · · · · · · · · · · · ·		Total
hysicals ICA	91	 			3,30
Vorkers Compensation		 			76,8
ther:					127,3
oner.					
			TO [*]	TAL FRINGE BENEFITS	207,6
		7	OTAL PERSONNEL CO	STS - PROGRAM/PWFF	1,403,4
	DD00D4				1,400,4
	PROGRA	M/OTHER		· · · · · · · · · · · · · · · · · · ·	
SECTION C: OPERATING COSTS					
Categories			Staff Costs	Other	Total
ravel					
quipment** (List)					
opplies Consultant					
Prientation *			46,59	20	46,5
ssessment *			49,50		49,5
raining *			49,50		49.5
Supportive Services *					
ob Development *			49,58	35	49,5
Fransportation *					
One-Stop Shared Infrastructure costs					
Other (List):					
				 	
List Program Staff: (Optional)			TOT	AL OPERATING COSTS	195,3
* Complete Equipment Page INDIRECT COSTS					
, , , , , , , , , , , , , , , , , , , ,		TOTAL ODERATI	NG AND INDIRECT COS		
		TOTAL OPERATI	ING AND INDIRECT COS	13 - PROGRAM/OTHER	195,3

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PROPERTY/EQUIPMENT*

	LIST ALL PR						
TEM DECODINE		ROPERTY/EQUIPMENT WITH A PER UNIT PRICE OF \$50	0 or MORE				
ITEM DESCRIPTION	CONTRACTOR NAME	PURPOSE/JUSTIFICATION/ALLOCATION	UNIT	QTY	TOTAL	TITLE V SCSEP %	TITLE V SCSE
A CONTRACTOR OF THE PARTY OF TH		CONTRACTOR ADMINISTRATION EQUIPMENT		27.5.40			
7/1							
			ļ				
					<u> </u>	<u> </u>	
			-			<u> </u>	
		CONTRA	CTOR ADMINIS	STRATION EQ	UIPMENT PUR	CHASES TOTAL	L
		SURCONTRACTOR ADMINISTRATION FOUNDATION					4
CHECK THE STATE OF		SUBCONTRACTOR ADMINISTRATION EQUIPMENT					
			<u> </u>		 	 	
							
		SUBCONTRA	ACTOR ADMINI	STRATION EC	UIPMENT PUI	RCHASES TOTA	L
		PROGRAM EQUIPMENT					
×			ļ		 -		
			 	 			
				<u> </u>			
			-	-		-	

^{*}All SCSEP Equipment with a per unit price of \$5,000 or more must receive prior approval by Department of Labor.

PROGRAM / OTHER OPERATING COSTS (Including Fringe Costs--> CAP 39 = 48.50%)

	Federal
TRANSPORTATION Mileage for Monitors	\$ -
EQUIPMENT Equipment with useful life greater than 1 year	\$ -
SUPPLIES Office supplies and other consumables, printing costs for brochures	
CONTRACTUAL Copiers and copy paper Validations and parking passes	\$ -
SUPPORTIVE SERVICE Items used by Trainees; not salary	\$

ORIENTATION	Annual Salary	% time devoted	% Salary for Category
MANAGEMENT ANALYST I	\$74,061	20.96%	15,520
MANAGEMENT ASSISTANT	\$72,996	25.00%	18,249
MANAGEMENT ASSISTANT	\$51,281	25.00%	12,820
SENIOR MGMT ANALYST	\$121,146	0.00%	0
		_	46,590
<u>ASSESSMENT</u>			
MANAGEMENT ANALYST I	\$74,061	25.00%	18,515
MANAGEMENT ASSISTANT	\$72,996	25.00%	18,249
MANAGEMENT ASSISTANT	\$51,281	25.00%	12,820
			49,585
<u>TRAINING</u>			
MANAGEMENT ANALYST I	\$74,061	25.00%	18,515
MANAGEMENT ASSISTANT	\$72,996	25.00%	18,249
MANAGEMENT ASSISTANT	\$51,281	25.00%	12,820
			49,585
JOB DEVELOPMENT			
MANAGEMENT ANALYST I	\$74,061	25.00%	18,515
MANAGEMENT ASSISTANT	\$72,996	25.00%	18,249
MANAGEMENT ASSISTANT	\$51,281	25.00%	12,820
			49,585
TOTALS: Staff Salaries	Si	taff Salaries	195,345

CAP 39

	Fringe Benefits	Central Services
Balance of Department	48.50%	21.63%
Title V*	27.87%	5.11%
***	Workers Compensation:	10.65%
Fringe Benefits for Trainees:	Medicare	1.21%
Finige Denents for Trainees.	Social Security	5.22%
	Cost of Physical [Per Hour]	\$ 37.00