

Council on Aging Services for Seniors
Amendment Number 3
to the Agreement to Provide
SERVICES FOR SENIORS
Funding Amount: **\$1,902,510**
Term: **07/01/2024 to 06/30/2025**
Agreement Number: AA-COA-S4S-2425

This Amendment Number 3 ("Amendment") is by and between the County of Sonoma, a political subdivision of the State of California (hereinafter "County"), and Council on Aging Services for Seniors, a California non-profit Corporation designated as a Sub-recipient of federal funds (hereinafter "Contractor").

As provided by Article 13.7, Merger, the parties hereby evidence their intent and desire to amend the Agreement. The parties mutually desire to amend said Agreement to make the following changes:

1. Revise Article 2, Payment, to increase the Agreement amount by One Hundred Fifty-Four Thousand Three Hundred Thirty-Five Dollars (\$154,335) for a new total of One Million, Nine Hundred Two Thousand, Five Hundred Ten Dollars (\$1,902,510).
2. Revise Exhibit B: Fiscal Provisions/Budget, as follows:
 - a. Update Section 10. Allocation Summary.
 - b. Replace line item budget table 11.4 to add \$154,335 to Home Delivered Meals.

R E C I T A L S

WHEREAS, County and Contractor entered into that certain Agreement, dated July 1, 2024, for Services for Seniors; and

WHEREAS, County and Contractor desire to amend the Agreement to provide additional funding for Home Delivered Meals;

NOW, THEREFORE, the parties hereto are desirous of modifying the Agreement in accordance with the terms and conditions set forth herein and hereto agree as follows:

SPECIFIC PROVISIONS

2. **Payment.**

For all services and incidental costs required hereunder, Contractor shall be paid on a cost reimbursement basis in accordance with the budget set forth in "Exhibit B: Fiscal Provisions/Budget" (hereinafter "Exhibit B"), attached hereto and incorporated herein by this reference. Contractor shall be paid an amount not to exceed One Million, Nine Hundred Two Thousand, Five Hundred Ten Dollars (\$1,902,510), without the prior written approval of County. Expenses not expressly authorized by the Agreement shall not be reimbursed.

Unless otherwise noted in this agreement, payments shall be made within the normal course of county business after presentation of an invoice in a form approved by the County for services performed. Payments shall be made only upon the satisfactory completion of the services as determined by the County.

Exhibit B: Fiscal Provisions/Budget

10. Allocation Summary.

Program(s)		AAA 7/1/24 - 6/30/25				Federal, State and Grant Funding		Local - County 7/1/24 - 6/30/25		Total FY 24/25 Contract
	CFDA#	Federal (Amended)	One-Time-Only (OTO)	NSIP (Amended)	State (Amended)	State OCA-M Supportive Services thru 3/31/25	State OCA-M Nutrition thru 6/30/25	General Fund	Re-Alignment	
Adult Day		\$75,000	\$0	\$0	\$0	\$11,250	\$0	\$0	\$0	\$86,250
Alzheimer's Day		\$80,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$80,000
Congregate Meals		\$93,429	\$99,378	\$30,749	\$51,322	\$0	\$0	\$0	\$53,320	\$328,198
Home Delivered Meals		\$260,009	\$123,639	\$45,207	\$515,980	\$0	\$0	\$205,000	\$99,227	\$1,249,062
Intergen - Tellegacy + Meals		\$0	\$0	\$0	\$0	\$0	\$47,000	\$0	\$0	\$47,000
Non-Evidence Based: Aging Better Sonoma County		\$0	\$0	\$0	\$0	\$12,000	\$0	\$0	\$0	\$12,000
To-Go Meals		\$0	\$0	\$0	\$0	\$0	\$100,000	\$0	\$0	\$100,000
CONTRACT TOTAL		\$439,171	\$223,017	\$75,956	\$567,302	\$23,250	\$147,000	\$205,000	\$152,547	\$1,902,510

11. Budgets.

11.4. Home Delivered Meals

LINE ITEMS FOR PROGRAM COST CATEGORIES	AAA Funds				OCA-M Supportive Services	OCA-M Nutrition	CalFresh Healthy Living	HICAP State Augmentation	HICAP Reimbursement State	Local General Fund	Local Realignment	MATCH		NON-MATCH		PROGRAM INCOME	TOTAL
	Federal	State	OTO	NSIP								CASH	IN-KIND	CASH	IN-KIND		
PERSONNEL																	
Salaries	260,009		28,215							98,636			100,000				486,860
Benefits			32,945							6,355	76,758						116,058
TOTAL PERSONNEL	\$260,009		\$61,160							\$104,991	\$76,758		\$100,000				\$602,918
TRAVEL & TRAINING																	
Staff Travel														6,000			6,000
Staff Training														1,000			1,000
TOTAL TRAVEL & TRAINING														\$7,000			\$7,000
EQUIPMENT																	
Expendable Equipment														1,000			1,000
Non-expendable Equipment																	
TOTAL EQUIPMENT														\$1,000			\$1,000
CONSULTANTS																\$6,000	\$6,000
OTHER COSTS:																	
Rent/Bldg. Maintenance														400			400
CRM and IT Services														30,600			30,600
Utilities														5,300			5,300
Office Supplies														4,200			4,200
Printing														2,000			2,000
Postage														4,200			4,200
Employee Screening/Testing														500			500
Vehicle Repairs & Maintenance														42,640			42,640
Program Supplies														10,000			10,000
Outside Services														7,100			7,100
Publications/Members														1,000			1,000
Catered meals		515,980	62,479	45,207						100,009	22,469			399,856		114,000	1,260,000
Food Supplies														10,000			10,000
Other																	
TOTAL OTHER COSTS		\$515,980	\$62,479	\$45,207						\$100,009	\$22,469			\$517,796		\$114,000	\$1,377,940
** INDIRECT COSTS																	
TOTAL PROGRAM COSTS	\$260,009	\$515,980	\$123,639	\$45,207						\$205,000	\$99,227		\$100,000	\$525,796		\$120,000	\$1,994,858

Except as expressly modified in this Amendment, the terms and conditions of Agreement Number AA-COA-S4S-2425 shall remain in full force.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be fully executed by their authorized representatives.

This Amendment shall be effective on and as of the date of the last signature.

CONTRACTOR

COUNTY OF SONOMA

Council on Aging Services for Seniors

By: _____
Name: Jamie Escoubas
Title: President/Chief Executive Officer

By: _____
Name: Angela Struckmann
Title: Director, Human Services
Department

Date: _____

Date: _____

APPROVED AS TO SUBSTANCE FOR
COUNTY

By: _____
Name: Paul Dunaway
Title: Director, Adult & Aging Services
Division

[] EXEMPT FROM COUNTY COUNSEL
REVIEW

APPROVED AS TO FORM FOR COUNTY

By: _____
County Counsel

[] CERTIFICATES OF INSURANCE ON FILE
WITH COUNTY

[] INSURANCE REQUIREMENT CHANGES
APPROVED, WAIVED, OR EXEMPTED
BY RISK MANAGEMENT

By: _____