



SECOND-THIRD AMENDMENT

CONTRACT No. 20-27-0025

BETWEEN THE COUNTY OF ORANGE

AND

ST. JUDE HOSPITAL, INC. dba ST. JUDE MEDICAL CENTER

**FOR THE PROVISION OF SERVICES FUNDED BY
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, ADMINISTRATION FOR
COMMUNITY LIVING GRANTS:**

**CFDA# 93.052 / FAIN #~~1901CAO AFC-01~~ & ~~2001CAO AFC-00~~PENDING
NATIONAL FAMILY CAREGIVER SUPPORT, TITLE III PART E:**

FAMILY CAREGIVER SUPPORT PROGRAM SERVICES

This Amendment to Contract No. 20-27-0025, hereinafter referred to as "~~Second-Third~~ Amendment" is made and entered into upon execution of all necessary signatures between the County of Orange, a political subdivision of the State of California, hereinafter referred to as "County" and St. Jude Hospital, Inc. dba St. Jude Medical Center, a California non-profit Corporation, DUNS No. 787460625, with a place of business at 130 W. Bastanchury Rd., Fullerton, CA 92835; hereinafter referred to as "Subrecipient," with County and Subrecipient sometimes referred to as "Party," or collectively as "Parties."

RECITALS

WHEREAS, County and Subrecipient entered into Contract No. 20-27-0025, hereinafter referred to as "original Contract," for the provision of Family Caregiver Support Services, commencing July 1, 2020 through June 30, 2021, in an amount not to exceed \$894,851; and

WHEREAS, on June 25, 2020, the County the executed the First Amendment to the original Contract to increase the Contract by the monetary amount of \$2,598, for a new maximum obligation of \$897,449 and replaced Attachment A, Scope of Services, with Attachment A-1; and replaced Attachment B, Payment/Compensation, with Attachment B-1; and replaced Attachment C, Budget Schedule(s), with Attachment C-1; and replaced Attachment D, Staffing Plan, with Attachment D-1; and replaced Attachment E, Performance Standards with Attachment E-1; and replaced Attachment F, Federal Award Identification with Attachment F-1; and

WHEREAS, on April 13, 2021, the County ~~now desires~~ authorized the Second Amendment to ~~amend the original Contract to and~~ increased the Contract by the monetary amount of \$85,340, for a new maximum obligation of \$982,789, and replaced Attachment A-1, Scope of Services, with Attachment A-

2; and replaced Attachment B-1, Payment/Compensation, with Attachment B-2; and replaced Attachment C-1, Budget Schedule(s), with Attachment C-2; and replaced Attachment D-1, Staffing Plan, with Attachment D-2; and replaced Attachment F-1, Federal Award Identification with Attachment F-2; and

WHEREAS, the County now desires to amend the original Contract to renew the Contract for an additional one-year period effective July 1, 2021 through June 30, 2022; and revise Paragraph 2 of the Contract to reflect the new Contract term; and increase the Contract by the monetary amount of \$1,070,716 under FY 2021-22 for a total cumulative Contract amount of \$2,053,505; and replace Attachment B-2, Compensation/Payment, with Attachment B-3; and replace Attachment C-2, Budget, with Attachment C-3; and replace Attachment D-2, Staffing Plan, with Attachment D-3; and replace Attachment E-1, Performance Standards with Attachment E-2; and replace Attachment F-2, Federal Award Identification, with Attachment F-3; and

NOW, THEREFORE, in consideration of the mutual obligations set forth herein, both Parties mutually agree to amend as follows:

1. The Contract Term, set forth in paragraph 2 of this Contract, is hereby renewed for the period of July 1, 2021 through June 30, 2022, unless otherwise terminated by the County under the terms of the Contract. The CFDA/FAIN table on the cover page of the Contract shall be replaced with the following table:

<u>CFDA#</u>	<u>FAIN#</u>	<u>PROGRAM/SERVICE TITLE</u>	<u>FUNDING AGENCY</u>
93.052	1901CAO AFC-01 and 2001CAO AFC- 00	National Family Caregiver Support, Title III, Part E	U.S. Dept. of Health and Human Services, Administration for Community Living

2. The Contract Maximum Obligation, set forth in paragraph 5 of this Contract, shall be amended to increase the monetary limit by the amount of \$85,340,070,716, for a new maximum obligation cumulative total amount of \$982,789,053,505.
3. ~~Attachment A-1, Scope of Services, shall be replaced with Attachment A-2.~~
4. Attachment B-12, Payment/Compensation, shall be replaced with Attachment B-23.
5. Attachment C-12, Budget Schedule(s), shall be replaced with Attachment C-23.
6. Attachment D-12, Staffing Plan, shall be replaced with Attachment D-23.
6. Attachment E-1, Performance Standards, shall be replaced with Attachment E-2.
7. Attachment F-12, Federal Award Identification, shall be replaced with Attachment F-23.

Except as otherwise expressly set forth herein, all terms and conditions contained in the Original Contract, including any amendments/modifications, are hereby incorporated herein by this reference as if fully set forth herein and shall remain in full force and effect.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the Parties hereto have executed this ~~Second~~ Third Amendment on the dates with their respective signatures:

*St. Jude Hospital, Inc. dba St. Jude Medical Center

By: _____

By: _____

Name: _____
(Print)

Name: _____
(Print)

Title: _____

Title: _____

Dated: _____

Dated: _____

*For Subrecipients that are corporations, signature requirements are as follows: 1) One signature by the Chairman of the Board, the President or any Vice President; and 2) One signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or an Assistant Treasurer.

For Subrecipients that are not corporations, the person who has authority to bind the Subrecipient to a Contract, must sign on one of the lines above.

COUNTY OF ORANGE
A Political Subdivision of the State of California

By: _____
Dylan Wright, Director
OC Community Resources

Dated: _____

APPROVED AS TO FORM
DEPUTY COUNTY COUNSEL

By: _____
DEPUTY COUNTY COUNSEL

Dated: _____

PAYMENT/COMPENSATION

1. COMPENSATION:

This is a cost reimbursement Contract between the County and the Subrecipient for up to: ~~\$982,789~~1,070,716 for 12-months (July 1, ~~2020-2021~~ – June 30, ~~2021-2022~~) as set forth in Attachment A-2 Scope of Services attached hereto and incorporated herein by reference. The Subrecipient agrees to accept the specified compensation as set forth in this Contract as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the Subrecipient of all its duties and obligations hereunder. The County shall have no obligation to pay any sum in excess of the total Contract amount specified unless authorized by an amendment in accordance with Paragraphs C and P of the County's General Terms and Conditions.

2. PAYMENT TERMS:

Invoices are to be submitted in arrears to the user agency/department. An invoice for the reimbursement of costs shall be submitted to the address specified below upon the completion of the services/activities and approval of the County Project Manager. Subrecipient shall reference Contract number on invoice. Payment will be net 30 days after receipt of an invoice in a format acceptable to the County of Orange and verified and approved by OC Community Services and subject to routine processing requirements of the County. The responsibility for providing an acceptable invoice rest with the Subrecipient.

Billing shall cover services not previously invoiced. The Subrecipient shall reimburse the County of Orange for any monies paid to the Subrecipient for services not provided or when services do not meet the Contract requirements.

Payments made by the County shall not preclude the right of the County from thereafter disputing any items or services involved or billed under this Contract and shall not be construed as acceptance of any part of the services. In the event cost is disputed and/or disallowed, the County will make partial payment to recoup disputed/disallowed monies in the following billing cycle. The Subrecipient will reimburse the County for disputed/disallowed monies identified after July 10th in one lump sum.

Program Invoice(s):

OC Community Resources
Attention: Accounts Payable
601 N. Ross St., 6th floor
Santa Ana, CA 92701

3. INVOICING INSTRUCTIONS:

The Subrecipient will provide an invoice on Subrecipient's letterhead for services rendered. Each invoice will have a number and will include the following information:

The Demand Letter/Invoice must include

- A. Subrecipient's name and address
- B. Subrecipient's remittance address (if different from 1 above)
- C. Subrecipient's Tax ID Number
- D. Name of County Agency Department
- E. County Contract Number
- F. Service date(s) – Month of Service
- G. Delivery Order (DO) / Subordinate Agreement Number
- H. Deliverables / Service description (in accordance with Attachment A)
- I. Subrecipient's Federal I. D. number
- J. Total

Further instructions regarding invoicing/reimbursements as set forth in Exhibit 5, OC Community Resources Contract Reimbursement Policy, are attached hereto and incorporated herein by reference.

4. MONTHLY OPERATING COSTS

Payments for monthly work completed shall be made as follows:

- A. Subrecipient shall timely transmit to County all data required pursuant to this Contract. Subrecipient also shall submit an invoice(s) and such other substantiating reports as County may require, all in a form satisfactory to Project Manager, by the tenth (10th) day of each month, showing the prior month's actual expenditures. If the 10th falls on a weekend or holiday, the invoice/data report is due the next business day. If Subrecipient receives funds pursuant to this Contract for more than one program or Service Area, each such program or Service Area shall be invoiced separately from all other programs or Service Areas, and separate substantiating reports shall be submitted for each program or Service Area, unless otherwise approved by Project Manager. County shall make monthly payments based on Subrecipient's data, invoice(s), and substantiating reports, unless otherwise approved by Project Manager.
- B. In cases where errors or Disallowed costs are identified by County, County will return invoice(s) for revision. Subrecipient must resubmit revised invoice(s) within five (5) business days of notification from County, excluding 12th month close-out invoice.

- C. No payments will be made if any preceding months' data, reports, or invoices are outstanding, unless otherwise approved by the Administrator.
- D. No payments will be made for costs incurred by Subrecipient which are not "allowable costs" applicable to Subrecipient under 45 C.F.R. Part 92.22(b).
- E. Whenever Subrecipient is not in compliance with any provision of this Contract, Project Manager, may withhold payment until such time as Subrecipient comes into compliance.
- F. Total Monthly Costs may exceed one-twelfth of the Maximum Obligation of County. Upon receipt of sufficient written justification from the Subrecipient, as determined in the sole discretion of the Project Manager, or her designee, the Project Manager, has the discretion, in any given month, to pay over the monthly one-twelfth of the Maximum Obligation.

5. FULL COMPENSATION

Subrecipient agrees to accept the specified compensation as set forth in this Contract as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the Subrecipient of all its duties and obligations hereunder.

6. CLOSE-OUT DEADLINES

- A. The 12th month close-out invoice is due on the 10th of July without exceptions. In cases of returned invoices due to errors or Disallowed costs, Subrecipient must resubmit revised invoice(s) within two (2) business days of notification from County.
- B. Request for budget modifications and/or invoice revisions from the Subrecipient will be restricted to a minimum for June invoices and will only be allowed at the County's discretion.
- C. Subrecipient must submit June invoice estimates by the 10th of June. Estimates must be projected based on anticipated actual expenditure.

7. CONTRIBUTIONS

- A. Subrecipient shall provide every participant the opportunity to voluntarily contribute toward the cost of the services provided under this Contract. Subrecipient shall protect

the privacy of each such contributor with respect to his or her contribution. No Older Individual shall be denied a service because of unwillingness or inability to contribute towards the cost of said service.

- B. Subrecipient shall keep separate accounts of all contributions for services provided pursuant to this Contract. Subrecipient shall report such contributions monthly to County in the format required by County.
- C. Contributions for services provided pursuant to this Contract shall be added to the funds provided to Subrecipient by County pursuant to this Contract and shall be used for the purposes and in accordance with the terms of this Contract.

8. THIRD-PARTY REVENUE

Subrecipient shall make every reasonable effort to obtain all available reimbursement from third parties (e.g., insurers), for which persons served hereunder may be eligible. All such third-party reimbursements received by Subrecipient shall be reported to County in the format required by County. The amount of such third-party reimbursements shall be deducted from County's maximum obligation hereunder.

9. INTEREST EARNED

- A. If Subrecipient earns interest on funds received pursuant to this Contract, that interest shall be identified as income to the program(s) for which this Contract provides and shall be used and expended only for said program(s). Subrecipient shall maintain in its files full documentation of such interest earnings and expenditures.
- B. If Subrecipient is a nonprofit, it shall maintain any advances of funds or contributions received under this Contract in interest-bearing accounts, unless "a" or "b" below apply:
 - i. The best reasonably available interest-bearing account would not be expected to earn interest in excess of \$500 per year on the funds deposited pursuant to this Contract combined with other federal cash balances, if any, maintained by Subrecipient; or
 - ii. The depository would require an average or minimum balance so high that it would not be feasible within the expected cash resources Subrecipient expects to receive under this Contract.

BUDGET SCHEDULE

Family Caregiver Support Program

Title III-E

1. Subrecipient's Budget (July 1, 2021 – June 30, 2022):

Cost Categories	Budgeted Costs
Personnel	\$699,766 828,160 <u>734</u> 1
Travel and Training	\$5,000 4,218
Equipment	\$2,500 5,265 <u>1,755</u>
Consultant/Professional Services	\$137,020 200,075
Other Costs	\$19,843 36,763 <u>35,843</u> 25,957
Indirect Costs	\$40,820 10,551
Total Budgeted Costs	\$897,4491,070,716

Matching Funds	Match Amount
Cash	\$299,150 356,905
In-Kind	\$0
Total Match	\$299,150356,905

2. The above Cost Categories is an overview of the actual budget approved by the Office on Aging. Subrecipient shall be responsible for and maintain the approved *Budget Summary by Funding Source and Revenue Sources* spreadsheet that is provided to Subrecipient from Office on Aging. The *Budget Summary by Funding Source and Revenue Sources* spreadsheet shall be maintained and completed in accordance with the Office on Aging policies and processes. Any deviation from the Office on Aging approved budget, may and can delay acceptance of budgets and/or reimbursements.

STAFFING PLAN

St. Jude Hospital, Inc. dba St. Jude Medical Center

July 1, ~~2020~~2021 – June 30, ~~2021~~2022**I. Family Caregiver Support Program**

Title	FTE*
Director – JWL	1.00
Program Supervisor – DMS	1.00
Program Supervisor – DS	0.25
Administrative Assistant – RC	1.00
Administrative Assistant – AK	1.00
Social Worker – MSW SYP	1.00
Social Worker – MSW PL	1.00
Social Worker – MSW NE	1.00
Social Worker – MSW AT	1.00
Social Worker – MSW PN	1.00
Social Worker – MSW Per Diem	0.10
Social Worker – MSW Per Diem	0.15
Social Worker – BSW CK	0.96
Social Worker – BSW ADLK	0.00
Social Worker – BSW TTH	1.00
Social Worker – MSW YR	0.50
Social Worker – MSA CA	0.50
TOTAL:	12.46

*1.00 FTE = Full-Time Equivalent

The substitution or addition of other key individuals in any given category or classification shall be allowed only with prior written pre-approval of the County Project Manager.

The County may reserve the right to involve other personnel, as their services are required. The specific individuals will be assigned based on the need and time of the service/class required. Assignment of additional key personnel shall be subject to County approval pursuant to Paragraph 13 of the Contract.

AGENCY NAME: ST. JUDE HOSPITAL, INC. DBA ST. JUDE MEDICAL CENTER				FISCAL YEAR: 2020 2021-20212022	
PROGRAM NAME(S): Family Caregiver Support Program					
CONTRACT #: 20-27-0025				DATE:	
PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Information Services	15	Public Information # of Activities		Non-Registered	Public Information on Caregiving (1 Activity): A Family Caregiver Support Program (FCSP) Information Service designed to provide information about available FCSP and other caregiving support resources and services by disseminating publications, conducting media campaigns, and maintaining electronic information systems (e.g., quarterly newsletter).
	18,000	Public Information Estimate Audience			
	12	Community Education # of Activities		Non-Registered	Community Education on Caregiving (1 Activity): A Family Caregiver Support Program (FCSP) designed to educate groups of current or potential caregivers and those who may provide them with assistance about available FCSP and other caregiver support resources and services (e.g., booth at health fair).
	500	Community Education Estimated Audience			
	27	Information Services Total # of Activities			
	18,500	Information Services Total Estimated Audience			
	18,500	Total # of Caregivers Served	18,500	Information Services Total Estimated Audience	

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Access Assistance	12,000	Caregiver Outreach # of Contacts		Non-Registered	Caregiver Outreach (1 Contact): A Family Caregiver Support Program (FSCP) Access Assistance service involving interventions (one-on-one contacts with individuals) initiated by an agency or provider for the purpose of identifying caregivers and encouraging their use of existing caregiver support services (e.g., Caregiver InfoVan staff contacts outside of local market).
	15,000	Caregiver Information and Assistance # of Contacts		Non-Registered	Caregiver Information and Assistance (1 Contact): A Family Caregiver Support Program (FSCP) Access Assistance service that: (A) provides caregivers with information on services available within the communities, including caregiving information related to assistive technology and caring for older individuals at risk for institutional placement; (B) links caregivers to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures (caregiver may remain anonymous and refuse follow-up contact).
	5,700	Caregiver Interpretation/Translation # of Contacts		Non-Registered	Caregiver Interpretation/Translation (1 Contact): A Family Caregiver Support Program (FSCP) Access Assistance service for the provision of bilingual communication assistance to a caregiver in order to access assistance and receive support for his or her caregiving responsibilities (e.g., staff interpreting dialogue between caregiver and care consultant staff translating an elder's prescription drug label for his caregiver).
	0	Caregiver Legal Resources # of Contacts		Non-Registered	Caregiver Legal Resources (1 Contact): A Family Caregiver Support Program (FSCP) Access Assistance service involving one-to-one guidance provided by an attorney (or person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving-related legal issues.
	30,000	Total # of Caregivers Served	32,700	Access Assistance Total Contacts	

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Support Services	1,800	Caregiver Assessment # of Hours		Registered	Caregiver Assessment (1 Hour): A Family Caregiver Support Program (FSCP) Support Service conducted by persons trained and experienced in the skills required to deliver the service that should result in a plan that includes emergency back-up provisions and is periodically updated; and will explore options and courses of action for caregivers by identifying their: (A) willingness to provide care; (B) duration and care frequency preferences; (C) caregiving abilities; (D) physical health, psychological, social support, and training needs; (E) financial resources relative for caregiving; and (F) strengths and weaknesses within the immediate caregiving environment and (caregiver's) extended informal support system.
	1,182	Caregiver Counseling # of Hours		Registered	Caregiver Counseling (1 Hour): A Family Caregiver Support Program (FSCP) Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed for stress, depression, and loss as a result of caregiving responsibilities. This service (A) may involve his or her informal support system; (B) may be individual direct sessions and/or telephone consultations, and (C) may address caregiving-related financial and long-term care placement responsibilities.
	0	Caregiver Peer Counseling # of Hours		Registered	Caregiver Peer Counseling (1 Hour): A Family Caregiver Support Program (FSCP) Support Service provided by experienced volunteers on the condition that appropriate training and qualified supervision protocols are in place.
	600	Caregiver Support Group # of Hours		Registered	Caregiver Support Group (1 Hour): A Family Caregiver Support Program (FSCP) Support Service provided to a group of 3-12 caregivers that is led by a competent facilitator; conducted at least monthly within a supportive setting or via a controlled access, moderated online or teleconference approach; for the purpose of sharing experiences and ideas to ease the stress of caregiving, and to improve decision-making and problem-solving skills related to their caregiving responsibilities.
	250	Caregiver Training # of Hours		Registered	Caregiver Training (1 Hour): A Family Caregiver Support Program (FSCP) Support Service consisting of workshops or one-on-one individually tailored sessions, conducted either in person or electronically by a skilled and knowledgeable individual, to assist caregivers in developing the skills and gaining the knowledge necessary to fulfill their caregiving responsibilities; and

					address the areas of health, nutrition, and financial literacy.
	4,800	Caregiver Case Management # of Hours		Registered	Caregiver Case Management (1 Hour): A Family Caregiver Support Program (FSCP) Support Service provided by a person who is trained and experienced in the skills that are required to coordinate and monitor the provision of formal caregiver-related services in circumstances where caregivers are experiencing diminished capacities due to mental impairment or temporary severe stress and/or depression.
	4,600	Total # of Caregivers Served	8,632	Support Services Total Hours	

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Respite Care	1,300	Caregiver Respite In-Home Supervision # of Hours		Registered	Caregiver Respite In-Home Supervision (1 Hour): A Family Caregiver Support Program (FSCP) Respite Care service that includes the provision of care receiver day and/or overnight supervision and friendly visiting by an appropriately skilled provider or volunteer in order to prevent wandering and health or safety incidents.
	0	Caregiver Respite Homemaker Assistance # of Hours		Registered	Caregiver Respite Homemaker Assistance (1 Hour): A Family Caregiver Support Program (FSCP) Respite Care service that includes the provision of care receiver assistance with meal preparation, medication management, using the phone, and/or light housework (along with care receiver supervision) by an appropriately skilled provider or volunteer.
	3,000	Caregiver Respite In-Home Personal Care # of Hours		Registered	Caregiver Respite In-Home Personal Care (1 Hour): A Family Caregiver Support Program (FSCP) Respite Care service that includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and/or dressing (along with care receiver supervision and related homemaker assistance) by an appropriately skilled provider.
	35	Caregiver Respite Home Chore # of Hours		Registered	Caregiver Respite Home Chore (1 Hour): A Family Caregiver Support Program (FSCP) Respite Care service that includes an appropriately skilled provider or volunteer assisting a caregiver with heavy housework, yard work, and/or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities.
	0	Caregiver Respite Out-of-Home Day # of Hours		Registered	Caregiver Respite Out-of-Home Day Care (1 Hour): A Family Caregiver Support Program (FSCP) Respite Care service where the care receiver attends a supervised/protective, congregate setting during some portion of a day, and includes access to social and recreational activities.
	0	Caregiver Respite Out-of-Home Overnight # of Hours		Registered	Caregiver Respite Out-of-Home Overnight Care (1 Hour): A Family Caregiver Support Program (FSCP) Respite Care service where the care receiver is temporarily placed in a supervised/protective, residential setting for one or more nights, and may include access to nursing and personal care.
	300	Total # of Caregivers Served	4,335	Respite Care Total Hours	

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Supplemental Services	16	Assistive Devices for Caregiving # of Occurrences		Registered	Assistive Devices for Caregiving (1 Device is 1 Occurrence): A Family Caregiver Support Program (FSCP) Supplemental Service that involves the purchase, rental and/or service fee of any equipment or product system (ranging from a lift chair or bathtub transfer bench to an electronic pill dispenser or emergency alert fall prevention device) in order to facilitate and fulfill caregiving responsibilities.
	0	Home Adaptations for Caregiving # of Occurrences		Registered	Home Adaptations for Caregiving (1 Modification is 1 Occurrence): A Family Caregiver Support Program (FSCP) Supplemental Service that makes any minor or major physical change to the home (ranging from installation of grab bars or replacement of door handles to construction of an entrance ramp or roll-in shower) in order to fulfill caregiving responsibilities.
	0	Caregiving Services Registry # of Occurrences		Registered	Caregiving Service Registry (1 Hour is 1 Occurrence): A Family Caregiver Support Program (FSCP) Supplemental Service that recruits, screens, and maintains a listing of dependable, qualified self-employed homemaker or respite care workers who may be matched with caregivers willing to use personal resources to pay for assistance with their caregiving responsibilities. Both the caregiver and the self-employed worker will be: (A) advised about appropriate compensation and workplace performance expectations; and (B) provided with follow-up to ensure the match is functioning effectively.
	34	Caregiving Emergency Cash/Material Aid# of Occurrences		Registered	Caregiving Emergency Cash/Material Aid (1 Assistance is 1 Occurrence): A Family Caregiver Support Program (FSCP) Supplemental Service that arranges for and provides assistance to caregivers in the form of commodities, surplus food, emergency cash, transit passes, meals, and vouchers that will help meet identified needs associated with an individual caregiver's responsibilities.
	55	Total # of Caregivers Served	50	Supplemental Services Total Occurrences	

1. Federal Award Identification

- A. **Subrecipient Name:** St. Jude Hospital, Inc. dba St. Jude Medical Center
- B. **Subrecipient's Unique Identifier (DUNS):** 787460625
- C. **Federal Award Identification Number (FAIN):** ~~1901CAO AFC-01~~ and ~~2001CAO AFC-00~~ TBD
- D. **Federal Award Date:** ~~2020~~ 2021-2021 2022
- E. **Subaward Period of Performance:** July 1, ~~2020-2021~~ to June 30, ~~2021~~ 2022
- F. **Total Amount of Federal Funds Obligated by the Action:** ~~\$982,789~~ 1,070,716

CFDA	FAIN	Award Date	Formula Funds	Amount
93.052	1901CAO AFC-01 and 2001CAO AFC-00 <u>TBD</u>	2020 <u>2021</u>	Title III-E	\$ 491,394.50 <u>535,358</u>
93.052	1901CAO AFC-01 and 2001CAO AFC-00 <u>TBD</u>	2021 <u>2022</u>	Title III-E	\$ 491,394.50 <u>535,358</u>
TOTAL:				\$ 1,070,716 <u>982,789</u>

- G. **Total Amount of Federal Funds Obligated to the Subrecipient:** \$~~1,070,716~~ 982,789
- H. **Total Amount of the Federal Award:** \$~~1,070,716~~ 982,789
- I. **Federal Award Project Description:** National Family Caregiver Support, Title III, Part E
- J. **Federal Awarding Agency:** U.S. Department of Health and Human Services, Administration for Community Living
- K. **Name of Pass Through Entity (PTE):** California Department of Aging and County of Orange Office on Aging
- L. **Contact Information for the Awarding Official:** Ericka Danczak, Director (714) 480-6465, ericka.danczak@occr.ocgov.com
- M. **CFDA Number and Name:** #93.052 National Family Caregiver Support, Title III, Part E
- N. **Whether Award is R&D:** No
- O. **Indirect Cost Rate for the Federal Award:** 10%