



**FIRST AMENDMENT
CONTRACT No. 17-27-0025-FCSP**

**BETWEEN THE COUNTY OF ORANGE
AND
ST. JUDE HOSPITAL, INC. dba ST. JUDE MEDICAL CENTER
For
FAMILY CAREGIVER SUPPORTIVE PROGRAM SERVICES
CFDA# 93.052 TITLE III-E: NFCSP
CALIFORNIA DEPARTMENT OF AGING; OLDER AMERICANS ACT
FAIN # 16AACAT3FC & 17AACAT3FC
OLDER AMERICANS ACT TITLE III
GRANTS FOR STATE & COMMUNITY PROGRAMS ON AGING
FAMILY CAREGIVER SUPPORT PROGRAM SERVICES
DEPARTMENT OF HEALTH & HUMAN SERVICES GRANT**

This AMENDMENT to CONTRACT No. 17-27-0025-FCSP, hereinafter referred to as "First 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 #787460625, with a place of business at 130 West Bastanchury Road, Fullerton, CA 92835-2502; 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. 17-27-0025-FCSP, hereinafter referred to as "ORIGINAL CONTRACT," for the provision of Senior Services, commencing July 1, 2017, through June 30, 2018, in the amount not to exceed \$716,977; and

WHEREAS, the PARTIES desire to increase the CONTRACT by the monetary amount of \$80,504, for a new maximum obligation of \$797,481 and replace Attachment A, Scope of Services, with Attachment A-1; and replace Attachment C, Budget, with Attachment C-1; and

WHEREAS, CONTRACTOR performance is satisfactory as required by the CONTRACT in order to satisfy this Amendment.

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

1. Increase contract in the amount of \$80,504 for a new maximum obligation of \$797,481.
2. Replace Attachment A, Scope of Services, with Attachment A-1.
3. Replace Attachment C, Budget, with Attachment C-1.

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.

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IN WITNESS WHEREOF, the PARTIES hereto have executed this First Amendment on the dates with their respective signatures:

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

By: DocuSigned by:
Brian Helleland
63C9C6BB385F422...

By: DocuSigned by:
Laura Ramos
1A385CCB8FB24C8...

Name: Brian Helleland
(Print)

Name: Laura Ramos
(Print)

Title: Chief Executive

Title: CNO & VP Patient Care Services

Dated: 12/22/2017

Dated: 1/3/2018

*For CONTRACTORS 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 CONTRACTORS that are not corporations, the person who has authority to bind the CONTRACTOR 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: DocuSigned by:
Carolyn S. Frost
D3A198D76D0B25 Carolyn S. Frost
DEPUTY COUNTY COUNSEL

Dated: 12/22/2017

One Time Only Funds
 Baseline Funds

FAMILY CAREGIVER SUPPORT PROGRAM
 (Units of Service)

MONTHLY SERVICES REPORT		Report Period (Fiscal Year):	2017-2018
		Report Submission Date:	October 12, 2017
PSA Number:	Name of Agency Reporting: St. Jude Hospital, Inc. dba St. Jude Medical Center (Caregiver Resource Center)		
22	Name of Person Completing Report: Jack Light	E-Mail Address: Jack.Light@stjoe.org	Telephone No.: 714-313-3107
			Total # of Caregivers Served
SECTION 1 INFORMATION SERVICES			Units: 110000
	Public Information	# Activities	40
		Estimated Audience	137500
	Community Education	# Activities	266
		Estimated Audience	9900
	Information Services Total # of Activities		306
	Information Services Total Estimated Audience		147400
SECTION 2 ACCESS ASSISTANCE			Units: 10450
	Caregiver Outreach	# Contacts	5500
	Caregiver Information & Assistance	# Contacts	4950
	Caregiver Interpretation/ Translation	# Contacts	2200
	Caregiver Legal Resources	# Contacts	5
	Access Assistance Total Contacts		12655
SECTION 3 SUPPORT SERVICES			Units: 825
R	Caregiver Assessment	# Hours	330
R	Caregiver Counseling	# Hours	330
R	Caregiver Peer Counseling	# Hours	0
R	Caregiver Support Group	# Hours	385
R	Caregiver Training	# Hours	165
R	Caregiver Case Management	# Hours	0
	Support Services Total Hours		1210
SECTION 4 RESPITE CARE			Units: 440
R	Respite In-Home Supervision	# Hours	2200
R	Respite Homemaker Assistance	# Hours	0
R	Respite In-Home Personal Care	# Hours	1650
R	Respite Home Chore	# Hours	0
R	Respite Out-of-Home Day	# Hours	1650
R	Respite Out-of-Home Overnight	# Hours	0
	Respite Care Total Hours		5500
SECTION 5 SUPPLEMENTAL			Units: 40
R	Assistive Devices for Caregiving	# Occurrences	12
R	Home Adaptations for Caregiving	# Occurrences	0
R	Caregiving Services Registry	# Occurrences	0
R	Emergency Cash/Material Aid	# Occurrences	28
	Supplemental Services Total Occurrences		40


 Signature

DIRECTOR
 Title

10-12-17
 Date



BUDGET
FAMILY CAREGIVER SUPPORT PROGRAM SERVICES
Title III-E FUNDING

1. SUBRECIPIENT's Budget

Cost Categories	Budgeted Costs
Personnel	\$542,640
Travel and Training	\$0
Equipment	\$0
Consultant/Professional Services	\$254,841
Other Costs	\$0
Indirect Costs	\$0
Total Budgeted Costs	\$797,481

Match (Required)	Match Amount
Cash	\$265,827
In-Kind	\$0
Total Match	\$265,827

Non-Match	Match Amount
Non-Match Cash	\$261,068
Non-Match In-Kind	\$0
Total Non-Match	\$261,068

- 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.

3. Payments

SUBRECIPIENT agrees that any and all funds received under this CONTRACT annually for each respective fiscal year shall be disbursed on or before June 30, and that any and all funds remaining as of June 30 annually, which have not been disbursed shall be returned by SUBRECIPIENT to COUNTY within thirty (30) days of the expiration or earlier termination of the CONTRACT in accordance with

Paragraph K of this CONTRACT. No expense of SUBRECIPIENT will be reimbursed by COUNTY if incurred after June 30 of each fiscal year.

Upon the effective date of this CONTRACT, COUNTY shall make payment to SUBRECIPIENT in accordance with the following payment schedule:

- A. Monthly Payments: Beginning August 1, upon receipt and approval by OC Community Resources – OC Community Services of SUBRECIPIENT's invoice showing prior month(s) actual expenditures, COUNTY shall make monthly reimbursement payments based on SUBRECIPIENT's invoice so long as the total payments under this CONTRACT do not exceed the CONTRACT maximum obligation.
- B. COUNTY Discretion: At the sole discretion of COUNTY, payments to SUBRECIPIENT may be made more frequently than monthly, but such payments shall always be in arrears and not in advance of the provision of services by SUBRECIPIENT.
- C. Invoices: SUBRECIPIENT shall provide monthly invoices by the 10th day following the month being reported. Invoices shall show the most up to date costs chargeable to the program(s) referenced in this CONTRACT.
- D. If SUBRECIPIENT expenditures for any program referenced in this CONTRACT fall below 20% of planned expenditures for any cumulative period commencing from the beginning of the term of this CONTRACT, SUBRECIPIENT may be subject to a reduction in funding. No payments will be authorized if any preceding month's reports or invoices have not been received.