



**SECOND AMENDMENT
TO
CONTRACT No. MA-012-21010485**

BETWEEN THE COUNTY OF ORANGE

AND

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

**FOR THE PROVISION OF
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT, H.R. 748
FAMILY CAREGIVER SUPPORT SERVICES**

CFDA#	FAIN#	PROGRAM/SERVICE TITLE	FUNDING AGENCY
93.052	2001CAFCC3-00	National Family Caregiver Support, Title III, Part E	U.S. Dept. of Health and Human Services, Administration for Community Living

This Amendment to Contract No. MA-012-21010485, hereinafter referred to as “Second 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, D-U-N-S No. 787460625, a California non-profit corporation, with a place of business at 130 W. Bastanchury Road, 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. MA-012-21010485, hereinafter referred to as “original Contract,” for the provision of Coronavirus Aid, Relief, and Economic Security (CARES) Act, H.R. 748 – Family Caregiver Support Services, commencing October 13, 2020 through September 30, 2021, in the amount not to exceed \$478,364; and

WHEREAS, on November 30, 2020, the County executed the First Amendment to the original Contract and made a minor modification; and

WHEREAS, the County now desires to extend the Contract for the period of October 1, 2021 through September 30, 2022, with no monetary increase during the extension period and replace Attachment B, Payment/Compensation, with Attachment B-1; and replace Attachment C. Budget Schedule, Attachment C-1; and replace Attachment D, Performance Standards, with Attachment D-1; and replace Attachment E, Federal Award Identification, with Attachment E-1; 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 extended for the period of October 1, 2021 through September 30, 2022, unless otherwise terminated by the County under the terms of the Contract.
2. Attachment B, Payment/Compensation, shall be replaced with Attachment B-1.
3. Attachment C, Budget Schedule(s), shall be replaced with Attachment C-1.
4. Attachment D, Performance Standards, shall be replaced with Attachment D-1.
5. Attachment E, Federal Award Identification, shall be replaced with Attachment E-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.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK

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

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

By: 
Name: LAURA RAMOS
(Print)
Title: CE
Dated: 8/12/2021

By: _____
Name: _____
(Print)
Title: _____
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.

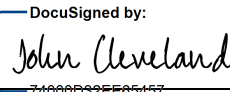
For Subrecipients that are not corporations, the person who has authority to bind the Subrecipient to a Contract, must sign on one of the lines above.

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: 8/11/2021

PAYMENT/COMPENSATION

1. COMPENSATION:

This is a cost reimbursement Contract between the County and the Subrecipient for up to: \$ 478,364 for 21-months (October 2020 – September 30, 2022) as set forth in Attachment A 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 October 10, 2022 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 fifteenth (15th) day of each month, showing the prior month's actual expenditures. If the 15th 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 21st 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 per fiscal year. 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 per fiscal year.

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 21st month close-out invoice is due on the 10th of October 2022 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 final invoices and will only be allowed at the County's discretion.
- C. Subrecipient must submit September 2022 invoice estimates by the 10th of September 2022. 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

CARES Act – Family Caregiver Support Program

1. Subrecipient's Budget:

October 13, 2020 to June 30, 2021

CARES Act: Family Caregiver Support Program

Cost Categories	Budgeted Costs
Personnel	\$0
Travel and Training	\$0
Equipment	\$0
Consultant/Professional Services	\$368,126
Other Costs	\$0
Indirect Costs	\$0
Total Budgeted Costs	\$368,126

July 1, 2021 to September 30, 2022

CARES Act: Family Caregiver Support Program

Cost Categories	Budgeted Costs
Personnel	\$0
Travel and Training	\$0
Equipment	\$0
Consultant/Professional Services	\$110,238
Other Costs	\$0
Indirect Costs	\$0
Total Budgeted Costs	\$110,238

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.

AGENCY NAME: ST. JUDE HOSPITAL DBA ST. JUDE MEDICAL CENTER			FISCAL YEAR: 2020-2021		
PROGRAM NAME(S): Family Caregiver Support Program					
CONTRACT #: MA-012-21010485			DATE: 08/14/2020		
CARES ACT GRANT PERIOD: October 13, 2020 – June 30, 2021					
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).
	33,000	Public Information Estimate Audience			
	50	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).
	6,000	Community Education Estimated Audience			
	65	Information Services Total # of Activities			
	39,000	Information Services Total Estimated Audience			
	39,000	Total # of Caregivers Served			

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Access Assistance	2,000	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).
	2,000	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).
	1,250	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).
	8	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.
	3,500	Total # of Caregivers Served			

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Support Services	140	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.
	140	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.
	140	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.
	125	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.
	1,000	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.
	3,500	Total # of Caregivers Served			

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Respite Care	350	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.
	380	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.
	5	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.
	1,250	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.
	123	Total # of Caregivers Served	1985	Respite Care Total Hours	

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Supplemental Services	8	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.
	14	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.
	17	Total # of Caregivers Served	22	Supplemental Services Total Occurrences	

CARES ACT GRANT PERIOD: July 1, 2021 – September 30, 2022

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Information Services	6	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).
	9,250	Public Information Estimate Audience			
	16	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).
	1,750	Community Education Estimated Audience			
	20	Information Services Total # of Activities			
	10,000	Information Services Total Estimated Audience			
	10,000	Total # of Caregivers Served			

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Access Assistance	575	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).
	575	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).
	350	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).
	3	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.
	1,045	Total # of Caregivers Served			

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Support Services	42	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.
	42	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.
	42	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.
	42	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.
	330	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.
	1,045	Total # of Caregivers Served			

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Respite Care	110	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.
	110	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.
	25	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.
	300	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.
	37	Total # of Caregivers Served	545	Respite Care Total Hours	

PROGRAM SERVICE	NUMBER OF ANNUAL SERVICE UNITS		UNDUPLICATED PERSONS SERVED	SERVICE CATEGORY	DESCRIPTION OF SERVICE UNITS
Supplemental Services	4	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.
	6	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.
	5	Total # of Caregivers Served	8	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):** 2001CAFCC3-00
- D. **Federal Award Date:** 2020-2021; 2021-2022
- E. **Subaward Period of Performance:** October 2020 to September 30, 2022
- F. **Total Amount of Federal Funds Obligated by the Action:** \$478,364

CFDA	FAIN	Award Date	Formula Funds	Amount
93.052	2001CAFCC3-00	2020	Title III-E – CARES Act	\$122,709
93.052	2001CAFCC3-00	2021	Title III-E – CARES Act	\$245,417
93.052	2001CAFCC3-00	2021	Title III-E – CARES Act	\$55,119
93.052	2001CAFCC3-00	2022	Title III-E – CARES Act	\$55,119
			TOTAL:	\$478,364

- G. **Total Amount of Federal Funds Obligated to the Subrecipient:** \$478,364
- H. **Total Amount of the Federal Award:** \$478,364
- I. **Federal Award Project Description:** National Family Caregiver Support, Title III, Part E; Coronavirus Aid, Relief, and Economic Security Act
- J. **Federal Awarding Agency:** U.S. Department of Health and Human Services, Administration for Community Living; U.S. Department of Treasury
- 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%

Date:

To: Clerk of the Board of Supervisors

From: OCCR/OC Community Services

Re: ASR Control #:_____, Meeting Date _____ Agenda Item No. # _____

I certify that the attached fully executed complete agreement (and all exhibits and/or attachments referenced within the agreement) is an **exact** iteration of the agreement(s) presented to and approved by the Board of Supervisors on the above listed meeting date.

I further certify that I have been authorized to execute said agreement(s) and have personally executed same.

Name

Title

Signature

Date