

APPENDIX R (INSTRUCTIONS)

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APPENDIX R (INSTRUCTIONS)
EXHIBIT 1 (GUIDELINES FOR DEVELOPING PROPOSED BUDGET FOR TITLE III C-1 PROGRAM SERVICES)

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 23 (Proposed Budget for Title III C-1 Program Services) which has been developed as an Excel workbook.
2. Please note that there are three (3) types of Budget workbooks: Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 23 (Proposed Budget for Title III C-1 Program Services); Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 24 (Proposed Budget for Title III C-2 Program Services); and, Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 25 (Proposed Budget for Title III B Program Services). These workbooks are identified by the Program Services that are indicated on the Cover Page (i.e., Title III C-1 Program Services, Title III C-2 Program Services or Title III B Program Services). Kindly use the correct workbook to provide and submit the requested information.
3. The Proposed Budget for the Title III C-1 Program Services workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Budget Summary
 - c. Budget Detail-Personnel
 - d. Budget Detail-Volunteers
 - e. Budget Detail-Lower Tier Subaward
 - f. Budget Detail-Catered Food
 - g. Budget Detail-Raw Food
 - h. Budget Detail-Space
 - i. Budget Detail-Equipment
 - j. Budget Detail-Other Costs
 - k. Budget Detail-Indirect Costs
4. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.

5. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
6. The workbook has been configured to automatically populate certain cells such as Program Services, Fiscal Year, Los Angeles County Region, etc. and to perform certain calculations such as Subtotals, Totals, Grand Totals, etc. on specific sheets.
7. In order to maintain the integrity of the workbook, do not use formulas or decimals to enter information into any cell (unless expressly authorized in an instruction).
8. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 23 (Proposed Budget for Title III C-1 Program Services) may be used publically (e.g., directories, County's website, brochures, etc.).
9. To enter a hard return within a cell, press "Alt" and "Enter".
10. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.
2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
3. **Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III C-1 Program Services ("Program Services" or "Program").
4. **Fiscal Year**
 - a. Identify the Fiscal Year for which the Program Services are being provided by:

- i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
- ii. Clicking the drop-down arrow and selecting the appropriate Fiscal Year.

5. Los Angeles County Region

- a. Identify the Los Angeles County Region for which Program Services are being proposed by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.

6. Proposer's Legal Name

- a. Enter the full legal name of Proposer's organization (please do not abbreviate). The name listed herein must match the name on Proposer's articles of incorporation, business license, city charter or bylaws.

7. Main Administrative Office Address

- a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer ("Authorized Representative") on this line. County will use this information to send correspondence to Authorized Representative.

8. Mailing Address (if different from above)

- a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.

9. Authorized Representative

- a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer's organization where such authorization has been decreed through organization's board resolution or other authorizing document.
- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone

number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e.,2137304414). The result will display in the correct format (i.e., (213) 730-4414).

- ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).

e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.

b. Prefix: Enter the appropriate prefix for primary/secondary contact.

c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.

d. Phone Number and Ext.

- i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e.,2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).

- ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).

e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

11. Program Funding Summary

a. Column (A) Service Category

- i. All of the available types of Program Services are listed herein: American Meals and Ethnic Meals.

- ii. Grand Total

- 1. This field represents the grand total of all the information that is being reported and it is automatically calculated by adding all of the amounts entered for each line item.

- 2. Do not enter information in this field; the amount is automatically calculated.

b. Column (B) Proposed Subaward Sums

- i. The Proposed Subaward Sums are monies that Proposer is requesting in response to this solicitation in order to provide Program Services (i.e., these are the total amount of grant funds Proposer expects to receive from County in the event that Proposer is granted a Subaward in response to this solicitation and Proposer will use these funds in addition to Proposer's own resources to pay for the total Program operating costs). These monies are comprised of funds from Federal, State and/or Local resources, including but not limited to, the Older Americans Act ("OAA") Title III A (Nutrition Services Incentive Program) and OAA Title III C (Nutrition Services). These funds must be used to complete the overall implementation of the Title III C-1 Program Services identified in Appendix B (Statement of Work).
- ii. **Proposed Subaward Sums Cash (Other)**
 1. Enter the amount of Proposed Subaward Sums, (excluding any anticipated OAA Title III A (Nutrition Services Incentive Program) ("OAA Title III A (NSIP)") funds which are defined in this Subsection 11.b.iii (Proposed Subaward Sums Cash (NSIP))), that Proposer is requesting for each Service Category listed. These amounts shall match the amounts reflected in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program), Section I (Units of Service Summary), Column F (Proposed Funding Amount) for the Proposed Subaward Sums portion of funding for each Service Category listed.
- iii. **Proposed Subaward Sums Cash (NSIP)**
 1. Enter the amount of Proposed Subaward Sums which are designated as OAA Title III A (NSIP) funds and which Proposer is requesting for each Service Category listed.
 2. These funds are only available for use when purchasing catered foods and/or raw foods. This amount is optional.
- iv. The grand total of the Proposed Subaward Sums shall match the total amount reflected as the Proposed Subaward Sums Cash (Total) in Section I (Budget Summary), Column (D) Total Budgeted Funding, Line 1 (Proposed Subaward Sums). This grand total of the Proposed Subaward Sums shall also match the amount reflected in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program), Section I (Units of Service Summary), Column F (Proposed Funding Amount) for the Proposed Subaward Sums portion of funding.

c. Column (C) Match

i. Program regulations require that Proposer provide a match contribution which may take the form of either a cash contribution or an in-kind contribution. The match contribution represents one of the resources provided by Proposer to offset the total Program operating costs. In essence, the match ensures that Proposer shares the Program's operating costs with County by providing a minimum required amount calculated as a percentage of the Proposed Subaward Sums (excluding any anticipated OAA Title III A (NSIP) funds). As such, the grand total funding (which is the sum of the Proposed Subaward Sums (Cash Other and Cash NSIP), match, non-match and program income) includes monies provided by County (Cash Other and Cash NSIP) and monies/in-kind services provided by Proposer (match, non-match – *not used to meet match requirement* and program income – *not used to meet match requirement*).

ii. Forms of Match Contributions

1. Match Cash Contribution

a. A match cash contribution is a monetary donation which is provided by Proposer (such as general funds), non-Federal third-parties (such as partner organizations) and/or non-Federal grants and is given to Proposer to accomplish the goals of the Program Services.

2. Match In-Kind Contribution

a. A match in-kind contribution is a non-monetary donation of goods, properties or services which are provided by either Proposer or non-Federal entities without charge to the Program Services for which they are donated; it is the value of non-cash contributions donated to support Program Services. In-kind contributions typically take the form of the value of personnel, goods and/or services which may include donations of volunteer services, space, equipment, etc. and this value is determined by using the fair market value method. Using sales of comparable property or the cost of comparable services is a method which can be used to determine the fair market value of an in-kind match contribution.

iii. The minimum required match contribution for Title III C-1 Program Services is fifteen percent (15%) and it is calculated as a percentage of the Proposed Grant Funds (excluding any

anticipated OAA Title III A (Nutrition Services Incentive Program) funds). To calculate the minimum required match, multiply the following items: Proposed Subaward Sums (Cash Other) * 0.15.

iv. Enter Match Cash and/or Match In-Kind:

1. Cash: Enter the match cash contributions that will be used to fund each Service Category listed. The grand total match cash contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 2 (Match) for match cash.
2. In-Kind: Enter the match in-kind contributions that will be used to fund each Service Category listed. The grand total match in-kind contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 2 (Match) for match in-kind.

d. **Column (D) Non-Match**

i. Non-Match contributions are resources that do not qualify as match contributions and/or are not budgeted as match contributions (e.g., Federal funds, overmatch, etc.) and may take the form of either cash contributions or in-kind contributions

ii. Enter Non-Match Cash and/or Non-Match In-Kind:

1. Cash: Enter the non-match cash contributions that will be used to fund each Service Category listed. The grand total non-match cash contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 3 (Non-Match) for non-match cash.
2. In-Kind: Enter the non-match in-kind contributions that will be used to fund each Service Category listed. The grand total non-match in-kind contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 3 (Non-Match) for non-match in-kind.

e. **Column (E) Program Income**

i. Program income is revenue that is generated by Proposer and/or Lower Tier Subrecipient from Subaward-supported activities and includes, but is not limited to:

1. Voluntary contributions received from Client or other party for Program Services received.
2. Income from usage or rental fees of real or personal property acquired with the Proposed Subaward Sums.
3. Royalties received on patents and copyrights from Subaward-supported activities.

4. Proceeds from the sale of items created under the Subaward.
 - ii. Enter the anticipated amount of program income that will be used to fund each Service Category listed. The grand total program income shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 4 (Program Income).
- f. Column (F) Total Funding**
- i. The total amount of funding from all sources needed to provide the Program Services is automatically calculated based on the information entered in Column B (Proposed Subaward Sums), Column C (Match), Column D (Non-Match) and Column E (Program Income). The grand total of funding shall match the grand total funding reflected in Section I (Budget Summary), Column (D) Total Budgeted Funding, Line 7 (Grand Total Funding).
 - ii. Do not enter information in this field; the amount is automatically calculated.
- g. Column (G) Unit Rate**
- i. Enter the unit rate for each Service Category listed. Proposer may use whole numbers or decimal numbers for this amount. This information shall match the amount reflected in Appendix D (Required Forms and Documentation), Part I (Required forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program), Section I (Units of Service Summary), Column E (Unit Rate) for each Service Category listed.

SECTION I (BUDGET SUMMARY)

1. This Section I (Budget Summary) provides a snapshot of the Program's operating costs for the Fiscal Year (where the most common types of Program costs are listed herein). This Section I (Budget Summary) also provides a snapshot of the most common sources of revenue which are used to pay for/fund the Program's operating costs for the Fiscal Year. This information is presented under the following Columns (and an explanation will be provided for each):
 - a. Column (A) Cost Categories
 - b. Column (B) Costs
 - c. Column (C) Funding Categories
 - d. Column (D) Funding
2. **Column (A) Cost Categories**

- a. For each cost category that applies to your operations, enter the following requested information: Cash (Proposed Subaward Sums), Cash (Proposer's Funds) and In-Kind.
 - i. Cash (Proposed Subaward Sums): Enter the total costs that will be funded using the Proposed Subaward Sums.
 - ii. Cash (Proposer's Funds): Enter the total costs that will be funded using Proposer's own cash funds (i.e., match cash, non-match cash and/or program income).
 - iii. In-Kind: Enter the total costs that will be funded using Proposer's in-kind resources (i.e., match in-kind and non-match in-kind).
- b. Line 1 (Personnel)
 - i. Refer to Section II (Budget Detail – Personnel) for detailed description.
- c. Line 2 (Volunteers)
 - i. Refer to Section III (Budget Detail – Volunteers) for detailed description.
- d. Line 3 (Lower Tier Subawards)
 - i. Refer to Section IV (Budget Detail – Lower Tier Subawards) for detailed description.
- e. Line 4 (Lower Tier Subawards for Catered Food)
 - i. Refer to Section V (Budget Detail – Lower Tier Subawards for Catered Food) for detailed description.
- f. Line 5 (Raw Food)
 - i. Refer to Section VI (Budget Detail – Raw Food) for detailed description.
- g. Line 6 (Space)
 - i. Refer to Section VII (Budget Detail – Space) for detailed description.
- h. Line 7 (Equipment)
 - i. Refer to Section VIII (Budget Detail – Equipment) for detailed description.
- i. Line 8 (Other Costs)
 - i. Refer to Section IX (Budget Detail – Other Costs) for detailed description.
- j. Line 9 (Subtotal Direct Costs)

- i. The sum of the amounts reflected under personnel, volunteers, lower tier subawards, lower tier subawards for catered food, raw food, space, equipment and other costs. The subtotal is classified by cash and in-kind costs and it is calculated by adding all of the cash amounts to obtain the subtotal direct cost for cash obligations and by adding all of the in-kind amounts to obtain the subtotal direct cost for in-kind services.
 - k. Line 10 (Indirect Costs)
 - i. Refer to Section X (Budget Detail – Indirect Costs) for detailed description.
 - l. Line 11 (Total Costs)
 - i. The sum of the amounts reflected under personnel, volunteers, lower tier subawards, catered food, raw food, space, equipment, other costs and indirect costs. The total is classified by cash and in-kind costs and it is calculated by adding all of the cash amounts to obtain the total cost for cash obligations and by adding all of the in-kind amounts to obtain the total cost for in-kind services.
 - m. Line 12 (Grand Total Costs)
 - i. The sum of all costs which includes all cash and in-kind items.

3. Column (B) Costs

- a. For each cost category that applies to your operations, enter the following requested information: Total Budgeted Costs, American Meals Unit Rate and Ethnic Meals Unit Rate.
 - i. Total Budgeted Costs: Enter the total amount of the cost based on the amount reflected in the corresponding budget detail section. This amount must be reflected as cash or in-kind.
 - ii. American Meals Unit Rate: The total budgeted costs for each cost category shall be reflected as a unit rate for both cash and in-kind costs.
 - iii. Ethnic Meals Unit Rate: The total budgeted costs for each cost category shall be reflected as a unit rate for both cash and in-kind costs.
- b. Line 1 (Personnel)
 - i. Enter the total amount of personnel costs for cash obligations and in-kind services.
 - 1. The total personnel costs for cash shall match the total of the amounts reported as cash in Section II (Budget Detail – Personnel), which is calculated by adding the following

items: Proposed Subaward Sums, match cash, non-match cash and program income.

2. The total personnel costs for in-kind shall match the total of the amounts reported as in-kind in Section II (Budget Detail – Personnel), which is calculated by adding the following items: match in-kind and non-match in-kind.

c. Line 2 (Volunteers)

- i. Enter the total amount of volunteer costs for in-kind services.

1. The total volunteer costs for in-kind shall match the total of the amounts reported as in-kind in Section III (Budget Detail – Volunteers), which is calculated by adding the following items: match in-kind and non-match in-kind.

d. Line 3 (Lower Tier Subawards)

- i. Enter the total amount of lower tier subaward costs for cash obligations and in-kind services.

1. The total lower tier subaward costs for cash shall match the total of the amounts reported as cash in Section IV (Budget Detail – Lower Tier Subawards), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.

2. The total lower tier subaward costs for in-kind shall match the total of the amounts reported as in-kind in Section IV (Budget Detail – Lower Tier Subawards), which is calculated by adding the following items: match in-kind and non-match in-kind.

e. Line 4 (Lower Tier Subawards for Catered Food)

- i. Enter the total amount of catered food costs for cash obligations and in-kind services.

1. The total catered food costs for cash shall match the total of the amounts reported as cash in Section V (Budget Detail – Lower Tier Subawards for Catered Food), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.

2. The total catered food costs for in-kind shall match the total of the amounts reported as in-kind in Section V (Budget Detail – Lower Tier Subawards for Catered Food), which is calculated by adding the following items: match in-kind and non-match in-kind.

f. Line 5 (Raw Food)

- i. Enter the total amount of raw food costs for cash obligations and in-kind services.
 - 1. The total raw food costs for cash shall match the total of the amounts reported as cash in Section VI (Budget Detail – Raw Food), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total raw food costs for in-kind shall match the total of the amounts reported as in-kind in Section VI (Budget Detail – Raw Food), which is calculated by adding the following items: match in-kind and non-match in-kind.
- g. Line 6 (Space)
 - i. Enter the total amount of space costs for cash obligations and in-kind services.
 - 1. The total space costs for cash shall match the total of the amounts reported as cash in Section VII (Budget Detail – Space), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total space costs for in-kind shall match the total of the amounts reported as in-kind in Section VII (Budget Detail – Space), which is calculated by adding the following items: match in-kind and non-match in-kind.
- h. Line 7 (Equipment)
 - i. Enter the total amount of equipment costs for cash obligations and in-kind services.
 - 1. The total equipment costs for cash shall match the total of the amounts reported as cash in Section VIII (Budget Detail – Equipment), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total equipment costs for in-kind shall match the total of the amounts reported as in-kind in Section VIII (Budget Detail – Equipment), which is calculated by adding the following items: match in-kind and non-match in-kind.
- i. Line 8 (Other Costs)
 - i. Enter the total amount of other costs for cash obligations and in-kind services.
 - 1. The total of other costs for cash shall match the total of the amounts reported as cash in Section IX (Budget Detail –

Other Costs), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.

2. The total of other costs for in-kind shall match the total of the amounts reported as in-kind in Section IX (Budget Detail – Other Costs), which is calculated by adding the following items: match in-kind and non-match in-kind.

j. Line 9 (Subtotal Direct Costs)

- i. Do not enter information in this field; the amount is automatically calculated.

k. Line 10 (Indirect Costs)

- i. Enter the total amount of indirect costs for cash obligations and in-kind services.

1. The total indirect costs for cash shall match the total of the amounts reported as cash in Section X (Budget Detail – Indirect Costs), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.

2. The total indirect costs for in-kind shall match the total of the amounts reported as in-kind in Section X (Budget Detail – Indirect Costs), which is calculated by adding the following items: match in-kind and non-match in-kind.

l. Line 11 (Total Costs)

- i. Do not enter information in this field; the amount is automatically calculated.

m. Line 12 (Grand Total Costs)

- i. Do not enter information in this field; the amount is automatically calculated.

4. Column (C) Funding Categories

- a. For each funding category that applies to your operations, enter the following requested information: Cash (Other), Cash (NSIP), Cash (Proposer's Funds) and In-Kind.

- i. Cash (Other): Enter the total amount of funding your organization is requesting in order to provide Program Services (excluding OAA Title III A (NSIP) funds).

- ii. Cash (NSIP): Enter the total amount of OAA Title III A (NSIP) funding your organization is requesting for catered foods and/or raw foods.

- iii. Cash (Proposer's Funds): Enter the total amount of funding that Proposer will provide using its own cash funds (i.e., match cash, non-match cash and/or program income).
 - iv. In-Kind: Enter the total amount of funding that Proposer will provide using its own in-kind resources (i.e., match in-kind and non-match in-kind).
 - b. Line 1 (Proposed Subaward Sums)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
 - c. Line 2 (Match)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
 - d. Line 3 (Non-Match)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
 - e. Line 4 (Program Income)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
 - f. Line 5 (Proposer meets minimum match requirement.)
 - i. When the minimum match is met then a message will display indicating Proposer's compliance with the requirement. In the event that the minimum match requirement is not met, a message will display indicating that Proposer has not met the required match contribution. Upon such occurrence, Proposer shall make the necessary corrections to the appropriate budget detail section(s). It is Proposer's responsibility to know where the variance exists in order to make the correction.
 - g. Line 6 (Total Funding)
 - i. The sum of all sources of funding, classified by cash and in-kind resources. All cash amounts are added together (i.e., Proposed Subaward Sums, match cash, non-match cash and program income). All in-kind amounts are added together (i.e., match in-kind and non-match in-kind).
 - h. Line 7 (Grand Total Funding)
 - i. The sum of all sources of funding which includes all cash and in-kind sources. The Proposed Subaward Sums, match, non-match and program income amounts are added together and the sum is the Grand Total Funding.

5. Column (D) Funding

- a. For each funding category that applies to your operations, enter the following requested information: Total Budgeted Funding, American Meals Unit Rate and Ethnic Meals Unit Rate.
 - i. Total Budgeted Funding: Enter the total amount of the funding based on the amount reflected in the corresponding budget detail section. This amount must be reflected as cash or in-kind.
 - ii. American Meals Unit Rate: The total budgeted funding for each funding category shall be reflected as a unit rate for both cash and in-kind items.
 - iii. Ethnic Meals Unit Rate: The total budgeted funding for each funding category shall be reflected as a unit rate for both cash and in-kind items.
- b. Line 1 (Proposed Subaward Sums)
 - i. Enter the Proposed Subaward Sums for each funding source. The total of these amounts shall match the sum of all the Proposed Subaward Sum amounts entered in the budget detail sections under Column (F) Proposed Subaward Sums, excluding Section III (Budget Detail – Volunteers).
- c. Line 2 (Match)
 - i. Match (Cash): Enter the total amount of match cash. This amount shall match the sum of all the match cash amounts entered in the budget detail sections under Column (G) Match (Cash), excluding Section III (Budget Detail – Volunteers).
 - ii. Match (In-Kind): Enter the total amount of match in-kind. This amount shall match the sum of all the match in-kind amounts entered in the budget detail sections under Column (G) Match (In-Kind).
- d. Line 3 (Non-Match)
 - i. Non-Match (Cash): Enter the total amount of non-match cash. This amount shall match the sum of all the non-match cash amounts entered in the budget detail sections under Column (H) Non-Match (Cash), excluding Section III (Budget Detail – Volunteers).
 - ii. Non-Match (In-Kind): Enter the total amount of non-match in-kind. This amount shall match the sum of all the non-match in-kind amounts entered in the budget detail sections under Column (H) Non-Match (In-Kind).
- e. Line 4 (Program Income)

- i. Enter the total amount of program income. This amount shall match the sum of all the program income amounts entered in the budget detail sections under Column (I) Program Income, excluding Section III (Budget Detail – Volunteers).
- f. Line 5 (Proposer meets minimum match requirement.)
 - i. Do not enter information in this field; the result is automatically determined.
- g. Line 6 (Total Funding)
 - i. Do not enter information in this field; the amount is automatically calculated.
- h. Line 7 (Grand Total Funding)
 - i. Do not enter information in this field; the amount is automatically calculated.

6. Variance

- a. If the Grand Total Costs and the Grand Total Funding do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate budget detail section(s). It is Proposer’s responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION II (BUDGET DETAIL – PERSONNEL)

- 1. This Section II (Budget Detail – Personnel) provides details of Proposer’s personnel costs for staff employed by Proposer (volunteer information is provided in Section III (Budget Detail – Volunteers)). Each of the following Columns of information will be discussed:
 - a. Column (A) Position Title
 - b. Column (B) % of Time on Program
 - c. Column (C) Monthly Salary
 - d. Column (D) No. of Months
 - e. Column (E) Total Costs
 - f. Column (F) Proposed Subaward Sums
 - g. Column (G) Match
 - h. Column (H) Non-Match

- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Position Title

- a. Enter the title for each staff person's position when the following conditions are met:
 - i. Any portion of this individual's salary will be: paid by the Proposed Subaward Sums; used to meet the match requirement such as when individual's salary is paid by other funding sources; and/or, funded by non-match and/or program income.
 - ii. This individual's work/services either directly or indirectly benefit(s) the Program Services.
- b. List every position title even when there are multiple staff with the same position title.
- c. Subtotal Personnel
 - i. This field represents the total of all personnel costs for employee salaries (it does not include costs for employer payroll taxes and employer-sponsored benefits for employees).
 - ii. Do not enter information in this field; the amount is automatically calculated.
- d. Taxes
 - i. Enter the rate which will be used to calculate the total amount of employer payroll taxes to be paid by Proposer for its employees. You may enter either whole numbers (e.g., 10) and/or fractional numbers (e.g., 10.5) and the information will display as a percentage (e.g., 10% or 10.50%, respectively).
 - ii. The number entered here will automatically calculate the total cost of taxes under Column (E) Total Costs.
 - iii. Note 1: Enter the amount of funding that Proposer will use to fund any portion of the total cost for taxes.
- e. Benefits
 - i. Enter the rate which will be used to calculate the total amount of employee benefits to be paid by Proposer for its employees (employer-sponsored benefits for employees). You may enter either whole numbers (e.g., 10) and/or fractional numbers (e.g., 10.5) and the information will display as a percentage (e.g., 10% or 10.50%, respectively).

- ii. The number entered here will automatically calculate the total cost of benefits under Column (E) Total Costs.
 - iii. Note 2: Enter the amount of funding that Proposer will use to fund any portion of the total cost for benefits.
 - f. Grand Total Personnel
 - i. This field represents the grand total of all personnel costs (including salary costs, employer payroll taxes and employer-sponsored benefits for employees) as well as all funding reported.
 - ii. Do not enter information in this field; the amount is automatically calculated.
- 3. **Column (B) % of Time on Program**
 - a. Enter the amount of time that the individual will work on the Program. Enter whole numbers only (e.g., enter 50 which will indicate that the individual will spend fifty percent (50%) of his/her time working on the Program).
- 4. **Column (C) Monthly Salary**
 - a. Enter the individual's monthly salary. Enter whole numbers only. Do not enter hourly rates. Determine the monthly salary if the individual is paid by an hourly rate.
- 5. **Column (D) No. of Months**
 - a. Enter the number of months that the individual will work on the Program during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.
- 6. **Column (E) Total Costs**
 - a. The total salary cost for the individual will automatically calculate by multiplying the following items: % of time on Program, monthly salary and no. of months. As such, these fields must have data entered before this total will calculate.
 - b. Do not enter information in this field; the amount is automatically calculated.
- 7. **Column (F) Proposed Subaward Sums**
 - a. Refer to Cover Page (Program Funding Summary) for detailed description.
 - b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this individual's salary. Enter whole numbers only.
- 8. **Column (G) Match**
 - a. Refer to Cover Page (Program Funding Summary) for detailed description.

- b. Match In-Kind for Personnel: When Proposer intends to donate the services of this individual then these services shall be valued at the individual's regular paid salary (exclusive of fringe benefits and indirect costs), provided that the services are in the same skill for which the individual is normally paid. If the services are not in the same skill for which the individual is normally paid then Proposer shall use the fair market value to determine the individual's salary for purposes of this Budget.
- c. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this individual's salary when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this individual's salary when Proposer does not intend to (or cannot) use this funding source to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total cost of this individual's salary.

11. Column (J) Total Funding

- a. The total amount of funding from all resources, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION III (BUDGET DETAIL – VOLUNTEERS)

1. This Section III (Budget Detail – Volunteers) provides details of the volunteers used by Proposer in the operation of the Program (paid staff information is provided in Section II (Budget Detail – Personnel)). Each of the following Columns of information will be discussed:
 - a. Column (A) Position Title
 - b. Column (B) Number of Positions
 - c. Column (C) % of Time on Program
 - d. Column (D) Monthly Salary Equivalent
 - e. Column (E) No. of Months
 - f. Column (F) Total Salary Equivalent
 - g. Column (G) Match
 - h. Column (H) Non-Match
 - i. Column (I) Total In-Kind
 - j. Column (J) Variance
2. **Column (A) Position Title**
 - a. Volunteer is an individual who performs hours of service for civic, charitable or humanitarian reasons without promise, expectation or receipt of compensation for services rendered.
 - b. Enter the title for each volunteer's position when the following conditions are met:
 - i. Any portion of this individual's salary equivalent will be: used to meet the match requirement (as match in-kind) and/or classified as a non-match resource (as non-match in-kind).
 - ii. This individual's work/services either directly or indirectly benefit(s) the Program Services.
 - iii. The work/services provided by the individual are less than a full-time occupation.
 - iv. The work/services are offered freely by the individual and without pressure or coercion from Proposer.
 - v. The work/services provided by the individual are of the kind typically associated with volunteer work.
 - vi. The individual does not displace Proposer's paid employees/staff/personnel.

vii. The individual does not receive or expect compensation from Proposer in exchange for his/her services.

c. **Grand Total Volunteers**

i. This field represents the grand total of all volunteer activities.

ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Number of Positions

a. If more than one (1) volunteer holds this position, enter the number of volunteers who function in the same capacity of this position.

4. Column (C) % of Time on Program

a. Enter the amount of time that the individual will work on the Program. Enter whole numbers only (e.g., enter 50 which will indicate that the individual will spend fifty percent (50%) of his/her time working on the Program).

5. Column (D) Monthly Salary Equivalent

a. Volunteer services may be used to meet the match contribution requirement and shall be reported as match in-kind. However, when using volunteer services to meet the match contribution requirement, this in-kind match shall not exceed more than fifty percent (50%) of the required match contribution (e.g., if volunteer services total \$1,000 and the minimum match contribution is \$1,500 then Proposer may only report up to \$750 of volunteer services as match in-kind).

b. The monthly salary equivalent for volunteer services should be commensurate with the work/services being provided by volunteer. As such, the salary equivalent for volunteer services shall be determined by using the regular salaries paid for similar work in other activities of Proposer's organization. In cases where the kinds of skills involved are not found in other activities of the organization then the salary equivalent shall be determined by using the salaries paid for similar work in the labor market in which Proposer competes for such skills.

c. Enter the individual's monthly salary equivalent (where the salary equivalent is determined based on the value of the volunteer's work/services). Enter whole numbers only. Do not enter hourly rates.

6. Column (E) No. of Months

a. Enter the number of months that the individual will work on the Program during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

7. Column (F) Total Salary Equivalent

- a. The total salary equivalent for the individual will automatically calculate by multiplying the following items: number of positions, % of time on Program, monthly salary equivalent and no. of months. As such, these fields must have data entered before this total will calculate.
 - b. Do not enter information in this field; the amount is automatically calculated.
- 8. Column (G) Match**
- a. Refer to Cover Page (Program Funding Summary) for detailed description.
 - b. Enter the total amount of match in-kind that represents any portion of this individual's salary equivalent which Proposer intends to use to meet the match requirement.
- 9. Column (H) Non-Match**
- a. Refer to Cover Page (Program Funding Summary) for detailed description.
 - b. Enter the total amount of non-match in-kind that represents any portion of this individual's salary equivalent which Proposer does not intend to (or cannot) use to meet the match requirement.
- 10. Column (I) Total In-Kind**
- a. The total in-kind funding will automatically calculate by adding the following items: match in-kind and non-match in-kind.
 - b. Do not enter information in this field; the amount is automatically calculated.
- 11. Column (J) Variance**
- a. If the total salary equivalent (Column (F) Total Salary Equivalent) and the total in-kind (Column (I) Total In-Kind) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
 - b. Do not enter information in this field; the variance is automatically calculated.

SECTION IV (BUDGET DETAIL – LOWER TIER SUBAWARDS)

1. This Section IV (Budget Detail – Lower Tier Subawards) provides details of Proposer's Lower Tier Subaward costs when Proposer intends to use a third-party vendor(s) to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Lower Tier Subrecipient's Name and Description of Services
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Lower Tier Subrecipient's Name and Description of Services

- a. Enter the name of the Lower Tier Subrecipient as indicated in the anticipated Lower Tier Subaward and include a brief description of the services to be provided by Lower Tier Subrecipient. This information shall match the information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 21 (Proposed List of Lower Tier Subawards).
- b. Grand Total Lower Tier Subawards
 - i. This field represents the grand total of all Lower Tier Subaward costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Enter the monthly cost for each unit of Service to be provided/delivered by Lower Tier Subrecipient (i.e., unit cost for deliverables). The unit cost shall reflect the actual cost of the Service as closely as possible. While unit costs may vary from month to month, please provide the best estimated unit cost. Enter whole numbers only.

4. Column (C) No. of Units

- a. Enter the number of units/deliverables to be provided by Lower Tier Subrecipient on a monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which costs will be incurred for the units/deliverables that are provided by Lower Tier Subrecipient during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total Lower Tier Subaward costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this Lower Tier Subaward. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this Lower Tier Subaward when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this Lower Tier Subaward when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total Lower Tier Subaward costs.

11. Column (J) Total Funding

- a. The sum of all sources of funding, including cash and in-kind resources will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.

- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION V (BUDGET DETAIL – LOWER TIER SUBAWARDS FOR CATERED FOOD)

- 1. This Section V (Budget Detail – Lower Tier Subawards for Catered Food) provides details of Proposer's catered food costs (when Proposer intends to use caterers to supply meals). Proposer may only use caterers who are approved by County. Each of the following Columns of information will be discussed:
 - a. Column (A) Lower Tier Subrecipient's Name
 - b. Column (B) Service Category
 - c. Column (C) Unit Cost
 - d. Column (D) No. of Units
 - e. Column (E) No. of Months
 - f. Column (F) Total Costs
 - g. Column (G) Proposed Subaward Sums
 - h. Column (H) Match
 - i. Column (I) Non-Match
 - j. Column (J) Program Income
 - k. Column (K) Total Funding
 - l. Column (L) Variance

2. Column (A) Lower Tier Subrecipient's Name

- a. Enter the name of the Lower Tier Subrecipient as indicated in the anticipated Lower Tier Subaward for catered foods. This information shall match the information provided in Appendix D (Required Forms and

Documentation), Part I (Required Forms), Exhibit 21 (Proposed List of Lower Tier Subawards).

- b. Grand Total Lower Tier Subawards
 - i. This field represents the grand total of all Lower Tier Subaward costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.
3. **Column (B) Service Category**
 - a. All of the available types of Program Services are listed herein. Select from the list of values as follows:
 - i. Place the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Click the drop-down arrow and select the appropriate Program Service.
4. **Column (C) Unit Cost**
 - a. Enter the monthly cost for each unit of Service to be provided/delivered by caterer (i.e., unit cost for deliverables). The unit cost shall reflect the actual cost of the deliverable as closely as possible.
5. **Column (D) No. of Units**
 - a. Enter the number of units/deliverables to be provided by caterer on a monthly basis. Enter whole numbers only.
6. **Column (E) No. of Months**
 - a. Enter the number of months in which costs will be incurred for the units/deliverables that are provided by caterer during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.
7. **Column (F) Total Costs**
 - a. The total caterer costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.
 - b. Do not enter information in this field; the amount is automatically calculated.
8. **Column (G) Proposed Subaward Sums**
 - a. Refer to Cover Page (Program Funding Summary) for detailed description.

- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this catered food. Enter whole numbers only.

9. Column (H) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this catered food when Proposer intends to use this resource to meet the match requirement.

10. Column (I) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this catered food when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

11. Column (J) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total catered food costs.

12. Column (K) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

13. Column (L) Variance

- a. If the total costs (Column (F) Total Costs) and the total funding (Column (K) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION VI (BUDGET DETAIL – RAW FOOD)

1. This Section VI (Budget Detail – Raw Food) provides details of Proposer’s raw food costs (when Proposer intends to prepare its meals using a central kitchen facility). Each of the following Columns of information will be discussed:
 - a. Column (A) Service Category
 - b. Column (B) Unit Cost
 - c. Column (C) No. of Units
 - d. Column (D) No. of Months
 - e. Column (E) Total Costs
 - f. Column (F) Proposed Subaward Sums
 - g. Column (G) Match
 - h. Column (H) Non-Match
 - i. Column (I) Program Income
 - j. Column (J) Total Funding
 - k. Column (K) Variance
2. **Column (A) Service Category**
 - a. All of the available types of Program Services are listed herein.
 - b. Grand Total Raw Food
 - i. This field represents the grand total of all raw food costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.
3. **Column (B) Unit Cost**
 - a. Enter the monthly cost for each unit of Service to be purchased by Proposer (i.e., unit cost for deliverables).
4. **Column (C) No. of Units**
 - a. Enter the number of units/deliverables to be purchased by Proposer on a monthly basis. Enter whole numbers only.
5. **Column (D) No. of Months**
 - a. Enter the number of months in which costs will be incurred for the units/deliverables that are purchased by Proposer during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total raw food costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this raw food. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this raw food when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this raw food when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total raw food costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these

amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.

- b. Do not enter information in this field; the variance is automatically calculated.

SECTION VII (BUDGET DETAIL – SPACE)

1. This Section VII (Budget Detail – Space) provides details of Proposer's space costs when such costs include spaces that are rented or leased as well as any repairs and/or maintenance costs when any of these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Name of Location and Description
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Name of Location and Description

- a. Name of Location: Enter the name of the location such as the business name, building name, etc. (e.g., ABC Senior Center). List each space which is rented/leased and those spaces which require repairs, maintenance, etc. when those costs are necessary and beneficial to provide Program Services.
- a. Description
 - i. Space – Rented/Leased: Enter the physical address of the location where the space is situated (e.g., 1234 Main Street, Los Angeles, CA 90000).

- ii. Space – Repairs: Enter a general description of the type of repairs that will be needed for the space when such repairs are necessary in order to provide Program Services.
- iii. Space – Maintenance: Enter a general description of the type of maintenance services that will be needed for the space when such services are necessary in order to provide Program Services.

b. Grand Total Space

- i. This field represents the grand total of all space costs (including rentals, leases, repairs and maintenance costs) and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Space – Rented/Leased: Enter the monthly cost for each square foot of space. This cost must be based on the fair market value of the space. Generally, when the cost exceeds \$2.00 per square foot then Proposer shall provide documentation with its Budget to support this cost.
- b. Space – Repairs: Enter the monthly unit cost for repairs. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.
- c. Space – Maintenance: Enter the monthly unit cost for maintenance. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.

4. Column (C) No. of Units

- a. Space – Rented/Leased: Enter the total square feet of space that will be used on a monthly basis. Enter whole numbers only.
- b. Space – Repairs: Enter the number of repairs to be completed on a per unit monthly basis. Enter whole numbers only.
- c. Space – Maintenance: Enter the number of maintenance services to be completed on a per unit monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur space costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total space costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must contain numerical data before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this space. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this space when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this space when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total space costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary

corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.

- b. Do not enter information in this field; the variance is automatically calculated.

SECTION VIII (BUDGET DETAIL – EQUIPMENT)

1. This Section VIII (Budget Detail – Equipment) provides details of Proposer's equipment costs when such costs include items that are purchased, leased and rented as well as any repairs and/or maintenance costs when any of these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Description
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Description

- a. Equipment – Purchase, Rental and Lease: Enter a description of the equipment that Proposer intends to purchase, rent and/or lease and include the model number, brand name, etc. Please refer to Appendix A (Sample Subaward), Exhibit S (Purchase, Inventory and Disposal Requirements for Fixed and Non-Fixed Assets and Supplies) for requirements related to equipment purchases.
- b. Equipment – Repairs: Enter a general description for the type of repairs that will be needed for the equipment when such repairs are necessary in order to perform Program Services.

- c. Equipment – Maintenance: Enter a general description for the type of maintenance services that will be needed for the equipment when such services are necessary in order to perform Program Services.
- d. Grand Total Equipment
 - i. This field represents the grand total of all equipment costs (including purchases, rentals, leases, repairs and maintenance costs) and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Equipment – Purchase, Rental and Lease: Enter the monthly unit cost for each item that is purchased, rented and/or leased.
- b. Equipment – Repairs: Enter the monthly unit cost for repairs. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.
- c. Equipment – Maintenance: Enter the monthly unit cost for maintenance. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.

4. Column (C) No. of Units

- a. Equipment – Purchase, Rental and Lease: Enter the number of items to be purchased, rented and/or leased on a monthly basis. Enter whole numbers only.
- b. Equipment – Repairs: Enter the number of repairs to be completed on a per unit monthly basis. Enter whole numbers only.
- c. Equipment – Maintenance: Enter the number of maintenance services to be completed on a per unit monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur equipment costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total equipment costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.

- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this equipment. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this equipment when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this equipment when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total equipment costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.

- b. Do not enter information in this field; the variance is automatically calculated.

SECTION IX (BUDGET DETAIL - OTHER COSTS)

1. This Section IX (Budget Detail – Other Costs) provides details of Proposer’s other costs when these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Description
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Description

- a. In addition to the costs identified in the other budget detail sections (i.e., personnel, lower tier subawards, space, etc.), there are other costs that may be necessary for Proposer to provide Program Services and these costs must be captured in Proposer’s budget. Some of these other Program costs are listed herein (i.e., accounting services, advertising, audit services, etc.). Select from the list of values as follows:
 - i. Place the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Click the drop-down arrow and select the appropriate Other Cost Description.
- b. If a cost category is not included in the prepopulated list, please enter a description of that cost in the cell.
- c. Grand Total Other Costs
 - i. This field represents the grand total of all other costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.

- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Enter the monthly cost for each unit of Service to be provided, delivered, purchased, rented and/or leased. While the unit cost may vary from month to month for some items, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.
- b. Mileage Cost: The cost per mile shall not exceed County's approved mileage rate which is currently \$0.51 per mile (as of April 2016).

4. Column (C) No. of Units

- a. Enter the number of units/deliverables to be purchased by Proposer on a monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur other costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total cost for each line item will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must contain numerical data before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this line item. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line

item when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total cost of each line item.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION X (BUDGET DETAIL - INDIRECT COSTS)

- 1. This Section X (Budget Detail – Indirect Costs) provides details of Proposer's indirect costs when these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:
 - a. Column (A) Description
 - b. Column (B) Unit Cost
 - c. Column (C) No. of Units
 - d. Column (D) No. of Months
 - e. Column (E) Total Costs
 - f. Column (F) Proposed Subaward Sums
 - g. Column (G) Match
 - h. Column (H) Non-Match

- i. Column (I) Program Income
 - j. Column (J) Total Funding
 - k. Column (K) Variance
- 2. Column (A) Description**
- a. Indirect Costs**
 - i. Indirect costs are those expenses that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Examples of indirect costs include salaries, employee benefits, supplies and costs related to general administration of Proposer's organization.
 - ii. The maximum amount of indirect costs that will be payable under this Subaward is limited to ten percent (10%) of Proposer's direct cash costs, excluding in-kind contributions and nonexpendable equipment. Indirect costs in excess of the ten percent (10%) maximum may be budgeted as match in-kind contribution and used to meet the match requirement.
 - iii. Proposer has the option of negotiating an indirect cost rate(s) for use on its Federal programs. Proposer must submit a cost allocation plan to the Federal agency providing the majority of funds to Proposer's organization. Refer to Appendix A (Sample Subaward), Exhibit Q (Accounting, Administration and Reporting Requirements) and Appendix P (Cost Allocation and Indirect Cost Requirements) for additional requirements on cost allocation and indirect costs.
 - iv. For major nonprofit organizations, indirect costs must be classified within two (2) broad categories: facilities and administration. "Facilities" is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses. "Administration" is defined as general administration and general expenses such as the director's office, accounting, personnel and all other types of expenditures not listed specifically under one of the subcategories of "Facilities" (including cross allocations from other pools, where applicable).
 - v. Enter the total amount of indirect costs for these Program Services.
 - b. Do indirect costs exceed ten percent (10%) of the allowable amount?**
 - i. When the Proposed Subaward Sums reflects an amount that is less than or equal to the ten percent (10%) allowed for indirect costs then a message will display indicating Proposer's compliance with the requirement. In the event that this amount exceeds the

maximum allowable indirect cost, a message will display indicating that Proposer has exceeded the allowable amount. Upon such occurrence, Proposer shall make the necessary corrections.

c. Grand Total Indirect Costs

- i. This field represents the grand total of the indirect costs and the grand total of each funding source. This amount is automatically calculated based on the information entered.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Proposer may allocate up to ten percent (10%) of Proposer's direct cash costs, excluding in-kind contributions and nonexpendable equipment as indirect costs. Proposer may use any cost above the ten percent (10%) maximum as a match in-kind.
- b. Enter the indirect cost as a monthly unit expense that will be incurred as deliverables are provided to Proposer. While the unit cost may vary from month to month, Proposer shall reflect the actual indirect cost as closely as possible. Enter whole numbers only.

4. Column (C) No. of Units

- a. Enter the indirect cost as a unit of measurement/deliverables to be provided on a monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur indirect costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total indirect costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must contain numerical data before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this line item. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total indirect costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

APPENDIX R (INSTRUCTIONS)
EXHIBIT 2 (GUIDELINES FOR DEVELOPING PROPOSED BUDGET FOR TITLE III
C-2 PROGRAM SERVICES)

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 24 (Proposed Budget for Title III C-2 Program Services) which has been developed as an Excel workbook.
2. Please note that there are three (3) types of Budget workbooks: Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 23 (Proposed Budget for Title III C-1 Program Services); Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 24 (Proposed Budget for Title III C-2 Program Services); and, Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 25 (Proposed Budget for Title III B Program Services). These workbooks are identified by the Program Services that are indicated on the Cover Page (i.e., Title III C-1 Program Services, Title III C-2 Program Services or Title III B Program Services). Kindly use the correct workbook to provide and submit the requested information.
3. The Proposed Budget for the Title III C-2 Program Services workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Budget Summary
 - c. Budget Detail-Personnel
 - d. Budget Detail-Volunteers
 - e. Budget Detail-Lower Tier Subaward
 - f. Budget Detail-Catered Food
 - g. Budget Detail-Raw Food
 - h. Budget Detail-Space
 - i. Budget Detail-Equipment
 - j. Budget Detail-Other Costs
 - k. Budget Detail-Indirect Costs
4. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.

5. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
6. The workbook has been configured to automatically populate certain cells such as Program Services, Fiscal Year, Los Angeles County Region, etc. and to perform certain calculations such as Subtotals, Totals, Grand Totals, etc. on specific sheets.
7. In order to maintain the integrity of the workbook, do not use formulas or decimals to enter information into any cell (unless expressly authorized in an instruction).
8. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 24 (Proposed Budget for Title III C-2 Program Services) may be used publically (e.g., directories, County's website, brochures, etc.).
9. To enter a hard return within a cell, press "Alt" and "Enter".
10. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.
2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
3. **Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III C-1 Program Services ("Program Services" or "Program").
4. **Fiscal Year**
 - a. Identify the Fiscal Year for which the Program Services are being provided by:

- i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
- ii. Clicking the drop-down arrow and selecting the appropriate Fiscal Year.

5. Los Angeles County Region

- a. Identify the Los Angeles County Region for which Program Services are being proposed by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.

6. Proposer's Legal Name

- a. Enter the full legal name of Proposer's organization (please do not abbreviate). The name listed herein must match the name on Proposer's articles of incorporation, business license, city charter or bylaws.

7. Main Administrative Office Address

- a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer ("Authorized Representative") on this line. County will use this information to send correspondence to Authorized Representative.

8. Mailing Address (if different from above)

- a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.

9. Authorized Representative

- a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer's organization where such authorization has been decreed through organization's board resolution or other authorizing document.
- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone

number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e.,2137304414). The result will display in the correct format (i.e., (213) 730-4414).

- ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

- a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.
- b. Prefix: Enter the appropriate prefix for primary/secondary contact.
- c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e.,2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

11. Program Funding Summary

a. Column (A) Service Category

- i. All of the available types of Program Services are listed herein: Hot Meals, Frozen Meals and Emergency Meals.
- ii. Grand Total
 - 1. This field represents the grand total of all the information that is being reported and it is automatically calculated by adding all of the amounts entered for each line item.
 - 2. Do not enter information in this field; the amount is automatically calculated.

b. Column (B) Proposed Subaward Sums

- i. The Proposed Subaward Sums are monies that Proposer is requesting in response to this solicitation in order to provide Program Services (i.e., these are the total amount of grant funds Proposer expects to receive from County in the event that Proposer is granted a Subaward in response to this solicitation and Proposer will use these funds in addition to Proposer's own resources to pay for the total Program operating costs). These monies are comprised of funds from Federal, State and/or Local resources, including but not limited to, the Older Americans Act ("OAA") Title III A (Nutrition Services Incentive Program) and OAA Title III C (Nutrition Services). These funds must be used to complete the overall implementation of the Title III C-2 Program Services identified in Appendix B (Statement of Work).
- ii. **Proposed Subaward Sums Cash (Other)**
 1. Enter the amount of Proposed Subaward Sums, (excluding any anticipated OAA Title III A (Nutrition Services Incentive Program) ("OAA Title III A (NSIP)") funds which are defined in this Subsection 11.b.iii (Proposed Subaward Sums Cash (NSIP))), that Proposer is requesting for each Service Category listed. These amounts shall match the amounts reflected in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program), Section I (Units of Service Summary), Column F (Proposed Funding Amount) for the Proposed Subaward Sums portion of funding for each Service Category listed.
- iii. **Proposed Subaward Sums Cash (NSIP)**
 1. Enter the amount of Proposed Subaward Sums which are designated as OAA Title III A (NSIP) funds and which Proposer is requesting for each Service Category listed.
 2. These funds are only available for use when purchasing catered foods and/or raw foods. This amount is optional.
- iv. The grand total of the Proposed Subaward Sums shall match the total amount reflected as the Proposed Subaward Sums Cash (Total) in Section I (Budget Summary), Column (D) Total Budgeted Funding, Line 1 (Proposed Subaward Sums). This grand total of the Proposed Subaward Sums shall also match the amount reflected in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program), Section I (Units of Service Summary), Column F (Proposed Funding Amount) for the Proposed Subaward Sums portion of funding.

c. Column (C) Match

i. Program regulations require that Proposer provide a match contribution which may take the form of either a cash contribution or an in-kind contribution. The match contribution represents one of the resources provided by Proposer to offset the total Program operating costs. In essence, the match ensures that Proposer shares the Program's operating costs with County by providing a minimum required amount calculated as a percentage of the Proposed Subaward Sums (excluding any anticipated OAA Title III A (NSIP) funds). As such, the grand total funding (which is the sum of the Proposed Subaward Sums (Cash Other and Cash NSIP), match, non-match and program income) includes monies provided by County (Cash Other and Cash NSIP) and monies/in-kind services provided by Proposer (match, non-match – *not used to meet match requirement* and program income – *not used to meet match requirement*).

ii. Forms of Match Contributions

1. Match Cash Contribution

a. A match cash contribution is a monetary donation which is provided by Proposer (such as general funds), non-Federal third-parties (such as partner organizations) and/or non-Federal grants and is given to Proposer to accomplish the goals of the Program Services.

2. Match In-Kind Contribution

a. A match in-kind contribution is a non-monetary donation of goods, properties or services which are provided by either Proposer or non-Federal entities without charge to the Program Services for which they are donated; it is the value of non-cash contributions donated to support Program Services. In-kind contributions typically take the form of the value of personnel, goods and/or services which may include donations of volunteer services, space, equipment, etc. and this value is determined by using the fair market value method. Using sales of comparable property or the cost of comparable services is a method which can be used to determine the fair market value of an in-kind match contribution.

iii. The minimum required match contribution for Title III C-2 Program Services is fifteen percent (15%) and it is calculated as a percentage of the Proposed Grant Funds (excluding any

anticipated OAA Title III A (Nutrition Services Incentive Program) funds). To calculate the minimum required match, multiply the following items: Proposed Subaward Sums (Cash Other) * 0.15.

iv. Enter Match Cash and/or Match In-Kind:

1. Cash: Enter the match cash contributions that will be used to fund each Service Category listed. The grand total match cash contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 2 (Match) for match cash.
2. In-Kind: Enter the match in-kind contributions that will be used to fund each Service Category listed. The grand total match in-kind contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 2 (Match) for match in-kind.

d. **Column (D) Non-Match**

i. Non-Match contributions are resources that do not qualify as match contributions and/or are not budgeted as match contributions (e.g., Federal funds, overmatch, etc.) and may take the form of either cash contributions or in-kind contributions

ii. Enter Non-Match Cash and/or Non-Match In-Kind:

1. Cash: Enter the non-match cash contributions that will be used to fund each Service Category listed. The grand total non-match cash contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 3 (Non-Match) for non-match cash.
2. In-Kind: Enter the non-match in-kind contributions that will be used to fund each Service Category listed. The grand total non-match in-kind contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 3 (Non-Match) for non-match in-kind.

e. **Column (E) Program Income**

i. Program income is revenue that is generated by Proposer and/or Lower Tier Subrecipient from Subaward-supported activities and includes, but is not limited to:

1. Voluntary contributions received from Client or other party for Program Services received.
2. Income from usage or rental fees of real or personal property acquired with the Proposed Subaward Sums.
3. Royalties received on patents and copyrights from Subaward-supported activities.

4. Proceeds from the sale of items created under the Subaward.
 - ii. Enter the anticipated amount of program income that will be used to fund each Service Category listed. The grand total program income shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 4 (Program Income).
- f. **Column (F) Total Funding**
 - i. The total amount of funding from all sources needed to provide the Program Services is automatically calculated based on the information entered in Column B (Proposed Subaward Sums), Column C (Match), Column D (Non-Match) and Column E (Program Income). The grand total of funding shall match the grand total funding reflected in Section I (Budget Summary), Column (D) Total Budgeted Funding, Line 7 (Grand Total Funding).
 - ii. Do not enter information in this field; the amount is automatically calculated.
- g. **Column (G) Unit Rate**
 - i. Enter the unit rate for each Service Category listed. Proposer may use whole numbers or decimal numbers for this amount. This information shall match the amount reflected in Appendix D (Required Forms and Documentation), Part I (Required forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program), Section I (Units of Service Summary), Column E (Unit Rate) for each Service Category listed.

SECTION I (BUDGET SUMMARY)

1. This Section I (Budget Summary) provides a snapshot of the Program's operating costs for the Fiscal Year (where the most common types of Program costs are listed herein). This Section I (Budget Summary) also provides a snapshot of the most common sources of revenue which are used to pay for/fund the Program's operating costs for the Fiscal Year. This information is presented under the following Columns (and an explanation will be provided for each):
 - a. Column (A) Cost Categories
 - b. Column (B) Costs
 - c. Column (C) Funding Categories
 - d. Column (D) Funding
2. **Column (A) Cost Categories**

- a. For each cost category that applies to your operations, enter the following requested information: Cash (Proposed Subaward Sums), Cash (Proposer's Funds) and In-Kind.
 - i. Cash (Proposed Subaward Sums): Enter the total costs that will be funded using the Proposed Subaward Sums.
 - ii. Cash (Proposer's Funds): Enter the total costs that will be funded using Proposer's own cash funds (i.e., match cash, non-match cash and/or program income).
 - iii. In-Kind: Enter the total costs that will be funded using Proposer's in-kind resources (i.e., match in-kind and non-match in-kind).
- b. Line 1 (Personnel)
 - i. Refer to Section II (Budget Detail – Personnel) for detailed description.
- c. Line 2 (Volunteers)
 - i. Refer to Section III (Budget Detail – Volunteers) for detailed description.
- d. Line 3 (Lower Tier Subawards)
 - i. Refer to Section IV (Budget Detail – Lower Tier Subawards) for detailed description.
- e. Line 4 (Lower Tier Subawards for Catered Food)
 - i. Refer to Section V (Budget Detail – Lower Tier Subawards for Catered Food) for detailed description.
- f. Line 5 (Raw Food)
 - i. Refer to Section VI (Budget Detail – Raw Food) for detailed description.
- g. Line 6 (Space)
 - i. Refer to Section VII (Budget Detail – Space) for detailed description.
- h. Line 7 (Equipment)
 - i. Refer to Section VIII (Budget Detail – Equipment) for detailed description.
- i. Line 8 (Other Costs)
 - i. Refer to Section IX (Budget Detail – Other Costs) for detailed description.
- j. Line 9 (Subtotal Direct Costs)

- i. The sum of the amounts reflected under personnel, volunteers, lower tier subawards, lower tier subawards for catered food, raw food, space, equipment and other costs. The subtotal is classified by cash and in-kind costs and it is calculated by adding all of the cash amounts to obtain the subtotal direct cost for cash obligations and by adding all of the in-kind amounts to obtain the subtotal direct cost for in-kind services.
 - k. Line 10 (Indirect Costs)
 - i. Refer to Section X (Budget Detail – Indirect Costs) for detailed description.
 - l. Line 11 (Total Costs)
 - i. The sum of the amounts reflected under personnel, volunteers, lower tier subawards, catered food, raw food, space, equipment, other costs and indirect costs. The total is classified by cash and in-kind costs and it is calculated by adding all of the cash amounts to obtain the total cost for cash obligations and by adding all of the in-kind amounts to obtain the total cost for in-kind services.
 - m. Line 12 (Grand Total Costs)
 - i. The sum of all costs which includes all cash and in-kind items.

3. Column (B) Costs

- a. For each cost category that applies to your operations, enter the following requested information: Total Budgeted Costs, Hot Meals Unit Rate, Frozen Meals Unit Rate and Emergency Meals Unit Rate.
 - i. Total Budgeted Costs: Enter the total amount of the cost based on the amount reflected in the corresponding budget detail section. This amount must be reflected as cash or in-kind.
 - ii. Hot Meals Unit Rate: The total budgeted costs for each cost category shall be reflected as a unit rate for both cash and in-kind costs.
 - iii. Frozen Meals Unit Rate: The total budgeted costs for each cost category shall be reflected as a unit rate for both cash and in-kind costs.
 - iv. Emergency Meals Unit Rate: The total budgeted costs for each cost category shall be reflected as a unit rate for both cash and in-kind costs.
- b. Line 1 (Personnel)
 - i. Enter the total amount of personnel costs for cash obligations and in-kind services.

1. The total personnel costs for cash shall match the total of the amounts reported as cash in Section II (Budget Detail – Personnel), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 2. The total personnel costs for in-kind shall match the total of the amounts reported as in-kind in Section II (Budget Detail – Personnel), which is calculated by adding the following items: match in-kind and non-match in-kind.
- c. Line 2 (Volunteers)
- i. Enter the total amount of volunteer costs for in-kind services.
 1. The total volunteer costs for in-kind shall match the total of the amounts reported as in-kind in Section III (Budget Detail – Volunteers), which is calculated by adding the following items: match in-kind and non-match in-kind.
- d. Line 3 (Lower Tier Subawards)
- i. Enter the total amount of lower tier subaward costs for cash obligations and in-kind services.
 1. The total lower tier subaward costs for cash shall match the total of the amounts reported as cash in Section IV (Budget Detail – Lower Tier Subawards), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 2. The total lower tier subaward costs for in-kind shall match the total of the amounts reported as in-kind in Section IV (Budget Detail – Lower Tier Subawards), which is calculated by adding the following items: match in-kind and non-match in-kind.
- e. Line 4 (Lower Tier Subawards for Catered Food)
- i. Enter the total amount of catered food costs for cash obligations and in-kind services.
 1. The total catered food costs for cash shall match the total of the amounts reported as cash in Section V (Budget Detail – Lower Tier Subawards for Catered Food), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 2. The total catered food costs for in-kind shall match the total of the amounts reported as in-kind in Section V (Budget Detail – Lower Tier Subawards for Catered Food), which is

calculated by adding the following items: match in-kind and non-match in-kind.

- f. Line 5 (Raw Food)
 - i. Enter the total amount of raw food costs for cash obligations and in-kind services.
 - 1. The total raw food costs for cash shall match the total of the amounts reported as cash in Section VI (Budget Detail – Raw Food), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total raw food costs for in-kind shall match the total of the amounts reported as in-kind in Section VI (Budget Detail – Raw Food), which is calculated by adding the following items: match in-kind and non-match in-kind.
- g. Line 6 (Space)
 - i. Enter the total amount of space costs for cash obligations and in-kind services.
 - 1. The total space costs for cash shall match the total of the amounts reported as cash in Section VII (Budget Detail – Space), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total space costs for in-kind shall match the total of the amounts reported as in-kind in Section VII (Budget Detail – Space), which is calculated by adding the following items: match in-kind and non-match in-kind.
- h. Line 7 (Equipment)
 - i. Enter the total amount of equipment costs for cash obligations and in-kind services.
 - 1. The total equipment costs for cash shall match the total of the amounts reported as cash in Section VIII (Budget Detail – Equipment), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total equipment costs for in-kind shall match the total of the amounts reported as in-kind in Section VIII (Budget Detail – Equipment), which is calculated by adding the following items: match in-kind and non-match in-kind.
- i. Line 8 (Other Costs)

- i. Enter the total amount of other costs for cash obligations and in-kind services.
 - 1. The total of other costs for cash shall match the total of the amounts reported as cash in Section IX (Budget Detail – Other Costs), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total of other costs for in-kind shall match the total of the amounts reported as in-kind in Section IX (Budget Detail – Other Costs), which is calculated by adding the following items: match in-kind and non-match in-kind.
- j. Line 9 (Subtotal Direct Costs)
 - i. Do not enter information in this field; the amount is automatically calculated.
- k. Line 10 (Indirect Costs)
 - i. Enter the total amount of indirect costs for cash obligations and in-kind services.
 - 1. The total indirect costs for cash shall match the total of the amounts reported as cash in Section X (Budget Detail – Indirect Costs), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total indirect costs for in-kind shall match the total of the amounts reported as in-kind in Section X (Budget Detail – Indirect Costs), which is calculated by adding the following items: match in-kind and non-match in-kind.
- l. Line 11 (Total Costs)
 - i. Do not enter information in this field; the amount is automatically calculated.
- m. Line 12 (Grand Total Costs)
 - i. Do not enter information in this field; the amount is automatically calculated.

4. Column (C) Funding Categories

- a. For each funding category that applies to your operations, enter the following requested information: Cash (Other), Cash (NSIP), Cash (Proposer’s Funds) and In-Kind.
 - i. Cash (Other): Enter the total amount of funding your organization is requesting in order to provide Program Services (excluding OAA Title III A (NSIP) funds).

- ii. Cash (NSIP): Enter the total amount of OAA Title III A (NSIP) funding your organization is requesting for catered foods and/or raw foods.
 - iii. Cash (Proposer's Funds): Enter the total amount of funding that Proposer will provide using its own cash funds (i.e., match cash, non-match cash and/or program income).
 - iv. In-Kind: Enter the total amount of funding that Proposer will provide using its own in-kind resources (i.e., match in-kind and non-match in-kind).
- b. Line 1 (Proposed Subaward Sums)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
- c. Line 2 (Match)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
- d. Line 3 (Non-Match)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
- e. Line 4 (Program Income)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
- f. Line 5 (Proposer meets minimum match requirement.)
 - i. When the minimum match is met then a message will display indicating Proposer's compliance with the requirement. In the event that the minimum match requirement is not met, a message will display indicating that Proposer has not met the required match contribution. Upon such occurrence, Proposer shall make the necessary corrections to the appropriate budget detail section(s). It is Proposer's responsibility to know where the variance exists in order to make the correction.
- g. Line 6 (Total Funding)
 - i. The sum of all sources of funding, classified by cash and in-kind resources. All cash amounts are added together (i.e., Proposed Subaward Sums, match cash, non-match cash and program income). All in-kind amounts are added together (i.e., match in-kind and non-match in-kind).
- h. Line 7 (Grand Total Funding)

- i. The sum of all sources of funding which includes all cash and in-kind sources. The Proposed Subaward Sums, match, non-match and program income amounts are added together and the sum is the Grand Total Funding.

5. Column (D) Funding

- a. For each funding category that applies to your operations, enter the following requested information: Total Budgeted Funding, Hot Meals Unit Rate, Frozen Meals Unit Rate and Emergency Meals Unit Rate.
 - i. Total Budgeted Funding: Enter the total amount of the funding based on the amount reflected in the corresponding budget detail section. This amount must be reflected as cash or in-kind.
 - ii. Hot Meals Unit Rate: The total budgeted funding for each funding category shall be reflected as a unit rate for both cash and in-kind items.
 - iii. Frozen Meals Unit Rate: The total budgeted funding for each funding category shall be reflected as a unit rate for both cash and in-kind items.
 - iv. Emergency Meals Unit Rate: The total budgeted funding for each funding category shall be reflected as a unit rate for both cash and in-kind items.
- b. Line 1 (Proposed Subaward Sums)
 - i. Enter the Proposed Subaward Sums for each funding source. The total of these amounts shall match the sum of all the Proposed Subaward Sum amounts entered in the budget detail sections under Column (F) Proposed Subaward Sums, excluding Section III (Budget Detail – Volunteers).
- c. Line 2 (Match)
 - i. Match (Cash): Enter the total amount of match cash. This amount shall match the sum of all the match cash amounts entered in the budget detail sections under Column (G) Match (Cash), excluding Section III (Budget Detail – Volunteers).
 - ii. Match (In-Kind): Enter the total amount of match in-kind. This amount shall match the sum of all the match in-kind amounts entered in the budget detail sections under Column (G) Match (In-Kind).
- d. Line 3 (Non-Match)
 - i. Non-Match (Cash): Enter the total amount of non-match cash. This amount shall match the sum of all the non-match cash amounts entered in the budget detail sections under Column (H)

Non-Match (Cash), excluding Section III (Budget Detail – Volunteers).

- ii. Non-Match (In-Kind): Enter the total amount of non-match in-kind. This amount shall match the sum of all the non-match in-kind amounts entered in the budget detail sections under Column (H) Non-Match (In-Kind).
- e. Line 4 (Program Income)
 - i. Enter the total amount of program income. This amount shall match the sum of all the program income amounts entered in the budget detail sections under Column (I) Program Income, excluding Section III (Budget Detail – Volunteers).
- f. Line 5 (Proposer meets minimum match requirement.)
 - i. Do not enter information in this field; the result is automatically determined.
- g. Line 6 (Total Funding)
 - i. Do not enter information in this field; the amount is automatically calculated.
- h. Line 7 (Grand Total Funding)
 - i. Do not enter information in this field; the amount is automatically calculated.

6. Variance

- a. If the Grand Total Costs and the Grand Total Funding do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate budget detail section(s). It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION II (BUDGET DETAIL – PERSONNEL)

1. This Section II (Budget Detail – Personnel) provides details of Proposer's personnel costs for staff employed by Proposer (volunteer information is provided in Section III (Budget Detail – Volunteers)). Each of the following Columns of information will be discussed:
 - a. Column (A) Position Title
 - b. Column (B) % of Time on Program

- c. Column (C) Monthly Salary
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Position Title

- a. Enter the title for each staff person's position when the following conditions are met:
 - i. Any portion of this individual's salary will be: paid by the Proposed Subaward Sums; used to meet the match requirement such as when individual's salary is paid by other funding sources; and/or, funded by non-match and/or program income.
 - ii. This individual's work/services either directly or indirectly benefit(s) the Program Services.
- b. List every position title even when there are multiple staff with the same position title.
- c. Subtotal Personnel
 - i. This field represents the total of all personnel costs for employee salaries (it does not include costs for employer payroll taxes and employer-sponsored benefits for employees).
 - ii. Do not enter information in this field; the amount is automatically calculated.
- d. Taxes
 - i. Enter the rate which will be used to calculate the total amount of employer payroll taxes to be paid by Proposer for its employees. You may enter either whole numbers (e.g., 10) and/or fractional numbers (e.g., 10.5) and the information will display as a percentage (e.g., 10% or 10.50%, respectively).
 - ii. The number entered here will automatically calculate the total cost of taxes under Column (E) Total Costs.
 - iii. Note 1: Enter the amount of funding that Proposer will use to fund any portion of the total cost for taxes.

e. Benefits

- i. Enter the rate which will be used to calculate the total amount of employee benefits to be paid by Proposer for its employees (employer-sponsored benefits for employees). You may enter either whole numbers (e.g., 10) and/or fractional numbers (e.g., 10.5) and the information will display as a percentage (e.g., 10% or 10.50%, respectively).
- ii. The number entered here will automatically calculate the total cost of benefits under Column (E) Total Costs.
- iii. Note 2: Enter the amount of funding that Proposer will use to fund any portion of the total cost for benefits.

f. Grand Total Personnel

- i. This field represents the grand total of all personnel costs (including salary costs, employer payroll taxes and employer-sponsored benefits for employees) as well as all funding reported.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) % of Time on Program

- a. Enter the amount of time that the individual will work on the Program. Enter whole numbers only (e.g., enter 50 which will indicate that the individual will spend fifty percent (50%) of his/her time working on the Program).

4. Column (C) Monthly Salary

- a. Enter the individual's monthly salary. Enter whole numbers only. Do not enter hourly rates. Determine the monthly salary if the individual is paid by an hourly rate.

5. Column (D) No. of Months

- a. Enter the number of months that the individual will work on the Program during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total salary cost for the individual will automatically calculate by multiplying the following items: % of time on Program, monthly salary and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this individual's salary. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Match In-Kind for Personnel: When Proposer intends to donate the services of this individual then these services shall be valued at the individual's regular paid salary (exclusive of fringe benefits and indirect costs), provided that the services are in the same skill for which the individual is normally paid. If the services are not in the same skill for which the individual is normally paid then Proposer shall use the fair market value to determine the individual's salary for purposes of this Budget.
- c. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this individual's salary when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this individual's salary when Proposer does not intend to (or cannot) use this funding source to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total cost of this individual's salary.

11. Column (J) Total Funding

- a. The total amount of funding from all resources, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these

amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.

- b. Do not enter information in this field; the variance is automatically calculated.

SECTION III (BUDGET DETAIL – VOLUNTEERS)

1. This Section III (Budget Detail – Volunteers) provides details of the volunteers used by Proposer in the operation of the Program (paid staff information is provided in Section II (Budget Detail – Personnel)). Each of the following Columns of information will be discussed:

- a. Column (A) Position Title
- b. Column (B) Number of Positions
- c. Column (C) % of Time on Program
- d. Column (D) Monthly Salary Equivalent
- e. Column (E) No. of Months
- f. Column (F) Total Salary Equivalent
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Total In-Kind
- j. Column (J) Variance

2. Column (A) Position Title

- a. Volunteer is an individual who performs hours of service for civic, charitable or humanitarian reasons without promise, expectation or receipt of compensation for services rendered.
- b. Enter the title for each volunteer's position when the following conditions are met:
 - i. Any portion of this individual's salary equivalent will be: used to meet the match requirement (as match in-kind) and/or classified as a non-match resource (as non-match in-kind).
 - ii. This individual's work/services either directly or indirectly benefit(s) the Program Services.
 - iii. The work/services provided by the individual are less than a full-time occupation.

- iv. The work/services are offered freely by the individual and without pressure or coercion from Proposer.
- v. The work/services provided by the individual are of the kind typically associated with volunteer work.
- vi. The individual does not displace Proposer's paid employees/staff/personnel.
- vii. The individual does not receive or expect compensation from Proposer in exchange for his/her services.

c. **Grand Total Volunteers**

- i. This field represents the grand total of all volunteer activities.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Number of Positions

- a. If more than one (1) volunteer holds this position, enter the number of volunteers who function in the same capacity of this position.

4. Column (C) % of Time on Program

- a. Enter the amount of time that the individual will work on the Program. Enter whole numbers only (e.g., enter 50 which will indicate that the individual will spend fifty percent (50%) of his/her time working on the Program).

5. Column (D) Monthly Salary Equivalent

- a. Volunteer services may be used to meet the match contribution requirement and shall be reported as match in-kind. However, when using volunteer services to meet the match contribution requirement, this in-kind match shall not exceed more than fifty percent (50%) of the required match contribution (e.g., if volunteer services total \$1,000 and the minimum match contribution is \$1,500 then Proposer may only report up to \$750 of volunteer services as match in-kind).
- b. The monthly salary equivalent for volunteer services should be commensurate with the work/services being provided by volunteer. As such, the salary equivalent for volunteer services shall be determined by using the regular salaries paid for similar work in other activities of Proposer's organization. In cases where the kinds of skills involved are not found in other activities of the organization then the salary equivalent shall be determined by using the salaries paid for similar work in the labor market in which Proposer competes for such skills.
- c. Enter the individual's monthly salary equivalent (where the salary equivalent is determined based on the value of the volunteer's work/services). Enter whole numbers only. Do not enter hourly rates.

6. Column (E) No. of Months

- a. Enter the number of months that the individual will work on the Program during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

7. Column (F) Total Salary Equivalent

- a. The total salary equivalent for the individual will automatically calculate by multiplying the following items: number of positions, % of time on Program, monthly salary equivalent and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match in-kind that represents any portion of this individual's salary equivalent which Proposer intends to use to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match in-kind that represents any portion of this individual's salary equivalent which Proposer does not intend to (or cannot) use to meet the match requirement.

10. Column (I) Total In-Kind

- a. The total in-kind funding will automatically calculate by adding the following items: match in-kind and non-match in-kind.
- b. Do not enter information in this field; the amount is automatically calculated.

11. Column (J) Variance

- a. If the total salary equivalent (Column (F) Total Salary Equivalent) and the total in-kind (Column (I) Total In-Kind) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION IV (BUDGET DETAIL – LOWER TIER SUBAWARDS)

1. This Section IV (Budget Detail – Lower Tier Subawards) provides details of Proposer’s Lower Tier Subaward costs when Proposer intends to use a third-party vendor(s) to provide Program Services. Each of the following Columns of information will be discussed:
 - a. Column (A) Lower Tier Subrecipient’s Name and Description of Services
 - b. Column (B) Unit Cost
 - c. Column (C) No. of Units
 - d. Column (D) No. of Months
 - e. Column (E) Total Costs
 - f. Column (F) Proposed Subaward Sums
 - g. Column (G) Match
 - h. Column (H) Non-Match
 - i. Column (I) Program Income
 - j. Column (J) Total Funding
 - k. Column (K) Variance
2. **Column (A) Lower Tier Subrecipient’s Name and Description of Services**
 - a. Enter the name of the Lower Tier Subrecipient as indicated in the anticipated Lower Tier Subaward and include a brief description of the services to be provided by Lower Tier Subrecipient. This information shall match the information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 21 (Proposed List of Lower Tier Subawards).
 - b. Grand Total Lower Tier Subawards
 - i. This field represents the grand total of all Lower Tier Subaward costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.
3. **Column (B) Unit Cost**
 - a. Enter the monthly cost for each unit of Service to be provided/delivered by Lower Tier Subrecipient (i.e., unit cost for deliverables). The unit cost shall reflect the actual cost of the Service as closely as possible. While unit costs may vary from month to month, please provide the best estimated unit cost. Enter whole numbers only.

4. Column (C) No. of Units

- a. Enter the number of units/deliverables to be provided by Lower Tier Subrecipient on a monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which costs will be incurred for the units/deliverables that are provided by Lower Tier Subrecipient during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total Lower Tier Subaward costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this Lower Tier Subaward. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this Lower Tier Subaward when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this Lower Tier Subaward when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total Lower Tier Subaward costs.

11. Column (J) Total Funding

- a. The sum of all sources of funding, including cash and in-kind resources will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION V (BUDGET DETAIL – LOWER TIER SUBAWARDS FOR CATERED FOOD)

- 1. This Section V (Budget Detail – Lower Tier Subawards for Catered Food) provides details of Proposer's catered food costs (when Proposer intends to use caterers to supply meals). Proposer may only use caterers who are approved by County. Each of the following Columns of information will be discussed:
 - a. Column (A) Lower Tier Subrecipient's Name
 - b. Column (B) Service Category
 - c. Column (C) Unit Cost
 - d. Column (D) No. of Units
 - e. Column (E) No. of Months
 - f. Column (F) Total Costs
 - g. Column (G) Proposed Subaward Sums
 - h. Column (H) Match
 - i. Column (I) Non-Match
 - j. Column (J) Program Income
 - k. Column (K) Total Funding
 - l. Column (L) Variance

2. Column (A) Lower Tier Subrecipient's Name

- a. Enter the name of the Lower Tier Subrecipient as indicated in the anticipated Lower Tier Subaward for catered foods. This information shall match the information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 21 (Proposed List of Lower Tier Subawards).
- b. Grand Total Lower Tier Subawards
 - i. This field represents the grand total of all Lower Tier Subaward costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Service Category

- a. All of the available types of Program Services are listed herein. Select from the list of values as follows:
 - i. Place the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Click the drop-down arrow and select the appropriate Program Service.

4. Column (C) Unit Cost

- a. Enter the monthly cost for each unit of Service to be provided/delivered by caterer (i.e., unit cost for deliverables). The unit cost shall reflect the actual cost of the deliverable as closely as possible.

5. Column (D) No. of Units

- a. Enter the number of units/deliverables to be provided by caterer on a monthly basis. Enter whole numbers only.

6. Column (E) No. of Months

- a. Enter the number of months in which costs will be incurred for the units/deliverables that are provided by caterer during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

7. Column (F) Total Costs

- a. The total caterer costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

8. Column (G) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this catered food. Enter whole numbers only.

9. Column (H) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this catered food when Proposer intends to use this resource to meet the match requirement.

10. Column (I) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this catered food when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

11. Column (J) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total catered food costs.

12. Column (K) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

13. Column (L) Variance

- a. If the total costs (Column (F) Total Costs) and the total funding (Column (K) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION VI (BUDGET DETAIL – RAW FOOD)

1. This Section VI (Budget Detail – Raw Food) provides details of Proposer’s raw food costs (when Proposer intends to prepare its meals using a central kitchen facility). Each of the following Columns of information will be discussed:
 - a. Column (A) Service Category
 - b. Column (B) Unit Cost
 - c. Column (C) No. of Units
 - d. Column (D) No. of Months
 - e. Column (E) Total Costs
 - f. Column (F) Proposed Subaward Sums
 - g. Column (G) Match
 - h. Column (H) Non-Match
 - i. Column (I) Program Income
 - j. Column (J) Total Funding
 - k. Column (K) Variance
2. **Column (A) Service Category**
 - a. All of the available types of Program Services are listed herein.
 - b. Grand Total Raw Food
 - i. This field represents the grand total of all raw food costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.
3. **Column (B) Unit Cost**
 - a. Enter the monthly cost for each unit of Service to be purchased by Proposer (i.e., unit cost for deliverables).
4. **Column (C) No. of Units**
 - a. Enter the number of units/deliverables to be purchased by Proposer on a monthly basis. Enter whole numbers only.
5. **Column (D) No. of Months**

- a. Enter the number of months in which costs will be incurred for the units/deliverables that are purchased by Proposer during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total raw food costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this raw food. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this raw food when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this raw food when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total raw food costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION VII (BUDGET DETAIL – SPACE)

1. This Section VII (Budget Detail – Space) provides details of Proposer's space costs when such costs include spaces that are rented or leased as well as any repairs and/or maintenance costs when any of these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Name of Location and Description
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. **Column (A) Name of Location and Description**

- a. Name of Location: Enter the name of the location such as the business name, building name, etc. (e.g., ABC Senior Center). List each space which is rented/leased and those spaces which require repairs, maintenance, etc. when those costs are necessary and beneficial to provide Program Services.
- a. Description

- i. Space – Rented/Leased: Enter the physical address of the location where the space is situated (e.g., 1234 Main Street, Los Angeles, CA 90000).
 - ii. Space – Repairs: Enter a general description of the type of repairs that will be needed for the space when such repairs are necessary in order to provide Program Services.
 - iii. Space – Maintenance: Enter a general description of the type of maintenance services that will be needed for the space when such services are necessary in order to provide Program Services.
- b. Grand Total Space
 - i. This field represents the grand total of all space costs (including rentals, leases, repairs and maintenance costs) and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Space – Rented/Leased: Enter the monthly cost for each square foot of space. This cost must be based on the fair market value of the space. Generally, when the cost exceeds \$2.00 per square foot then Proposer shall provide documentation with its Budget to support this cost.
- b. Space – Repairs: Enter the monthly unit cost for repairs. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.
- c. Space – Maintenance: Enter the monthly unit cost for maintenance. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.

4. Column (C) No. of Units

- a. Space – Rented/Leased: Enter the total square feet of space that will be used on a monthly basis. Enter whole numbers only.
- b. Space – Repairs: Enter the number of repairs to be completed on a per unit monthly basis. Enter whole numbers only.
- c. Space – Maintenance: Enter the number of maintenance services to be completed on a per unit monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur space costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total space costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must contain numerical data before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this space. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this space when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this space when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total space costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these

amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.

- b. Do not enter information in this field; the variance is automatically calculated.

SECTION VIII (BUDGET DETAIL – EQUIPMENT)

1. This Section VIII (Budget Detail – Equipment) provides details of Proposer's equipment costs when such costs include items that are purchased, leased and rented as well as any repairs and/or maintenance costs when any of these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Description
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Description

- a. Equipment – Purchase, Rental and Lease: Enter a description of the equipment that Proposer intends to purchase, rent and/or lease and include the model number, brand name, etc. Please refer to Appendix A (Sample Subaward), Exhibit S (Purchase, Inventory and Disposal Requirements for Fixed and Non-Fixed Assets and Supplies) for requirements related to equipment purchases.
- b. Equipment – Repairs: Enter a general description for the type of repairs that will be needed for the equipment when such repairs are necessary in order to perform Program Services.

- c. Equipment – Maintenance: Enter a general description for the type of maintenance services that will be needed for the equipment when such services are necessary in order to perform Program Services.
- d. Grand Total Equipment
 - i. This field represents the grand total of all equipment costs (including purchases, rentals, leases, repairs and maintenance costs) and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Equipment – Purchase, Rental and Lease: Enter the monthly unit cost for each item that is purchased, rented and/or leased.
- b. Equipment – Repairs: Enter the monthly unit cost for repairs. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.
- c. Equipment – Maintenance: Enter the monthly unit cost for maintenance. While the unit cost may vary from month to month, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.

4. Column (C) No. of Units

- a. Equipment – Purchase, Rental and Lease: Enter the number of items to be purchased, rented and/or leased on a monthly basis. Enter whole numbers only.
- b. Equipment – Repairs: Enter the number of repairs to be completed on a per unit monthly basis. Enter whole numbers only.
- c. Equipment – Maintenance: Enter the number of maintenance services to be completed on a per unit monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur equipment costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total equipment costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must have data entered before this total will calculate.

- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this equipment. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this equipment when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this equipment when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total equipment costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.

- b. Do not enter information in this field; the variance is automatically calculated.

SECTION IX (BUDGET DETAIL - OTHER COSTS)

1. This Section IX (Budget Detail – Other Costs) provides details of Proposer’s other costs when these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Description
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Description

- a. In addition to the costs identified in the other budget detail sections (i.e., personnel, lower tier subawards, space, etc.), there are other costs that may be necessary for Proposer to provide Program Services and these costs must be captured in Proposer’s budget. Some of these other Program costs are listed herein (i.e., accounting services, advertising, audit services, etc.). Select from the list of values as follows:
 - i. Place the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Click the drop-down arrow and select the appropriate Other Cost Description.
- b. If a cost category is not included in the prepopulated list, please enter a description of that cost in the cell.
- c. Grand Total Other Costs
 - i. This field represents the grand total of all other costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.

- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Enter the monthly cost for each unit of Service to be provided, delivered, purchased, rented and/or leased. While the unit cost may vary from month to month for some items, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.
- b. Mileage Cost: The cost per mile shall not exceed County's approved mileage rate which is currently \$0.51 per mile (as of April 2016).

4. Column (C) No. of Units

- a. Enter the number of units/deliverables to be purchased by Proposer on a monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur other costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total cost for each line item will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must contain numerical data before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this line item. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line

item when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total cost of each line item.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION X (BUDGET DETAIL - INDIRECT COSTS)

- 1. This Section X (Budget Detail – Indirect Costs) provides details of Proposer's indirect costs when these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:
 - a. Column (A) Description
 - b. Column (B) Unit Cost
 - c. Column (C) No. of Units
 - d. Column (D) No. of Months
 - e. Column (E) Total Costs
 - f. Column (F) Proposed Subaward Sums
 - g. Column (G) Match
 - h. Column (H) Non-Match

- i. Column (I) Program Income
 - j. Column (J) Total Funding
 - k. Column (K) Variance
- 2. Column (A) Description**
- a. Indirect Costs**
 - i. Indirect costs are those expenses that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Examples of indirect costs include salaries, employee benefits, supplies and costs related to general administration of Proposer's organization.
 - ii. The maximum amount of indirect costs that will be payable under this Subaward is limited to ten percent (10%) of Proposer's direct cash costs, excluding in-kind contributions and nonexpendable equipment. Indirect costs in excess of the ten percent (10%) maximum may be budgeted as match in-kind contribution and used to meet the match requirement.
 - iii. Proposer has the option of negotiating an indirect cost rate(s) for use on its Federal programs. Proposer must submit a cost allocation plan to the Federal agency providing the majority of funds to Proposer's organization. Refer to Appendix A (Sample Subaward), Exhibit Q (Accounting, Administration and Reporting Requirements) and Appendix P (Cost Allocation and Indirect Cost Requirements) for additional requirements on cost allocation and indirect costs.
 - iv. For major nonprofit organizations, indirect costs must be classified within two (2) broad categories: facilities and administration. "Facilities" is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses. "Administration" is defined as general administration and general expenses such as the director's office, accounting, personnel and all other types of expenditures not listed specifically under one of the subcategories of "Facilities" (including cross allocations from other pools, where applicable).
 - v. Enter the total amount of indirect costs for these Program Services.
 - b. Do indirect costs exceed ten percent (10%) of the allowable amount?**
 - i. When the Proposed Subaward Sums reflects an amount that is less than or equal to the ten percent (10%) allowed for indirect costs then a message will display indicating Proposer's compliance with the requirement. In the event that this amount exceeds the

maximum allowable indirect cost, a message will display indicating that Proposer has exceeded the allowable amount. Upon such occurrence, Proposer shall make the necessary corrections.

c. Grand Total Indirect Costs

- i. This field represents the grand total of the indirect costs and the grand total of each funding source. This amount is automatically calculated based on the information entered.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Proposer may allocate up to ten percent (10%) of Proposer's direct cash costs, excluding in-kind contributions and nonexpendable equipment as indirect costs. Proposer may use any cost above the ten percent (10%) maximum as a match in-kind.
- b. Enter the indirect cost as a monthly unit expense that will be incurred as deliverables are provided to Proposer. While the unit cost may vary from month to month, Proposer shall reflect the actual indirect cost as closely as possible. Enter whole numbers only.

4. Column (C) No. of Units

- a. Enter the indirect cost as a unit of measurement/deliverables to be provided on a monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur indirect costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total indirect costs will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must contain numerical data before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this line item. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total indirect costs.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

APPENDIX R (INSTRUCTIONS)
**EXHIBIT 3 (GUIDELINES FOR DEVELOPING PROPOSED BUDGET FOR TITLE III B
PROGRAM SERVICES)**

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 25 (Proposed Budget for Title III B Program Services) which has been developed as an Excel workbook.
2. Please note that there are three (3) types of Budget workbooks: Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 23 (Proposed Budget for Title III C-1 Program Services); Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 24 (Proposed Budget for Title III C-2 Program Services); and, Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 25 (Proposed Budget for Title III B Program Services). These workbooks are identified by the Program Services that are indicated on the Cover Page (i.e., Title III C-1 Program Services, Title III C-2 Program Services or Title III B Program Services). Kindly use the correct workbook to provide and submit the requested information.
3. The Proposed Budget for the Title III B Program Services workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Budget Summary
 - c. Budget Detail-Personnel
 - d. Budget Detail-Volunteers
 - e. Budget Detail-Other Costs
4. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.
5. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
6. The workbook has been configured to automatically populate certain cells such as Program Services, Fiscal Year, Los Angeles County Region, etc. and to

perform certain calculations such as Subtotals, Totals, Grand Totals, etc. on specific sheets.

7. In order to maintain the integrity of the workbook, do not use formulas or decimals to enter information into any cell (unless expressly authorized in an instruction).
8. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 25 (Proposed Budget for Title III B Program Services) may be used publically (e.g., directories, County's website, brochures, etc.).
9. To enter a hard return within a cell, press "Alt" and "Enter".
10. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.
2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
3. **Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III C-1 Program Services ("Program Services" or "Program").
4. **Fiscal Year**
 - a. Identify the Fiscal Year for which the Program Services are being provided by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Fiscal Year.
5. **Los Angeles County Region**
 - a. Identify the Los Angeles County Region for which Program Services are being proposed by:

- i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
- ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.

6. Proposer's Legal Name

- a. Enter the full legal name of Proposer's organization (please do not abbreviate). The name listed herein must match the name on Proposer's articles of incorporation, business license, city charter or bylaws.

7. Main Administrative Office Address

- a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer ("Authorized Representative") on this line. County will use this information to send correspondence to Authorized Representative.

8. Mailing Address (if different from above)

- a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.

9. Authorized Representative

- a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer's organization where such authorization has been decreed through organization's board resolution or other authorizing document.
- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in the correct format (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

- a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.
- b. Prefix: Enter the appropriate prefix for primary/secondary contact.
- c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

11. Program Funding Summary

a. Column (A) Service Category

- i. All of the available types of Program Services are listed herein: Telephone Calls.
- ii. Grand Total
 1. This field represents the grand total of all the information that is being reported and it is automatically calculated by adding all of the amounts entered for each line item.
 2. Do not enter information in this field; the amount is automatically calculated.

b. Column (B) Proposed Subaward Sums

- i. The Proposed Subaward Sums are monies that Proposer is requesting in response to this solicitation in order to provide Program Services (i.e., these are the total amount of grant funds Proposer expects to receive from County in the event that Proposer is granted a Subaward in response to this solicitation and Proposer will use these funds in addition to Proposer's own resources to pay for the total Program operating costs). These monies are comprised of funds from Federal, State and/or Local resources, including but not limited to, the Older Americans Act ("OAA") Title III

B (Supportive Services and Senior Centers Program Authorized). These funds must be used to complete the overall implementation of the Title III B Program Services identified in Appendix B (Statement of Work).

- ii. Enter the amount of Proposed Subaward Sums that Proposer is requesting for the Service Category listed. This amount shall match the amount reflected in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 28 (Proposed Program Services for Title III B Program), Section I (Units of Service Summary), Column F (Proposed Funding Amount) for the Proposed Subaward Sums portion of funding for each Service Category listed.
- iii. The grand total of the Proposed Subaward Sums shall match the total amount reflected as the Proposed Subaward Sums Cash (Total) in Section I (Budget Summary), Column (D) Total Budgeted Funding, Line 1 (Proposed Subaward Sums). This grand total of the Proposed Subaward Sums shall also match the amount reflected in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 28 (Proposed Program Services for Title III B Program), Section I (Units of Service Summary), Column F (Proposed Funding Amount) for the Proposed Subaward Sums portion of funding.

c. Column (C) Match

- i. Program regulations require that Proposer provide a match contribution which may take the form of either a cash contribution or an in-kind contribution. The match contribution represents one of the resources provided by Proposer to offset the total Program operating costs. In essence, the match ensures that Proposer shares the Program's operating costs with County by providing a minimum required amount calculated as a percentage of the Proposed Subaward Sums. As such, the grand total funding includes monies provided by County (Cash) and monies/in-kind services provided by Proposer (match, non-match – *not used to meet match requirement* and program income – *not used to meet match requirement*).

ii. Forms of Match Contributions

1. Match Cash Contribution

- a. A match cash contribution is a monetary donation which is provided by Proposer (such as general funds), non-Federal third-parties (such as partner organizations) and/or non-Federal grants and is given

to Proposer to accomplish the goals of the Program Services.

2. Match In-Kind Contribution

- a. A match in-kind contribution is a non-monetary donation of goods, properties or services which are provided by either Proposer or non-Federal entities without charge to the Program Services for which they are donated; it is the value of non-cash contributions donated to support Program Services. In-kind contributions typically take the form of the value of personnel, goods and/or services which may include donations of volunteer services, space, equipment, etc. and this value is determined by using the fair market value method. Using sales of comparable property or the cost of comparable services is a method which can be used to determine the fair market value of an in-kind match contribution.
- iii. The minimum required match contribution for Title III B Program Services is fifteen percent (15%) and it is calculated as a percentage of the Proposed Grant Funds. To calculate the minimum required match, multiply the following items: Proposed Subaward Sums (Cash) * 0.15.
- iv. Enter Match Cash and/or Match In-Kind:
 1. Cash: Enter the match cash contributions that will be used to fund each Service Category listed. The grand total match cash contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 2 (Match) for match cash.
 2. In-Kind: Enter the match in-kind contributions that will be used to fund each Service Category listed. The grand total match in-kind contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 2 (Match) for match in-kind.

d. Column (D) Non-Match

- i. Non-Match contributions are resources that do not qualify as match contributions and/or are not budgeted as match contributions (e.g., Federal funds, overmatch, etc.) and may take the form of either cash contributions or in-kind contributions
- ii. Enter Non-Match Cash and/or Non-Match In-Kind:
 1. Cash: Enter the non-match cash contributions that will be used to fund each Service Category listed. The grand total

non-match cash contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 3 (Non-Match) for non-match cash.

2. In-Kind: Enter the non-match in-kind contributions that will be used to fund each Service Category listed. The grand total non-match in-kind contributions shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 3 (Non-Match) for non-match in-kind.

e. Column (E) Program Income

- i. Program income is revenue that is generated by Proposer and/or Lower Tier Subrecipient from Subaward-supported activities and includes, but is not limited to:
 1. Voluntary contributions received from Client or other party for Program Services received.
 2. Income from usage or rental fees of real or personal property acquired with the Proposed Subaward Sums.
 3. Royalties received on patents and copyrights from Subaward-supported activities.
 4. Proceeds from the sale of items created under the Subaward.
- ii. Enter the anticipated amount of program income that will be used to fund each Service Category listed. The grand total program income shall match the amount reflected in Section I (Budget Summary), Column (D) Funding, Line 4 (Program Income).

f. Column (F) Total Funding

- i. The total amount of funding from all sources needed to provide the Program Services is automatically calculated based on the information entered in Column B (Proposed Subaward Sums), Column C (Match), Column D (Non-Match) and Column E (Program Income). The grand total of funding shall match the grand total funding reflected in Section I (Budget Summary), Column (D) Total Budgeted Funding, Line 7 (Grand Total Funding).
- ii. Do not enter information in this field; the amount is automatically calculated.

g. Column (G) Unit Rate

- i. Enter the unit rate for each Service Category listed. Proposer may use whole numbers or decimal numbers for this amount. This information shall match the amount reflected in Appendix D (Required Forms and Documentation), Part I (Required forms), Exhibit 28 (Proposed Program Services for Title III B Program),

Section I (Units of Service Summary), Column E (Unit Rate) for each Service Category listed.

SECTION I (BUDGET SUMMARY)

1. This Section I (Budget Summary) provides a snapshot of the Program's operating costs for the Fiscal Year (where the most common types of Program costs are listed herein). This Section I (Budget Summary) also provides a snapshot of the most common sources of revenue which are used to pay for/fund the Program's operating costs for the Fiscal Year. This information is presented under the following Columns (and an explanation will be provided for each):

- a. Column (A) Cost Categories
- b. Column (B) Costs
- c. Column (C) Funding Categories
- d. Column (D) Funding

2. Column (A) Cost Categories

- a. For each cost category that applies to your operations, enter the following requested information: Cash (Proposed Subaward Sums), Cash (Proposer's Funds) and In-Kind.
 - i. Cash (Proposed Subaward Sums): Enter the total costs that will be funded using the Proposed Subaward Sums.
 - ii. Cash (Proposer's Funds): Enter the total costs that will be funded using Proposer's own cash funds (i.e., match cash, non-match cash and/or program income).
 - iii. In-Kind: Enter the total costs that will be funded using Proposer's in-kind resources (i.e., match in-kind and non-match in-kind).
- b. Line 1 (Personnel)
 - i. Refer to Section II (Budget Detail – Personnel) for detailed description.
- c. Line 2 (Volunteers)
 - i. Refer to Section III (Budget Detail – Volunteers) for detailed description.
- d. Line 3 (Other Costs)
 - i. Refer to Section IV (Budget Detail – Other Costs) for detailed description.
- e. Line 4 (Total Costs)

- i. The sum of the amounts reflected under personnel, volunteers and other costs. The total is classified by cash and in-kind costs and it is calculated by adding all of the cash amounts to obtain the total cost for cash obligations and by adding all of the in-kind amounts to obtain the total cost for in-kind services.

f. Line 5 (Grand Total Costs)

- i. The sum of all costs which includes all cash and in-kind items.

3. Column (B) Costs

- a. For each cost category that applies to your operations, enter the following requested information: Total Budgeted Costs, Telephone Calls Unit Rate.

- i. Total Budgeted Costs: Enter the total amount of the cost based on the amount reflected in the corresponding budget detail section. This amount must be reflected as cash or in-kind.
- ii. Telephone Calls Unit Rate: The total budgeted costs for each cost category shall be reflected as a unit rate for both cash and in-kind costs.

b. Line 1 (Personnel)

- i. Enter the total amount of personnel costs for cash obligations and in-kind services.
 - 1. The total personnel costs for cash shall match the total of the amounts reported as cash in Section II (Budget Detail – Personnel), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 - 2. The total personnel costs for in-kind shall match the total of the amounts reported as in-kind in Section II (Budget Detail – Personnel), which is calculated by adding the following items: match in-kind and non-match in-kind.

c. Line 2 (Volunteers)

- i. Enter the total amount of volunteer costs for in-kind services.
 - 1. The total volunteer costs for in-kind shall match the total of the amounts reported as in-kind in Section III (Budget Detail – Volunteers), which is calculated by adding the following items: match in-kind and non-match in-kind.

d. Line 3 (Other Costs)

- i. Enter the total amount of other costs for cash obligations and in-kind services.

1. The total of other costs for cash shall match the total of the amounts reported as cash in Section IV (Budget Detail – Other Costs), which is calculated by adding the following items: Proposed Subaward Sums, match cash, non-match cash and program income.
 2. The total of other costs for in-kind shall match the total of the amounts reported as in-kind in Section IV (Budget Detail – Other Costs), which is calculated by adding the following items: match in-kind and non-match in-kind.
- e. Line 4 (Total Costs)
 - i. Do not enter information in this field; the amount is automatically calculated.
 - f. Line 5 (Grand Total Costs)
 - i. Do not enter information in this field; the amount is automatically calculated.

4. Column (C) Funding Categories

- a. For each funding category that applies to your operations, enter the following requested information: Cash, Cash (Proposer's Funds) and In-Kind.
 - i. Cash: Enter the total amount of funding your organization is requesting in order to provide Program Services.
 - ii. Cash (Proposer's Funds): Enter the total amount of funding that Proposer will provide using its own cash funds (i.e., match cash, non-match cash and/or program income).
 - iii. In-Kind: Enter the total amount of funding that Proposer will provide using its own in-kind resources (i.e., match in-kind and non-match in-kind).
- b. Line 1 (Proposed Subaward Sums)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
- c. Line 2 (Match)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
- d. Line 3 (Non-Match)
 - i. Refer to Cover Page (Program Funding Summary) for detailed description.
- e. Line 4 (Program Income)

- i. Refer to Cover Page (Program Funding Summary) for detailed description.
- f. Line 5 (Proposer meets minimum match requirement.)
 - i. When the minimum match is met then a message will display indicating Proposer's compliance with the requirement. In the event that the minimum match requirement is not met, a message will display indicating that Proposer has not met the required match contribution. Upon such occurrence, Proposer shall make the necessary corrections to the appropriate budget detail section(s). It is Proposer's responsibility to know where the variance exists in order to make the correction.
- g. Line 6 (Total Funding)
 - i. The sum of all sources of funding, classified by cash and in-kind resources. All cash amounts are added together (i.e., Proposed Subaward Sums, match cash, non-match cash and program income). All in-kind amounts are added together (i.e., match in-kind and non-match in-kind).
- h. Line 7 (Grand Total Funding)
 - i. The sum of all sources of funding which includes all cash and in-kind sources. The Proposed Subaward Sums, match, non-match and program income amounts are added together and the sum is the Grand Total Funding.

5. Column (D) Funding

- a. For each funding category that applies to your operations, enter the following requested information: Total Budgeted Funding and Telephone Calls Unit Rate.
 - i. Total Budgeted Funding: Enter the total amount of the funding based on the amount reflected in the corresponding budget detail section. This amount must be reflected as cash or in-kind.
 - ii. Telephone Calls Unit Rate: The total budgeted funding for each funding category shall be reflected as a unit rate for both cash and in-kind items.
- b. Line 1 (Proposed Subaward Sums)
 - i. Enter the Proposed Subaward Sums for each funding source. The total of these amounts shall match the sum of all the Proposed Subaward Sum amounts entered in the budget detail sections under Column (F) Proposed Subaward Sums, excluding Section III (Budget Detail – Volunteers).
- c. Line 2 (Match)

- i. Match (Cash): Enter the total amount of match cash. This amount shall match the sum of all the match cash amounts entered in the budget detail sections under Column (G) Match (Cash), excluding Section III (Budget Detail – Volunteers).
 - ii. Match (In-Kind): Enter the total amount of match in-kind. This amount shall match the sum of all the match in-kind amounts entered in the budget detail sections under Column (G) Match (In-Kind).
 - d. Line 3 (Non-Match)
 - i. Non-Match (Cash): Enter the total amount of non-match cash. This amount shall match the sum of all the non-match cash amounts entered in the budget detail sections under Column (H) Non-Match (Cash), excluding Section III (Budget Detail – Volunteers).
 - ii. Non-Match (In-Kind): Enter the total amount of non-match in-kind. This amount shall match the sum of all the non-match in-kind amounts entered in the budget detail sections under Column (H) Non-Match (In-Kind).
 - e. Line 4 (Program Income)
 - i. Enter the total amount of program income. This amount shall match the sum of all the program income amounts entered in the budget detail sections under Column (I) Program Income, excluding Section III (Budget Detail – Volunteers).
 - f. Line 5 (Proposer meets minimum match requirement.)
 - i. Do not enter information in this field; the result is automatically determined.
 - g. Line 6 (Total Funding)
 - i. Do not enter information in this field; the amount is automatically calculated.
 - h. Line 7 (Grand Total Funding)
 - i. Do not enter information in this field; the amount is automatically calculated.

6. Variance

- a. If the Grand Total Costs and the Grand Total Funding do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate budget detail section(s). It is Proposer's responsibility to know where the variance exists in order to make the correction.

- b. Do not enter information in this field; the variance is automatically calculated.

SECTION II (BUDGET DETAIL – PERSONNEL)

1. This Section II (Budget Detail – Personnel) provides details of Proposer's personnel costs for staff employed by Proposer (volunteer information is provided in Section III (Budget Detail – Volunteers)). Each of the following Columns of information will be discussed:

- a. Column (A) Position Title
- b. Column (B) % of Time on Program
- c. Column (C) Monthly Salary
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Position Title

- a. Enter the title for each staff person's position when the following conditions are met:
 - i. Any portion of this individual's salary will be: paid by the Proposed Subaward Sums; used to meet the match requirement such as when individual's salary is paid by other funding sources; and/or, funded by non-match and/or program income.
 - ii. This individual's work/services either directly or indirectly benefit(s) the Program Services.
- b. List every position title even when there are multiple staff with the same position title.
- c. Subtotal Personnel
 - i. This field represents the total of all personnel costs for employee salaries (it does not include costs for employer payroll taxes and employer-sponsored benefits for employees).

- ii. Do not enter information in this field; the amount is automatically calculated.

d. Taxes

- i. Enter the rate which will be used to calculate the total amount of employer payroll taxes to be paid by Proposer for its employees. You may enter either whole numbers (e.g., 10) and/or fractional numbers (e.g., 10.5) and the information will display as a percentage (e.g., 10% or 10.50%, respectively).
- ii. The number entered here will automatically calculate the total cost of taxes under Column (E) Total Costs.
- iii. Note 1: Enter the amount of funding that Proposer will use to fund any portion of the total cost for taxes.

e. Benefits

- i. Enter the rate which will be used to calculate the total amount of employee benefits to be paid by Proposer for its employees (employer-sponsored benefits for employees). You may enter either whole numbers (e.g., 10) and/or fractional numbers (e.g., 10.5) and the information will display as a percentage (e.g., 10% or 10.50%, respectively).
- ii. The number entered here will automatically calculate the total cost of benefits under Column (E) Total Costs.
- iii. Note 2: Enter the amount of funding that Proposer will use to fund any portion of the total cost for benefits.

f. Grand Total Personnel

- i. This field represents the grand total of all personnel costs (including salary costs, employer payroll taxes and employer-sponsored benefits for employees) as well as all funding reported.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) % of Time on Program

- a. Enter the amount of time that the individual will work on the Program. Enter whole numbers only (e.g., enter 50 which will indicate that the individual will spend fifty percent (50%) of his/her time working on the Program).

4. Column (C) Monthly Salary

- a. Enter the individual's monthly salary. Enter whole numbers only. Do not enter hourly rates. Determine the monthly salary if the individual is paid by an hourly rate.

5. Column (D) No. of Months

- a. Enter the number of months that the individual will work on the Program during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total salary cost for the individual will automatically calculate by multiplying the following items: % of time on Program, monthly salary and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this individual's salary. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Match In-Kind for Personnel: When Proposer intends to donate the services of this individual then these services shall be valued at the individual's regular paid salary (exclusive of fringe benefits and indirect costs), provided that the services are in the same skill for which the individual is normally paid. If the services are not in the same skill for which the individual is normally paid then Proposer shall use the fair market value to determine the individual's salary for purposes of this Budget.
- c. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this individual's salary when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this individual's salary when Proposer does not intend to (or cannot) use this funding source to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.

- b. Enter the total amount of program income Proposer will use to fund any portion of the total cost of this individual's salary.

11. Column (J) Total Funding

- a. The total amount of funding from all resources, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION III (BUDGET DETAIL – VOLUNTEERS)

1. This Section III (Budget Detail – Volunteers) provides details of the volunteers used by Proposer in the operation of the Program (paid staff information is provided in Section II (Budget Detail – Personnel)). Each of the following Columns of information will be discussed:
 - a. Column (A) Position Title
 - b. Column (B) Number of Positions
 - c. Column (C) % of Time on Program
 - d. Column (D) Monthly Salary Equivalent
 - e. Column (E) No. of Months
 - f. Column (F) Total Salary Equivalent
 - g. Column (G) Match
 - h. Column (H) Non-Match
 - i. Column (I) Total In-Kind
 - j. Column (J) Variance

2. Column (A) Position Title

- a. Volunteer is an individual who performs hours of service for civic, charitable or humanitarian reasons without promise, expectation or receipt of compensation for services rendered.
- b. Enter the title for each volunteer's position when the following conditions are met:
 - i. Any portion of this individual's salary equivalent will be: used to meet the match requirement (as match in-kind) and/or classified as a non-match resource (as non-match in-kind).
 - ii. This individual's work/services either directly or indirectly benefit(s) the Program Services.
 - iii. The work/services provided by the individual are less than a full-time occupation.
 - iv. The work/services are offered freely by the individual and without pressure or coercion from Proposer.
 - v. The work/services provided by the individual are of the kind typically associated with volunteer work.
 - vi. The individual does not displace Proposer's paid employees/staff/personnel.
 - vii. The individual does not receive or expect compensation from Proposer in exchange for his/her services.
- c. Grand Total Volunteers
 - i. This field represents the grand total of all volunteer activities.
 - ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Number of Positions

- a. If more than one (1) volunteer holds this position, enter the number of volunteers who function in the same capacity of this position.

4. Column (C) % of Time on Program

- a. Enter the amount of time that the individual will work on the Program. Enter whole numbers only (e.g., enter 50 which will indicate that the individual will spend fifty percent (50%) of his/her time working on the Program).

5. Column (D) Monthly Salary Equivalent

- a. Volunteer services may be used to meet the match contribution requirement and shall be reported as match in-kind. However, when using volunteer services to meet the match contribution requirement, this in-kind match shall not exceed more than fifty percent (50%) of the required match contribution (e.g., if volunteer services total \$1,000 and the

minimum match contribution is \$1,500 then Proposer may only report up to \$750 of volunteer services as match in-kind).

- b. The monthly salary equivalent for volunteer services should be commensurate with the work/services being provided by volunteer. As such, the salary equivalent for volunteer services shall be determined by using the regular salaries paid for similar work in other activities of Proposer's organization. In cases where the kinds of skills involved are not found in other activities of the organization then the salary equivalent shall be determined by using the salaries paid for similar work in the labor market in which Proposer competes for such skills.
- c. Enter the individual's monthly salary equivalent (where the salary equivalent is determined based on the value of the volunteer's work/services). Enter whole numbers only. Do not enter hourly rates.

6. Column (E) No. of Months

- a. Enter the number of months that the individual will work on the Program during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

7. Column (F) Total Salary Equivalent

- a. The total salary equivalent for the individual will automatically calculate by multiplying the following items: number of positions, % of time on Program, monthly salary equivalent and no. of months. As such, these fields must have data entered before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match in-kind that represents any portion of this individual's salary equivalent which Proposer intends to use to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match in-kind that represents any portion of this individual's salary equivalent which Proposer does not intend to (or cannot) use to meet the match requirement.

10. Column (I) Total In-Kind

- a. The total in-kind funding will automatically calculate by adding the following items: match in-kind and non-match in-kind.

- b. Do not enter information in this field; the amount is automatically calculated.

11. Column (J) Variance

- a. If the total salary equivalent (Column (F) Total Salary Equivalent) and the total in-kind (Column (I) Total In-Kind) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

SECTION IV (BUDGET DETAIL - OTHER COSTS)

- 1. This Section IV (Budget Detail – Other Costs) provides details of Proposer's other costs when these costs are necessary and beneficial to provide Program Services. Each of the following Columns of information will be discussed:

- a. Column (A) Description
- b. Column (B) Unit Cost
- c. Column (C) No. of Units
- d. Column (D) No. of Months
- e. Column (E) Total Costs
- f. Column (F) Proposed Subaward Sums
- g. Column (G) Match
- h. Column (H) Non-Match
- i. Column (I) Program Income
- j. Column (J) Total Funding
- k. Column (K) Variance

2. Column (A) Description

- a. In addition to the costs identified in the other budget detail sections (i.e., personnel, lower tier subawards, space, etc.), there are other costs that may be necessary for Proposer to provide Program Services and these costs must be captured in Proposer's budget. Some of these other Program costs are listed herein (i.e., accounting services, advertising, audit services, etc.). Select from the list of values as follows:

- i. Place the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Click the drop-down arrow and select the appropriate Other Cost Description.
 - b. If a cost category is not included in the prepopulated list, please enter a description of that cost in the cell.
 - c. Grand Total Other Costs
 - i. This field represents the grand total of all other costs and the grand total of each funding source. This information is automatically calculated by adding all of the amounts entered for each line item.
 - ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Unit Cost

- a. Enter the monthly cost for each unit of Service to be provided, delivered, purchased, rented and/or leased. While the unit cost may vary from month to month for some items, Proposer shall reflect the actual cost of the deliverable as closely as possible. Enter whole numbers only.
- b. Mileage Cost: The cost per mile shall not exceed County's approved mileage rate which is currently \$0.51 per mile (as of April 2016).

4. Column (C) No. of Units

- a. Enter the number of units/deliverables to be purchased by Proposer on a monthly basis. Enter whole numbers only.

5. Column (D) No. of Months

- a. Enter the number of months in which Proposer will incur other costs during the Fiscal Year (not to exceed twelve (12) months). Enter whole numbers only.

6. Column (E) Total Costs

- a. The total cost for each line item will automatically calculate by multiplying the following items: unit cost, no. of units and no. of months. As such, these fields must contain numerical data before this total will calculate.
- b. Do not enter information in this field; the amount is automatically calculated.

7. Column (F) Proposed Subaward Sums

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of Proposed Subaward Sums that Proposer will use to fund any portion of the total cost of this line item. Enter whole numbers only.

8. Column (G) Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of match cash, match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer intends to use this resource to meet the match requirement.

9. Column (H) Non-Match

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of non-match cash, non-match in-kind and/or both which Proposer will provide to fund any portion of the total cost of this line item when Proposer does not intend to (or cannot) use this resource to meet the match requirement.

10. Column (I) Program Income

- a. Refer to Cover Page (Program Funding Summary) for detailed description.
- b. Enter the total amount of program income Proposer will use to fund any portion of the total cost of each line item.

11. Column (J) Total Funding

- a. The total of all sources of funding, including cash and in-kind resources, will automatically calculate by adding the following items: Proposed Subaward Sums, match cash, match in-kind, non-match cash, non-match in-kind and program income.
- b. Do not enter information in this field; the amount is automatically calculated.

12. Column (K) Variance

- a. If the total costs (Column (E) Total Costs) and the total funding (Column (J) Total Funding) do not match then the difference between these amounts will calculate. If a variance exists, please make the necessary corrections to the appropriate field(s) of information. It is Proposer's responsibility to know where the variance exists in order to make the correction.
- b. Do not enter information in this field; the variance is automatically calculated.

APPENDIX R (INSTRUCTIONS)

EXHIBIT 4 (GUIDELINES FOR DEVELOPING PROPOSED PROGRAM SERVICES FOR TITLE III C-1 PROGRAM)

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program) which has been developed as an Excel workbook.
2. Please note that there are three (3) types of Proposed Program Services workbooks: Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program); Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program); and, Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 28 (Proposed Program Services for Title III B Program). These workbooks are identified by the Program Services that are indicated on the Cover Page (i.e., Title III C-1 Program Services, Title III C-2 Program Services or Title III B Program Services). Kindly use the correct workbook to provide and submit the requested information.
3. The Proposed Program Services for the Title III C-1 Program workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Units of Service Summary
4. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.
5. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
6. The workbook has been configured to automatically populate certain cells such as Program Services, Fiscal Year, Los Angeles County Region, etc. and to perform certain calculations such as Totals, Grand Totals, etc. on specific sheets.

7. In order to maintain the integrity of the workbook, do not use formulas or decimals to enter information into any cell (unless expressly authorized in an instruction).
8. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program) may be used publically (e.g., directories, County's website, brochures, etc.).
9. To enter a hard return within a cell, press "Alt" and "Enter".
10. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.
2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
- 3. Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III C-1 Program Services ("Program Services" or "Program").
- 4. Fiscal Year**
 - a. Identify the Fiscal Year for which the Program Services are being provided by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Fiscal Year.
- 5. Los Angeles County Region**
 - a. Identify the Los Angeles County Region for which Program Services are being proposed by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.

- ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.

6. Proposer's Legal Name

- a. Enter the full legal name of Proposer's organization (please do not abbreviate). The name listed herein must match the name on Proposer's articles of incorporation, business license, city charter or bylaws.

7. Main Administrative Office Address

- a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer ("Authorized Representative") on this line. County will use this information to send correspondence to Authorized Representative.

8. Mailing Address (if different from above)

- a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.

9. Authorized Representative

- a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer's organization where such authorization has been decreed through organization's board resolution or other authorizing document.
- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in the correct format (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

- a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.
- b. Prefix: Enter the appropriate prefix for primary/secondary contact.
- c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

UNITS OF SERVICE SUMMARY

- 1. This Section I (Units of Service Summary) provides a snapshot of the number of Service units that Proposer will provide and the unit rate that County will pay Proposer for providing these Services for the Fiscal Year and Region indicated. This information is presented under the following Columns (and an explanation will be provided for each):
 - a. Column (A) Service Category
 - b. Column (B) Funding Source
 - c. Column (C) No. of Unduplicated Clients
 - d. Column (D) Units of Service
 - e. Column (E) Unit Rate
 - f. Column (F) Proposed Funding Amount
- 2. **Column (A) Service Category:**
 - a. All of the available types of Program Services are listed herein: American Meals and Ethnic Meals.
 - b. **Grand Total Services/Funding**

- i. This field represents the grand total of all the information that is being reported and it is automatically calculated by adding all of the amounts entered for each line item.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Funding Source

a. Proposed Subaward Sums

- i. The Proposed Subaward Sums are monies that Proposer is requesting in response to this solicitation in order to provide Program Services (i.e., these are the total amount of grant funds Proposer expects to receive from County in the event that Proposer is granted a Subaward in response to this solicitation and Proposer will use these funds in addition to Proposer's own resources to pay for the total Program operating costs). These monies are comprised of funds from Federal, State and/or Local resources, including but not limited to, the Older Americans Act ("OAA") Title III A (Nutrition Services Incentive Program) and OAA Title III C (Nutrition Services). These funds must be used to complete the overall implementation of the Title III C-1 Program Services identified in Appendix B (Statement of Work).
- ii. The information that is reflected in this area represents the Program Services that are funded by County and will be reimbursed under the terms of the resulting Subaward.

b. Proposer's Funds

- i. Proposer's Funds are the resources that Proposer will provide as its portion of funding that will be used to offset the total Program operating costs. These resources are comprised of match contributions (cash and/or in-kind), non-match (cash and/or in-kind) and program income.
- ii. The information that is reflected in this area represents the Program Services that are funded by Proposer using its own resources for which County will not reimburse.

c. Total

- i. The information that is reflected in this area represents the Program Services that are funded by both County (i.e., Proposed Subaward Sums) and Proposer's Funds.

4. Column (C) No. of Unduplicated Clients

- a. The minimum number of estimated unduplicated Clients to whom Proposer shall provide Program Services has been pre-populated. These estimates are based on the information that is reflected in Appendix Q

(Service Delivery Data), Exhibit 2 (FY 2017-18 Projected Title III C-1 Program Services). These estimates are subject to change upon negotiation of the final Subaward.

- b. Unduplicated Clients are individuals who meet the eligibility requirements outlined in Appendix B (Statement of Work), Subsection 1.4 (Client Eligibility Criteria) and these individuals are counted only once when determining the total number of unduplicated Clients.

5. Column (D) Units of Service

- a. The minimum number of estimated units for each Service Category that Proposer shall provide has been pre-populated. These estimates are based on the information that is reflected in Appendix Q (Service Delivery Data), Exhibit 2 (FY 2017-18 Projected Title III C-1 Program Services). These estimates are subject to change upon negotiation of the final Subaward.

6. Column (E) Unit Rate

- a. Enter the proposed unit rate for each Service Category listed. Proposer may use whole numbers or decimal numbers for this rate.

7. Column (F) Proposed Funding Amount

- a. The total amount of proposed funding for each Service Category will be automatically populated by multiplying the following items: units of service and unit rate.
- b. Do not enter information in this field; the amount is automatically calculated.

APPENDIX R (INSTRUCTIONS)

EXHIBIT 5 (GUIDELINES FOR DEVELOPING PROPOSED PROGRAM SERVICES FOR TITLE III C-2 PROGRAM)

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program) which has been developed as an Excel workbook.
2. Please note that there are three (3) types of Proposed Program Services workbooks: Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program); Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program); and, Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 28 (Proposed Program Services for Title III B Program). These workbooks are identified by the Program Services that are indicated on the Cover Page (i.e., Title III C-1 Program Services, Title III C-2 Program Services or Title III B Program Services). Kindly use the correct workbook to provide and submit the requested information.
3. The Proposed Program Services for the Title III C-2 Program workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Units of Service Summary
4. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.
5. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
6. The workbook has been configured to automatically populate certain cells such as Program Services, Fiscal Year, Los Angeles County Region, etc. and to perform certain calculations such as Totals, Grand Totals, etc. on specific sheets.

7. In order to maintain the integrity of the workbook, do not use formulas or decimals to enter information into any cell (unless expressly authorized in an instruction).
8. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program) may be used publically (e.g., directories, County's website, brochures, etc.).
9. To enter a hard return within a cell, press "Alt" and "Enter".
10. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.
2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
3. **Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III C-2 Program Services ("Program Services" or "Program").
4. **Fiscal Year**
 - a. Identify the Fiscal Year for which the Program Services are being provided by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Fiscal Year.
5. **Los Angeles County Region**
 - a. Identify the Los Angeles County Region for which Program Services are being proposed by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.

- ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.

6. Proposer's Legal Name

- a. Enter the full legal name of Proposer's organization (please do not abbreviate). The name listed herein must match the name on Proposer's articles of incorporation, business license, city charter or bylaws.

7. Main Administrative Office Address

- a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer ("Authorized Representative") on this line. County will use this information to send correspondence to Authorized Representative.

8. Mailing Address (if different from above)

- a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.

9. Authorized Representative

- a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer's organization where such authorization has been decreed through organization's board resolution or other authorizing document.
- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in the correct format (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

- a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.
- b. Prefix: Enter the appropriate prefix for primary/secondary contact.
- c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

UNITS OF SERVICE SUMMARY

1. This Section I (Units of Service Summary) provides a snapshot of the number of Service units that Proposer will provide and the unit rate that County will pay Proposer for providing these Services for the Fiscal Year and Region indicated. This information is presented under the following Columns (and an explanation will be provided for each):
 - a. Column (A) Service Category
 - b. Column (B) Funding Source
 - c. Column (C) No. of Unduplicated Clients
 - d. Column (D) Units of Service
 - e. Column (E) Unit Rate
 - f. Column (F) Proposed Funding Amount
2. **Column (A) Service Category:**
 - a. All of the available types of Program Services are listed herein: Hot Meals, Frozen Meals and Emergency Meals.
 - b. **Grand Total Services/Funding**

- i. This field represents the grand total of all the information that is being reported and it is automatically calculated by adding all of the amounts entered for each line item.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Funding Source

a. Proposed Subaward Sums

- i. The Proposed Subaward Sums are monies that Proposer is requesting in response to this solicitation in order to provide Program Services (i.e., these are the total amount of grant funds Proposer expects to receive from County in the event that Proposer is granted a Subaward in response to this solicitation and Proposer will use these funds in addition to Proposer's own resources to pay for the total Program operating costs). These monies are comprised of funds from Federal, State and/or Local resources, including but not limited to, the Older Americans Act ("OAA") Title III A (Nutrition Services Incentive Program) and OAA Title III C (Nutrition Services). These funds must be used to complete the overall implementation of the Title III C-2 Program Services identified in Appendix B (Statement of Work).
- ii. The information that is reflected in this area represents the Program Services that are funded by County and will be reimbursed under the terms of the resulting Subaward.

b. Proposer's Funds

- i. Proposer's Funds are the resources that Proposer will provide as its portion of funding that will be used to offset the total Program operating costs. These resources are comprised of match contributions (cash and/or in-kind), non-match (cash and/or in-kind) and program income.
- ii. The information that is reflected in this area represents the Program Services that are funded by Proposer using its own resources for which County will not reimburse.

c. Total

- i. The information that is reflected in this area represents the Program Services that are funded by both County (i.e., Proposed Subaward Sums) and Proposer's Funds.

4. Column (C) No. of Unduplicated Clients

- a. The minimum number of estimated unduplicated Clients to whom Proposer shall provide Program Services has been pre-populated. These estimates are based on the information that is reflected in Appendix Q

(Service Delivery Data), Exhibit 3 (FY 2017-18 Projected Title III C-2 Program Services). These estimates are subject to change upon negotiation of the final Subaward.

- b. Unduplicated Clients are individuals who meet the eligibility requirements outlined in Appendix B (Statement of Work), Subsection 1.4 (Client Eligibility Criteria) and these individuals are counted only once when determining the total number of unduplicated Clients.

5. Column (D) Units of Service

- a. The minimum number of estimated units for each Service Category that Proposer shall provide has been pre-populated. These estimates are based on the information that is reflected in Appendix Q (Service Delivery Data), Exhibit 3 (FY 2017-18 Projected Title III C-2 Program Services). These estimates are subject to change upon negotiation of the final Subaward.

6. Column (E) Unit Rate

- a. Enter the proposed unit rate for each Service Category listed. Proposer may use whole numbers or decimal numbers for this rate.

7. Column (F) Proposed Funding Amount

- a. The total amount of proposed funding for each Service Category will be automatically populated by multiplying the following items: units of service and unit rate.
- b. Do not enter information in this field; the amount is automatically calculated.

APPENDIX R (INSTRUCTIONS)

EXHIBIT 6 (GUIDELINES FOR DEVELOPING PROPOSED PROGRAM SERVICES FOR TITLE III B PROGRAM)

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 28 (Proposed Program Services for Title III B Program) which has been developed as an Excel workbook.
2. Please note that there are three (3) types of Proposed Program Services workbooks: Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 26 (Proposed Program Services for Title III C-1 Program); Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 27 (Proposed Program Services for Title III C-2 Program); and, Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 28 (Proposed Program Services for Title III B Program). These workbooks are identified by the Program Services that are indicated on the Cover Page (i.e., Title III C-1 Program Services, Title III C-2 Program Services or Title III B Program Services). Kindly use the correct workbook to provide and submit the requested information.
3. The Proposed Program Services for the Title III B Program workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Units of Service Summary
4. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.
5. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
6. The workbook has been configured to automatically populate certain cells such as Program Services, Fiscal Year, Los Angeles County Region, etc. and to perform certain calculations such as Totals, Grand Totals, etc. on specific sheets.

7. In order to maintain the integrity of the workbook, do not use formulas or decimals to enter information into any cell (unless expressly authorized in an instruction).
8. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 28 (Proposed Program Services for Title III B Program) may be used publically (e.g., directories, County's website, brochures, etc.).
9. To enter a hard return within a cell, press "Alt" and "Enter".
10. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.
2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
3. **Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III B Program Services ("Program Services" or "Program").
4. **Fiscal Year**
 - a. Identify the Fiscal Year for which the Program Services are being provided by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Fiscal Year.
5. **Los Angeles County Region**
 - a. Identify the Los Angeles County Region for which Program Services are being proposed by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.

- ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.

6. Proposer's Legal Name

- a. Enter the full legal name of Proposer's organization (please do not abbreviate). The name listed herein must match the name on Proposer's articles of incorporation, business license, city charter or bylaws.

7. Main Administrative Office Address

- a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer ("Authorized Representative") on this line. County will use this information to send correspondence to Authorized Representative.

8. Mailing Address (if different from above)

- a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.

9. Authorized Representative

- a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer's organization where such authorization has been decreed through organization's board resolution or other authorizing document.
- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in the correct format (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

- a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.
- b. Prefix: Enter the appropriate prefix for primary/secondary contact.
- c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

UNITS OF SERVICE SUMMARY

1. This Section I (Units of Service Summary) provides a snapshot of the number of Service units that Proposer will provide and the unit rate that County will pay Proposer for providing these Services for the Fiscal Year and Region indicated. This information is presented under the following Columns (and an explanation will be provided for each):
 - a. Column (A) Service Category
 - b. Column (B) Funding Source
 - c. Column (C) No. of Unduplicated Clients
 - d. Column (D) Units of Service
 - e. Column (E) Unit Rate
 - f. Column (F) Proposed Funding Amount
2. **Column (A) Service Category:**
 - a. All of the available types of Program Services are listed herein: Telephone Calls.
 - b. **Grand Total Services/Funding**

- i. This field represents the grand total of all the information that is being reported and it is automatically calculated by adding all of the amounts entered for each line item.
- ii. Do not enter information in this field; the amount is automatically calculated.

3. Column (B) Funding Source

a. Proposed Subaward Sums

- i. The Proposed Subaward Sums are monies that Proposer is requesting in response to this solicitation in order to provide Program Services (i.e., these are the total amount of grant funds Proposer expects to receive from County in the event that Proposer is granted a Subaward in response to this solicitation and Proposer will use these funds in addition to Proposer's own resources to pay for the total Program operating costs). These monies are comprised of funds from Federal, State and/or Local resources, including but not limited to, the Older Americans Act ("OAA") Title III B (Supportive Services and Senior Centers Program Authorized). These funds must be used to complete the overall implementation of the Title III B Program Services identified in Appendix B (Statement of Work).
- ii. The information that is reflected in this area represents the Program Services that are funded by County and will be reimbursed under the terms of the resulting Subaward.

b. Proposer's Funds

- i. Proposer's Funds are the resources that Proposer will provide as its portion of funding that will be used to offset the total Program operating costs. These resources are comprised of match contributions (cash and/or in-kind), non-match (cash and/or in-kind) and program income.
- ii. The information that is reflected in this area represents the Program Services that are funded by Proposer using its own resources for which County will not reimburse.

c. Total

- i. The information that is reflected in this area represents the Program Services that are funded by both County (i.e., Proposed Subaward Sums) and Proposer's Funds.

4. Column (C) No. of Unduplicated Clients

- a. The minimum number of estimated unduplicated Clients to whom Proposer shall provide Program Services has been pre-populated. These estimates are based on the information that is reflected in Appendix Q

(Service Delivery Data), Exhibit 3 (FY 2017-18 Projected Title III C-2 Program Services). These estimates are subject to change upon negotiation of the final Subaward.

- b. Unduplicated Clients are individuals who meet the eligibility requirements outlined in Appendix B (Statement of Work), Subsection 1.4 (Client Eligibility Criteria) and these individuals are counted only once when determining the total number of unduplicated Clients.

5. Column (D) Units of Service

- a. The minimum number of estimated units for each Service Category that Proposer shall provide has been pre-populated. These estimates are based on the information that is reflected in Appendix Q (Service Delivery Data), Exhibit 3 (FY 2017-18 Projected Title III C-2 Program Services). These estimates are subject to change upon negotiation of the final Subaward.

6. Column (E) Unit Rate

- a. Enter the proposed unit rate for each Service Category listed. Proposer may use whole numbers or decimal numbers for this rate.

7. Column (F) Proposed Funding Amount

- a. The total amount of proposed funding for each Service Category will be automatically populated by multiplying the following items: units of service and unit rate.
- b. Do not enter information in this field; the amount is automatically calculated.

APPENDIX R (INSTRUCTIONS)

EXHIBIT 7 (GUIDELINES FOR DEVELOPING PROPOSED SITE SUMMARY FOR TITLE III C-1 PROGRAM SERVICES)

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 29 (Proposed Site Summary for Title III C-1 Program Services) which has been developed as an Excel workbook.
2. The Proposed Site Summary for the Title III C-1 Program Services workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Site Summary
3. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.
4. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
5. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 29 (Proposed Site Summary for Title III C-1 Program Services) may be used publically (e.g., directories, County's website, brochures, etc.).
6. To enter a hard return within a cell, press "Alt" and "Enter".
7. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.

2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
- 3. Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III C-1 Program Services (“Program Services” or “Program”).
- 4. Fiscal Year**
 - a. The Fiscal Years have been pre-populated.
- 5. Los Angeles County Region**
 - a. Identify the Los Angeles County Region for which Program Services are being proposed by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.
- 6. Proposer’s Legal Name**
 - a. Enter the full legal name of Proposer’s organization (please do not abbreviate). The name listed herein must match the name on Proposer’s articles of incorporation, business license, city charter or bylaws.
- 7. Main Administrative Office Address**
 - a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer (“Authorized Representative”) on this line. County will use this information to send correspondence to Authorized Representative.
- 8. Mailing Address (if different from above)**
 - a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.
- 9. Authorized Representative**
 - a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer’s organization where such authorization has been decreed through organization’s board resolution or other authorizing document.

- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in the correct format (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

- a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.
- b. Prefix: Enter the appropriate prefix for primary/secondary contact.
- c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

SITE SUMMARY

1. This Section I (Site Summary) provides information that describes the location, point of contact and hours of operation for each Congregate Meal site that Proposer shall serve. This information is presented under the following Columns (and an explanation will be provided for each):
 - a. Column (A) Congregate Meal Site
 - b. Column (B) Site Manager Name
 - c. Column (C) Days/Hours of Operation
2. **Column (A) Congregate Meal Site**
 - a. Name and Address: Enter the site name and physical address using the information provided in Appendix Q (Service Delivery Data), Exhibit 2 (FY 2017-18 Projected Title III C-1 Program Services).
3. **Column (B) Site Manager Name**
 - a. Provide the full name of the proposed site manager. If the position will be filled at the start date of the Subaward then indicate so.
4. **Column (C) Days/Hours of Operation**
 - a. Use the following information to complete this section:
 - i. Enter the day(s) as follows: Monday = M; Tuesday = T; Wednesday = W; Thursday = Th; Friday = F; Saturday = S; and Sunday = Su
 - ii. Enter the hours as follows: 8:00 a.m. – 10:30 a.m.
 - iii. Example 1: a site which provides Services on Monday, Wednesday and Friday between 11:00 a.m. to 1:00 p.m. and Tuesday and Thursday between 4:00 p.m. to 6:00 p.m. would enter the following information: M,W,F (11:00 a.m. – 1:00 p.m.) T,Th (4:00 p.m. – 6:00 p.m.).
 - b. Business Operations: Enter the site's days and hours of operation during which the site is open for business.
 - c. Meal Services
 - i. Breakfast: Enter the days and hours during which the site serves meals for breakfast. If the site does not provide breakfast then enter "Not Applicable" or "N/A".
 - ii. Lunch: Enter the days and hours during which the site serves meals for lunch. If the site does not provide lunch then enter "Not Applicable" or "N/A".

- iii. Dinner: Enter the days and hours during which the site serves meals for dinner. If the site does not provide dinner then enter “Not Applicable” or “N/A”.

APPENDIX R (INSTRUCTIONS)

EXHIBIT 8 (GUIDELINES FOR DEVELOPING PROPOSED ROUTE SUMMARY FOR TITLE III C-2 PROGRAM SERVICES)

GENERAL INFORMATION

1. Please use the following guidelines to complete the electronic version of Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 30 (Proposed Route Summary for Title III C-2 Program Services) which has been developed as an Excel workbook.
2. The Proposed Route Summary for the Title III C-2 Program Services workbook includes several sheets which are labeled as follows:
 - a. Cover Page
 - b. Route Summary
3. Guidelines for completing the requested information for each sheet in the workbook are included herein and these guidelines are listed in the same order as the sheets are ordered in the workbook.
4. The workbook has been protected to prevent changes to specific cells. Proposer shall provide information in the cells which are not protected. Please do not attempt to circumvent the protection that has been enabled in the workbook. County will take appropriate remedies against Proposer when County discovers any such attempts to alter the workbook in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
5. The information provided in Appendix D (Required Forms and Documentation), Part I (Required Forms), Exhibit 29 (Proposed Site Summary for Title III C-1 Program Services) may be used publically (e.g., directories, County's website, brochures, etc.).
6. To enter a hard return within a cell, press "Alt" and "Enter".
7. Proposer shall maintain documentation to support the information provided in this workbook. Upon request by County, Proposer shall make such documentation available to County within the timeframe and manner as designated by County.

COVER PAGE

1. The Cover Page provides information about Proposer such as its legal name, address, contacts, etc.

2. Enter all requested information that is indicated by either a drop-down list of values or by **blue font**. Please note that some of this information (i.e., Program Services, Fiscal Year, Los Angeles County Region, etc.) will automatically populate on all other sheets of the workbook.
- 3. Program Services**
 - a. The title of the Program Services is pre-populated. Please be sure to use the correct workbook that has been developed for Title III C-1 Program Services (“Program Services” or “Program”).
- 4. Fiscal Year**
 - a. The Fiscal Years have been pre-populated.
- 5. Los Angeles County Region**
 - a. Identify the Los Angeles County Region for which Program Services are being proposed by:
 - i. Placing the cursor in the cell and a drop-down arrow will appear on the right side of the cell.
 - ii. Clicking the drop-down arrow and selecting the appropriate Los Angeles County Region.
- 6. Proposer’s Legal Name**
 - a. Enter the full legal name of Proposer’s organization (please do not abbreviate). The name listed herein must match the name on Proposer’s articles of incorporation, business license, city charter or bylaws.
- 7. Main Administrative Office Address**
 - a. Enter the address (street number and name, suite number, city, state and zip code) of the official representative who is authorized to sign for Proposer (“Authorized Representative”) on this line. County will use this information to send correspondence to Authorized Representative.
- 8. Mailing Address (if different from above)**
 - a. If the main administrative office address and the mailing address are the same, enter the following language on the mailing address line: Same as Admin Office. Otherwise, if these two (2) addresses are different then enter the address (street number and name, suite number, city, state and zip code). County will use this information to send correspondence to primary/secondary contact.
- 9. Authorized Representative**
 - a. Enter the name of the individual who has been authorized to sign legally binding documents on behalf of Proposer’s organization where such authorization has been decreed through organization’s board resolution or other authorizing document.

- b. Prefix: Enter the appropriate prefix for Authorized Representative.
- c. Job Title: Enter the title of Authorized Representative. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of Authorized Representative where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in the correct format (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of Authorized Representative.

10. Primary/Secondary Contact for Program

- a. Enter the name of the individual who is responsible for overseeing the day-to-day Program Services.
- b. Prefix: Enter the appropriate prefix for primary/secondary contact.
- c. Job Title: Enter the title of the primary/secondary contact. Please abbreviate the job title if the title does not fit in the cell.
- d. Phone Number and Ext.
 - i. Enter the phone number of the primary/secondary contact for the Program where this individual can be reached directly. When entering the phone number, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 2137304414). The result will display in a pre-formatted form (i.e., (213) 730-4414).
 - ii. If the phone number is not a direct number then enter the extension where the individual can be reached directly. When entering the extension, enter only numbers without spaces, hyphens, parenthesis or any additional characters (i.e., 8667).
- e. E-Mail Address: Enter the e-mail address of the primary/secondary contact.

ROUTE SUMMARY

1. This Section I (Route Summary) provides information that describes the route for each Home-Delivered Meal route that Proposer shall serve. This information is presented under the following Columns (and an explanation will be provided for each):
 - a. Column (A) Home-Delivered Meal Route Name
 - b. Column (B) Delivery Day(s)/Time
2. **Column (A) Home-Delivered Meal Route Name:**
 - a. Enter the route's name.
 - b. The Home-Delivered Meal routes listed herein shall match those routes listed in Appendix Q (Service Delivery Data), Exhibit 3 (FY 2017-18 Projected Title III C-2 Program Services).
3. **Column (B) Delivery Day(s)/Time:**
 - a. Start: Enter the day(s) and the time when the meal delivery for the route starts by using the following information:
 - i. Enter the day(s) of delivery: Monday = M; Tuesday = T; Wednesday = W; Thursday = Th; Friday = F
 - ii. Enter the delivery start time: 8:00 a.m.
 - iii. Example 1: when delivery Services occur on Monday, Wednesday and Friday starting at 6:00 a.m. and Tuesday and Thursday starting at 8:00 a.m., enter the following information: M,W,F (6:00 a.m.) T,Th (8:00 a.m.).
 - b. End: Enter the day(s) and the time when the meal delivery for the route ends by using the following information:
 - i. Enter the day(s) of delivery: Monday = M; Tuesday = T; Wednesday = W; Thursday = Th; Friday = F
 - ii. Enter the delivery ending time: 12:00 p.m.
 - c. Example 1: when delivery Services occur on Monday, Wednesday and Friday ending at 10:00 a.m. and Tuesday and Thursday ending at 12:00 p.m., enter the following information: M,W,F (10:00 a.m.) T,Th (12:00 p.m.).