



AGREEMENT NUMBER <b>16F-5029</b>	AMENDMENT NUMBER <b>3</b>
REGISTRATION NUMBER	

1. This Agreement is entered into between the State Agency and the Contractor named below  
 STATE AGENCY'S NAME  
**Department of Community Services and Development**  
 CONTRACTOR'S NAME  
**Nevada County Department of Housing and Community Services**
2. The term of this Agreement is : **January 1, 2016 through May 31, 2017**
3. The maximum amount of this Agreement is: **Total \$269,979.00**
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
  - A. The term of this Agreement is changed from January 1, 2016 through December 31, 2016 to January 1, 2016 through May 31, 2017.
  - B. Article 6 - Financial Reporting is deleted in its entirety and replaced with the attached Article 6 - Financial Reporting.
  - C. 425 Budget Series (Forms CSD 425.S, CSD 425.1.1, CSD 425.1.2, CSD 425.1.3, and CSD 425.1.4.) are deleted in their entirety and replaced with the attached 425 Budget Series (Forms CSD 425.S, CSD 425.1.1, CSD 425.1.2, CSD 425.1.3, and CSD 425.1.4.)

All other terms and conditions shall remain unchanged.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

<b>CONTRACTOR</b>	<b>CALIFORNIA Department of General Services Use Only</b>
CONTRACTOR'S NAME <i>(If other than an individual, state whether a corporation, partnership, etc.)</i> <b>Nevada County Department of Housing and Community Services</b>	
BY <i>(Authorized Signature)</i> 	DATE SIGNED <i>(Do not type)</i>
PRINTED NAME AND TITLE OF PERSON SIGNING <b>HANK WESTON, CHAIR, BOARD OF SUPERVISORS</b>	
ADDRESS <b>950 Maidu Avenue, Nevada City, CA 95959</b>	
<b>STATE OF CALIFORNIA</b>	
AGENCY NAME <b>Department of Community Services and Development</b>	
BY <i>(Authorized Signature)</i> 	DATE SIGNED <i>(Do not type)</i>
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Cindy Halverstadt, Deputy Director, Administrative Services</b>	
ADDRESS <b>2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833</b>	
<input type="checkbox"/> Exempt per _____	

"I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval."

**STANDARD AGREEMENT  
PARTS I & II – ENTIRE CONTRACT**

**ARTICLE 6 – FINANCIAL REPORTING**

**6.1 Monthly/ Bimonthly Fiscal Reports**

- A. Contractor shall elect to report and be reimbursed on either a monthly or bimonthly basis by selecting the appropriate box on the CSD 425.S and submitting it with the signed Agreement. The reimbursement cycle cannot be changed and will be in effect throughout the term of this Agreement.
- B. Contractor shall complete and submit to CSD a monthly or bimonthly (as specified by Contractor on the CSD 425.S) CSBG CAA Expenditure/Activity Report by entry onto the web-based Expenditure Activity Reporting System (EARS) on or before the twentieth (20th) calendar day following the report period, regardless of the amount of expenditure(s) in the report period. For specific due dates, refer to the CSD provider web site at <http://providers.csd.ca.gov>.
- C. For those agencies granted an extension on Monthly/Bimonthly Fiscal Reports, see specific due dates below.

<b>Monthly Reporting</b>	<b>Due Date</b>
January	February 20, 2017
February	March 20, 2017
March	April 20, 2017
April	May 20, 2017
May	June 20, 2017

<b>Bimonthly Reporting</b>	<b>Due Date</b>
January/February	March 20, 2017
March/April	May 20, 2017
May 1-31, 2017	June 20, 2017

**6.2 Close-Out Report**

Contractor shall complete and submit all CSD close-out forms within ninety (90) calendar days after the expiration date of this Agreement.

- A. The close-out report shall include the following forms: Close-Out Checklist and Certification of Documents Transmitted (CSD 715), Close-Out Program Income/Interest Earned Expenditure Report (CSD 715C), Close-Out Equipment Inventory Schedule (CSD 715D). The latest version of the close-out forms is available on the Provider's Website at <http://providers.csd.ca.gov/CSBG/Forms.aspx>.

**ARTICLE 6 – FINANCIAL REPORTING**

**STANDARD AGREEMENT  
PARTS I & II – ENTIRE CONTRACT**

- B. Final expenditures must be submitted by entry onto EARS.
- C. All adjustments must reflect the actual expenditure period and be submitted by entry onto EARS.
- D. Subsequent payments for expenditures under any open CSBG contract and the issuance of other CSD contracts shall be contingent upon timely submission of the closeout report.

**6.3 Transparency Act Reporting**

- A. In accordance with requirements of the Federal Funding Accountability and Transparency Act (FFATA), Contractors that 1) are not required by the IRS to annually file a Form 990 federal return, 2) receive at least 80% of their annual gross revenues from federal sources (excluding any ARRA funds), and 3) have annual gross revenues totaling \$25,000,000.00 or more from federal grants, contracts, or other federal sources (excluding any ARRA funds), shall provide to CSD a current list of names and total compensation of Contractor's top five (5) highly compensated officials/employees. The list shall be provided with the executed copy of the Agreement returned to CSD. This requirement applies only to Contractors that fall within all three categories set forth in this paragraph.
- B. Pursuant to the FFATA reporting requirements (2 CFR 170) CSD is required to report information regarding Contractors (sub-awardees) receiving CSBG funds. Contractor must complete CSD form 279, located in Subpart H, and return with the contract Part I to ensure compliance.

CSD may issue guidance and/or Amendment(s) to this Agreement, establishing additional reporting requirements as necessary to ensure compliance with the FFATA or other Federal and State regulations, as applicable.

### CSBG CONTRACT BUDGET SUMMARY

Contractor Name: Nevada County Housing & Community Services	Contract Number: 16F-5029	Amendment Number: 3
Prepared By: Rebecca Fischer	Contract Term: 01/01/16 - 12/31/16	
Telephone Number: (530) 265-1287	Contract Amount: \$269,979	
Date: 7/18/2016	E-mail Address: <a href="mailto:rebecca.fischer@co.nevada.ca.us">rebecca.fischer@co.nevada.ca.us</a>	

#### SECTION 10: ADMINISTRATIVE COSTS

Line Item	CSBG Funds (round to the nearest dollar)	
1	Salaries and Wages	\$39,961.00
2	Fringe Benefits	\$22,854.00
3	Operating Expenses	
4	Equipment	
5	Out-of-State Travel	
6	Contract/Consultant Services	\$10,000.00
7	Other Costs	\$66,750.00
<b>Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total operating budget in Section 80)</b>		<b>\$139,565.00</b>

#### SECTION 20: PROGRAM COSTS

Line Item	CSBG Funds (round to the nearest dollar)	
1	Salaries and Wages	\$26,533.00
2	Fringe Benefits	\$15,174.00
3	Operating Expenses	\$1,707.00
4	Equipment	
5	Out-of-State Travel	
6	Subcontractor/Consultant Services	\$87,000.00
7	Other Costs	
<b>Subtotal Section 20: Program Costs</b>		<b>\$130,414.00</b>

<b>SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20) Note: Total cannot exceed allocation amount.</b>	<b>\$269,979.00</b>
<b>SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG</b>	<b>\$3,465,973</b>
<b>SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)</b>	<b>\$3,735,952.00</b>
<b>SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)</b>	<b>3.74%</b>

**CSBG BUDGET SUPPORT -- PERSONNEL COSTS**

Contractor Name: Nevada County Housing & Community Services	Contract Number: 16F-5029	Amendment Number: 3
Prepared By: Rebecca Fischer	Contract Term: 01/01/16 - 12/31/16	
Telephone Number: (530) 265-1287	Contract Amount: \$269,979	
Date: 7/18/2016	E-mail Address: rebecca.fischer@co.nevada.ca.us	

**Section 10 -- ADMINISTRATIVE COSTS -- SALARIES AND WAGES**

<b>A</b> No. of Positions	<b>B</b> Position Title	<b>C</b> Total Salary for each position	<b>D</b> Percent (%) of CSBG time allocated for each position	<b>E</b> Number of CSBG months allocated for each position	<b>F</b> Total CSBG Funds budgeted for each position
1	Administrative Services Associate	\$68,120.00	32.12%	12	\$21,880.14
1	Accountant	\$61,000.00	14.44%	12	\$8,808.40
1	Administrative Services Officer	\$92,456.00	8.75%	12	\$8,089.90
1	Senior Accounting Assistant	\$47,320.00	2.50%	12	\$1,183.00
<b>Total (must match Section 10: Administrative Costs line item 1 on the CSD 425.S Budget Summary form)</b>					<b>\$39,961</b>

**SECTION 20 -- PROGRAM COSTS -- SALARIES AND WAGES**

1	Administrative Services Associate	\$68,120.00	35.52%	12	\$24,196.22
1	Accountant	\$61,000.00	3.83%	12	\$2,336.30
<b>Total (must match Section 20: Program Costs line item 1 on the CSD 425.S Budget Summary form)</b>					<b>\$26,533</b>

**FRINGE BENEFITS**

Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.)	Percentage	Section 10 Administrative Costs List CSBG funds Budgeted Line 2	Section 20 Program Costs List CSBG funds Budgeted Line 2
Medical, Dental, Vision, Unemployment	14.69%	\$5,870.27	\$3,897.70
Retirement, OPEB	41.00%	\$16,384.42	\$10,878.53
Worker's Comp	1.50%	\$599.43	\$398.00
<b>TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY)</b>		<b>\$22,854</b>	<b>\$15,174</b>

**CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS**

Contractor Name: Nevada County Housing & Community Services	Contract Number: 16F-5029	Amendment Number: 3
Prepared By: Rebecca Fischer	Contract Term: 01/01/16 - 12/31/16	
Telephone Number: (530) 265-1287	Contract Amount: 269,979	
Date: 7/18/2016	E-mail Address: rebecca.fischer@co.nevada.ca.us	

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

LIST EACH LINE ITEM Totals must match CSD 425.S Budget Summary form Attach additional sheet(s) if necessary	CSBG	
	Section 10: Administrative Costs	Section 20: Program Costs
List all Operating Expenses Central Service: Mail Distribution \$537, Audit Costs \$1,205	3 sum should equal total on line item 3 of CSD 425.S Budget Summary form	3 sum should equal total on line item 3 of CSD 425.S Budget Summary form  \$1,707
List all Equipment Purchases	4 sum should equal total on line item 4 of CSD 425.S Budget Summary form	4 sum should equal total on line item 4 of CSD 425.S Budget Summary form
List all Out-of-State Travel: Name of conference; Specify location; Cost per trip	5 sum should equal total on line item 5 of CSD 425.S Budget Summary form	5 sum should equal total on line item 5 of CSD 425.S Budget Summary form
List all Contract/Consultant Services - Consultant (to be determined)	6 sum should equal total on line item 6 of CSD 425.S Budget Summary form  \$10,000	
List all Subcontractor/Consultant Services - To be determined through RFF		6 sum should equal total on line item 6 of CSD 425.S Budget Summary form  \$87,000
<b>Other Costs - List each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary):</b>	<b>Section 10: Administrative Costs</b>	<b>Section 20: Program Cost</b>
i County of Nevada Cost Allocation (A-87) charge	\$26,750	
ii HHSA Agency Program Support	\$40,000	
iii		
iv		
<b>Total Other Costs (Sum of i, ii, iii, iv):</b>	7 sum should equal total on line item 7 of CSD 425.S Budget Summary form  \$66,750.00	7 sum should equal total on line item 7 of CSD 425.S Budget Summary form



## CSBG CONTRACT BUDGET NARRATIVE

Contractor Name: Nevada County Housing & Community Svcs	Contract Amount: \$269,979	Date: 11/15/2016
Prepared By: James Kraywinkel	Contract Number: 16F-5029	Amendment Number: 3
Telephone Number: (530) 470-2415	Contract Term: 01/01/16 - 12/31/16	E-mail Address: James.Kraywinkel@co.nevada.ca.us

This budget assumes four active staff working regularly for the CSBG program. The limited amount of staffing assumes that two positions will be involved in administrative and program activities, and the remaining two will be administrative staff. The revised budget assumes some split time, but staff will time study to each area to determine how actual costs will be allocated. Current staffing changes have caused efficiencies which will allow more of the budget to be shifted to subcontractor expense in support of at risk clients.

### Section 10 - ADMINISTRATIVE COSTS

Administrative Services Associate - .3212 FTE of \$68,120 for 12 months

Responsible for general fiscal management. Reviews all checks, authorizes all disbursements, reviews financial statements, reviews and signs reports to CSD, reviews and approves payments to subcontractors, and is primary contact for CSBG program with intra-department staff and inter-department staff. Reviews all program reports before submission to CSD.

Administrative Services Officer - .0875 FTE of 92,456 for 12 months

Responsible for overall fiscal management. Primary contact with Auditor/Controller, CEO and Treasurer offices. Reviews and signs all fiscal documents before being forwarded to the previously state offices for processing, and reviews fiscal documents before submission to state CSD. Reviews all documents submitted to the Board of Supervisors for approval

Accountant - .1444 FTE of \$61,000 for 12 months

Prepares disbursement checks, compares supporting documents to checks drawn, prepares client payments/deposits for Treasurer, records client payments and disbursements into county accounting system, reviews all payroll submissions and reports, prepares budgets and supporting documents, and is secondary backup to walk-in clients.

Senior Accounting Assistant - .025 FTE of \$47,320 for 12 months

Prepares disbursement checks, submits client payments/deposit to Treasurer's office. Encumbers and tracks contract balances

FRINGE BENEFITS - \$22,854 - 57.19% of salaries

Fringe Benefits include Medical, Dental, Vision and Unemployment benefits at a rate of 14.69% of Salaries. Retirement benefits include PERS (32.2% of salaries) and Other Post Employee Benefits (8.8% of salaries), and Worker's Comp is 1.5% of salaries.

OTHER COSTS - \$66,750

County of Nevada A-87 expense is determined by cost assignments as submitted by Nevada County Auditor/Controller and approved by the State Controller's Office. The \$26,750 represents the CSBG portion of the total assigned to the



Nevada County Housing department.

Health & Human Services Agency staff support the Housing program. The \$40,000 represents the anticipated amount of time that HHSA staff will be using to support various Housing programs for the year.

#### SECTION 20 - PROGRAM COSTS

Administrative Services Associate - .35.52 FTE of \$68,120 for 12 months

Manager of all direct client services for all Housing programs. Representative to the Tri-Partite Board (AFSC), is secondary backup to walk-in clients and reviews all activities in CSD/Housing programs. Works with direct providers to clarify program questions, assists staff in department activities, works with non-profits and subcontractors to verify compliance.

Accountant - .03.83 FTE of \$53,165 for 12 months

Prepares disbursement checks, compares supporting documents to checks drawn, prepares client payments/deposits for Treasurer, records client payments and disbursements into county accounting system, and is secondary backup to walk-in clients.

FRINGE BENEFITS - \$15,174 - 57.19% of salaries

Fringe Benefits include Medical, Dental, Vision and Unemployment benefits at a rate of 14.69% of Salaries. Retirement benefits include PERS (32.2% of salaries) and Other Post Employee Benefits (8.8% of salaries), and Worker's Comp is 1.5% of salaries.

OPERATING EXPENSE - Section 3 - \$1,707

Operating Expenses will include the various day to day expenses incurred to maintain and support the various Housing program activities. These include, but not be limited to office, postage, copying, fleet charges, phone and internet connections, and other various charges by the county to the Housing program.

Subcontractor Expense - Section 6 - \$87,000

Available funds will be used to support various community providers of services to at-risk clients to help reduce poverty, address needs of the homeless and elderly, and provide educational services in making better use of local opportunities in the reduction of poverty.