



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

Office of Early Care  
and Education

P.O. Box 7988  
San Francisco, CA  
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**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

**MEMORANDUM**

**TO:** DISABILITY AND AGING SERVICES COMMISSION

**THROUGH:** KELLY DEARMAN, EXECUTIVE DIRECTOR

**FROM:** CINDY KAUFFMAN, DEPUTY DIRECTOR  
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS DS  
EE

**DATE:** OCTOBER 6, 2021

**SUBJECT:** **GRANT MODIFICATIONS:** MULTIPLE GRANTEES (see table) FOR PROVISION OF THE VILLAGE AND COMMUNITY CONNECTOR MODELS

**GRANT TERM(S):** 01/01/21 – 06/30/23

**GRANT AMOUNT:**

<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
\$2,806,138	\$283,316	\$3,090,0933	\$309,009	\$3,399,102

**ANNUAL MOD AMOUNT:**

<u>FY 21/22</u>	<u>FY 22/23</u>
\$153,808	\$129,508

**Funding Source MODIFICATION FUNDING:**

<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
\$283,316			\$28,332	\$311,648

**PERCENTAGE:** 100% 100%

The Department of Disability and Aging Services (DAS) requests authorization to modify the existing contracts with multiple grantees for the provision of the Village and Community Connector models for the period July 1, 2021 to June 30, 2023, in the additional amount of \$283,316 plus a 10% contingency for a revised total amount not to exceed \$3,399,102, and are detailed in the table below.

Agency	Current Grant Amount	FY21-22 Mod Amount	FY22-23 Mod Amount	FY21-23 Total Mod Amount	Revised FY21-23 Amount	10% Contingency	FY21-23 Total Not to Exceed
Community Living Campaign	\$1,499,187	\$41,738	\$17,438	\$59,176	\$1,558,363	\$155,836	\$1,714,199
NEXT Village San Francisco	\$448,928	\$75,008	\$75,008	\$150,016	\$598,944	\$59,894	\$658,838
San Francisco Village	\$858,662	\$37,062	\$37,062	\$74,124	\$932,786	\$93,279	\$1,026,065
<b>TOTAL</b>	<b>\$2,806,138</b>	<b>\$153,808</b>	<b>\$129,508</b>	<b>\$283,316</b>	<b>\$3,090,093</b>	<b>\$309,009</b>	<b>\$3,399,102</b>

### **Background**

Community Services programs are an integral part of the Department of Disability and Aging Services (DAS) overall budget and service plan, and are intended to maintain or improve the well-being of older adults and adults with disabilities through the provision of a variety of services and activities. Community Services focus on the physical, social, psychological, economic, educational, recreational, and /or creative needs of older adults and adults with disabilities.

Community Services programming is traditionally delivered at Community Centers located throughout the City. The two models described below utilize different models for the delivery of Community Services. Each model looks to reach out to its service area to offer programming designed to engage its participants, many of whom are not otherwise accessing 'traditional' Community Services programs.

### **Services to be Provided**

#### Village Model

The Village model is a membership driven program through which paid staff, volunteers, and the members themselves coordinate a wide array of services for the purpose of supporting independence and aging in place. DAS-funded Village model programs share a defined set of core elements including an annual membership fee which encourages high engagement from members, a financial sustainability plan, use of volunteers for delivery of services, membership services to assist with member requests, and educational activities designed to promote awareness of aging and aging-in-place resources.

### Community Connector

A Community Connector program serves a distinct neighborhood or service area otherwise lacking in dedicated Community Center space and aims to create a sense of community and promote networks in which neighbors support each other. Each neighborhood service area has a paid local resident that develops and guides programming tailored for each neighborhood based on participant feedback. Community Living Campaign provides a Community Connector program in eight neighborhoods throughout the City. The program promotes healthy aging activities, socialization opportunities, and mutual help services to support the well-being and independence of older adults and adults with disabilities. This includes exercise classes and classes on various health topics, as well as educational activities related to aging. Since volunteers (including program participants) help deliver program services, the program also includes volunteer recruitment, training, and retention practices to maximize volunteer support.

### **Modification**

The following modifications include:

#### Village Model

A core element of the Village Model is volunteer recruitment and engagement in the delivery of services. During COVID-19, NEXT Village and SF Village began working with a volunteer services organization, Mon Ami, to increase volunteer recruitment, engagement, and streamline services through technology. This modification will support operating expenses for both grantees to continue utilizing Mon Ami app services in recruiting and managing volunteers. Additionally, NEXT Village is receiving additional funding to continue providing Village model services to participants living in District 2.

#### Community Connector

The purpose of this modification is to expand Community Living Campaign's Community Connector program and increase services in their District 4 neighborhood location. The District 4 Community Connector program is located in the Outer Sunset / Parkside area and the additional funding will support activities, information, and referrals for residents of District 4. This modification will also provide funding for air filters in all of their Community Connector sites to ensure proper ventilation and reduce the risk of COVID-19 spread.

**Selection**

Grantees were selected through Request for Proposals #786, which was competitively bid in February 2018.

**Funding**

Funding for these grants will be provided by City and County General Funds.

**ATTACHMENTS**

**Community Living Campaign**

Appendix A-1, Services to be Provided

Appendix B-4, Budget

**NEXT Village San Francisco**

Appendix A-1, Services to be Provided

Appendix B-1, Budget

**San Francisco Village**

Appendix A-1, Services to be Provided

Appendix B-1, Budget

## APPENDIX A-1 – SERVICES TO BE PROVIDED

### Community Living Campaign Community Connector Program

January 1, 2021 – June 30, 2023

#### I. Purpose

The purpose of this grant is to improve the lives of older adults and adults with disabilities through the development and implementation of community connector programs. A community connector program serves a distinct neighborhood or service area otherwise lacking in dedicated community center space and aims to create a sense of community and promote networks in which neighbors support each other. A community connector program provides healthy aging activities, socialization opportunities, one-to-one assistance, and other services to support the health and independence of older adults and adults with disabilities participating in the program.

#### II. Definitions

Grantee	Community Living Campaign
Adult with a Disability	A person 18-59 years of age living with a disability.
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.
CARBON	Contracts Administration, Reporting and Billing On Line System.
City	City and County of San Francisco, a municipal corporation.
Community Connector Activities	Organized activities and services provided through a community connector program for program participants. Activities may include educational presentations, workshops, trainings, cultural events, social events, exercise classes, arts and crafts classes, discussion groups, sports activities, support groups, field trips, and any other group activity that brings people together for education or wellness purposes that help consumers maintain or enhance their level of functioning. One service unit of community connector activities is one hour of a scheduled activity, sponsored by the grantee.
Community Connector Social Services	The provision of one-to-one assistance to program participants. Assistance should focus on services that support independent living and aging-in-place. Assistance may include but is not limited to providing information, teaching new skills, helping complete forms/applications or tasks at home, visiting program participants in their home, providing a ride to a medical appointment, and offering

	emotional support by phone or in person. One service unit of social service is one hour of one-to-one assistance that is coordinated or provided by the grantee.
DAS	Department of Disability and Aging Services.
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
Enhanced Outreach	A component of the community connector program that entails strategies and practices to recruit program participants, increase participation, and encourage neighborhood/service area involvement. Examples of this may include working with a community collaborative group, designing and implementing an outreach plan for a specific neighborhood or service area, problem solving certain barriers to service, i.e., safety issues, transportation needs, etc. One unit of enhanced outreach is one hour dedicated to conducting formal outreach efforts.
Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individuals or others.
LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Low Income	Having income at or below 300% of the federal poverty line as defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. Eligibility for program enrollment and/or participation is not means tested. Consumers self-report income status.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c)

	Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
OCP	Office of Community Partnerships
OCM	Office of Contract Management, San Francisco Human Services Agency
Older Adult	A person who is 60 years of age or older, used interchangeably with “senior”.
Senior	A person who is 60 years of age or older, used interchangeably with “older adult.”
SF-HSA	Human Services Agency of the City and County of San Francisco.
SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve ( <i>Chapter 104, Sections 104.1 through 104.9</i> ).
Unduplicated Consumer (UDC)	An individual who participates in the program and the grantee reflects consumer participation in CA-GetCare through program enrollment.
Volunteer Recruitment	A key component of the community connector program that involves the recruitment and training of neighborhood volunteers for delivery of program services. One unit of volunteer recruitment is one volunteer trained to provide program services and has demonstrated commitment to the program.

### III. Target Population

The target population is older adults and adults with disabilities living in distinct neighborhoods or service areas within the City and County of San Francisco that lack dedicated community center spaces. Grantee shall additionally target services to members of one or more of the following groups identified as demonstrating the greatest economic and social need:

1. Low income
2. Limited or no English speaking proficiency
3. Minority populations

4. Frail
5. LGBTQ+

#### IV. Eligibility for Community Connector Services

1. A resident of San Francisco, and
2. A person who is an older adult or an adult with a disability

#### V. Location and Time of Services

Grantee will provide programming and services in the neighborhood or service areas within the City and County of San Francisco identified in the site chart. The grantee determines the location(s) and service time(s) for the program with prior approval from DAS OCP.

#### VI. Description of Services and Program Requirements

1. Grantee will develop and implement community connector programs in neighborhoods or service areas within the City and County of San Francisco that lack dedicated community center spaces. The grantee will provide programming in each of the community connector neighborhoods or service areas at various locations including but not limited to churches, parks, member homes, and other public/private space as available. Each of the community connector programs will include the following:
  - a) **Neighborhood/Service Area Driven Approach.** A community connector program relies on a strong group of residents and stakeholders to serve as advisors to the program. The program should include channels, such as an advisory board, to facilitate ongoing neighborhood / service area feedback from residents, stakeholders, and consumers to ensure activities and services meet consumers' needs.
  - b) **Local Community Connector.** A local resident will serve as a paid community connector for each of the programs. This staff person will serve as the point person in developing and guiding programming with input from consumers and an advisory board.
  - c) **Healthy Aging Activities.** Healthy aging activities designed to support aging in place are a central component to a community connector program. Activities may include senior exercise classes, classes on health topics such as fall prevention, diabetes, and brain fitness, educational activities related to aging and aging services available, and other healthy aging activities.
  - d) **Socialization / Educational Opportunities.** A community connector program will offer additional activities to create a stronger sense of community, encourage socialization, and reduce isolation. These may include computer classes, emergency preparedness trainings, intergenerational activities, potlucks, and other neighborhood social gatherings.
  - e) **Volunteer Recruitment and Training.** Volunteers (including program participants) will help to deliver program services. Community connector staff will develop volunteer recruitment, training, and retention practices to maximize volunteer support. Volunteers should receive training in best practices for



promoting healthy aging, and be provided materials about external services/support available for program participants.

- f) **Mutual Help Services / Neighbors Helping Neighbors.** Community connector staff will coordinate the sharing of skills, resources, and efforts among program participants. Through this coordination, program participants help each other. Some examples include a ride to a medical appointment, use of a washing machine, or help with gardening. Assistance should focus on services that support independent living and aging-in-place.
  - g) **Outreach.** A community connector program will include an outreach component that entails strategies and practices to recruit program participants, increase participation, and encourage neighborhood/service area involvement.
2. Grantee will develop and maintain a site chart using a DAS OCP approved format. The site chart will include details about each of the community connector programs. The grantee will submit the site chart to DAS OCP for approval. Changes to the site chart are subject to DAS OCP approval and the grantee shall submit updated site charts to DAS OCP.
  3. Grantee shall ensure adequate and culturally competent staffing to administer the program, deliver quality services to meet the needs of the consumer, and adhere to all the program standards.
  4. Grantee will administer an annual consumer satisfaction survey using a survey tool, pre-approved by DAS OCP. The grantee will share the results with DAS OCP by March 15 each grant year or on a mutually agreed upon date between DAS OCP and the grantee.
  5. Grantee shall have policy and procedures that align with city, state, and local regulatory agencies, including the DAS OCP policy memoranda.
  6. Grantee will ensure that units of service provided are tracked and distinguishable.
  7. Grantee shall continue to follow guidance or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. The grantee shall follow the requirements with the intent to maximize the health and safety of their staff and clients receiving services.
  8. In Fiscal Year 2020-21, the grantee will secure the consulting services of an agency and/or individual, with expertise in public campaign management to support the San Francisco Reframing Aging Campaign. The San Francisco Reframing Aging Campaign is a collaborative effort between DAS, numerous community-based organizations, and other stakeholders, to increase public awareness of ageism, disrupt negative stereotypes of aging, and connect residents with supportive resources and services. The campaign employs a multi-pronged approach to increase public awareness of ageism and help San Franciscans of all ages recognize implicit ageism, connect residents with valuable aging resources, and foster inter-generational connections. The consulting services will include but are not limited to:
    - a) Developing a project timeline

- b) Creating a final draft of a procurement document for SF-HSA and DAS to seek proposals from creative agencies for the San Francisco Reframing Aging Campaign.
- c) Convening and facilitating meetings with stakeholders, as identified by the grantee and DAS, to support campaign efforts.
- d) Ongoing research, development, and evaluation to support campaign efforts.

The consulting agreement and any modifications to the agreement is subject to DAS review and approval.

**VII. Service Objectives**

- a) Grantee will enroll at minimum the number of unduplicated consumers and provide the units of service detailed in Table A below:

<b>Table A</b>	<b>FY 2020-2021</b>	<b>FY 2021-2022</b>	<b>Modification</b>	<b>Revised FY 2021-2022</b>	<b>FY 2022-2023</b>
Number of Unduplicated Consumers (UDC)	505	500	50	550	520
Community Connector Activities*	1,030	1,150	59	1,209	1,215
Community Connector Social Services*	280	115	20	135	35
Enhanced Outreach*	75	93	12	105	126
Volunteer Recruitment^	45	41	4	45	52
* One (1) Unit = One (1) hour of service provision ^One (1) Unit = One (1) volunteer					

- b) In fiscal year 2020-21, the additional service the grantee will provide the following:
  - i. One to two page summary document describing the work completed by the consultant.
  - ii. Project timeline
  - iii. A final draft of a procurement document for SF-HSA and DAS to seek proposals from creative agencies for the San Francisco Reframing Aging Campaign.

## VIII. Outcome Objectives

1. Consumers rate the quality of programming and services they received as excellent or good. Target: 85%
2. Consumers feel a greater sense of connection to their community. Target: 75%
3. Consumers report that program participation has helped maintain or improve their health. Target: 75%
4. Consumers report that program participation has helped maintain or improve their independence and ability to live at home. Target: 75%

Based on a consumer satisfaction survey, pre-approved by DAS OCP, with a response rate of at least 35% of the UDC enrolled at each of the community connector program sites when the grantee administers the survey.

## VIII. Reporting and Other Requirements

1. Grantee will enroll eligible consumers into the program funded through this grant agreement by entering the consumer data obtained from consumers using a DAS OCP approved intake form into the CA-GetCare database in accordance to DAS OCP policy memorandum.
2. Grantee will enter into the CA-GetCare Service Unit section all Service Objectives by the 5th working day of the month for the preceding month.
3. Grantee will enter monthly reports and metrics into the CARBON database system by the 15th of the following month that includes the following information:
  - Number of unduplicated consumers enrolled
  - Number of community connector activity hours
  - Number of community connector social service hours
  - Number of enhanced outreach hours
  - Number of volunteers recruited and trained
4. Grantee will enter the annual outcome objective metrics identified in Section VIII of the Appendix A in the CARBON database by the 15th of the month following the end of the program year.
5. Grantee shall submit a Community Services Block Grant (CSBG) time study to SF-HSA for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month. The grantee will enter the time study information using the following website link: <https://sfhsa.hfa3.org/signin>
6. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to SF-HSA no later than July 31 each grant year. The grantee must submit the report in the CARBON system.
7. Grantee shall develop and deliver a bi-annual summary report of SOGI data collected as requested by SF-HSA, DAS, and OCP. The due dates for submitting the bi-annual summary reports are January 10th (June-December data) and July 10th (January-June data).
8. Grantee shall develop and deliver ad hoc reports as requested by SF-HSA, DAS, and OCP.

9. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis. The grantee will maintain evidence of staff completion of this training.
10. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
11. Grantee will develop a grievance policy consistent with DAS OCP policy memorandum.
12. Grantee will assure that services delivered are consistent with professional standards for this service.
13. Pursuant to California Department of Aging Requirement, grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
14. For assistance with reporting requirements or submission of reports, contact:

Lauren McCasland  
Program Analyst  
DAS OCP  
email: Lauren.McCasland@sfgov.org

And

Tara Alvarez  
Contract Manager  
HSA OCM  
email: Tara.Alvarez@sfgov.org

## **IX. Monitoring Activities**

1. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; evidence of provision of the California Department of Aging (CDA) Security Awareness training to staff; program operation, which includes a review of a written policies and procedures manual of all DAS OCP funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of directors list and whether services are provided appropriately according to Sections III-IV, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility.

2. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of the Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, MOUs, the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	E	F	G	H	I	J	K	L
1	Appendix B-4, Page 1								
2	Document Date: 9/20/2021								
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>								
4									
5	Community Living Campaign								Term
6	1/1/2021 - 6/30/2021								
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>								
8	If modification, Effective Date of Mod. 9/20/21 No. of Mod. 3								
9	Program: Community Connector Program								
10	Budget Reference Page No.(s)								
11	Program Term	1/1/21-6/30/21	7/1/21-6/30/22	Revision	7/1/21-6/30/22	7/1/22-6/30/23	Revision	7/1/22-6/30/23	1/1/21 - 6/30/23
12	<b>Expenditures</b>								
13	Salaries & Benefits	\$220,123	\$374,826	\$27,123	\$401,949	\$373,234	\$15,086	\$388,320	\$1,010,391
14	Operating Expense	\$85,936	\$128,004	\$1,954	\$129,958	\$120,204	\$77	\$120,282	\$336,176
15	<b>Subtotal</b>	<b>\$306,058</b>	<b>\$502,830</b>	<b>\$29,077</b>	<b>\$531,907</b>	<b>\$493,439</b>	<b>\$15,163</b>	<b>\$508,602</b>	<b>\$1,346,567</b>
16	Indirect Percentage (%)	15%	15%	15%	15%	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$44,419	\$75,425	\$4,361	\$79,786	\$74,016	\$2,275	\$76,291	\$200,495
18	Capital Expenditure		\$3,000	\$8,300	\$11,300				\$11,300
19	Subcontractor Expenditure								
20	<b>Total Expenditures</b>	<b>\$350,477</b>	<b>\$581,255</b>	<b>\$41,738</b>	<b>\$622,993</b>	<b>\$567,455</b>	<b>\$17,438</b>	<b>\$584,893</b>	<b>\$1,558,363</b>
21	<b>HSA Revenues</b>								
22	General Fund	\$305,814	\$565,342		\$565,342	\$551,542		\$551,542	\$1,422,698
23	CODB 21/22			\$17,438	\$17,438		\$17,438	\$17,438	\$34,876
24	Reframing Aging OTO	\$28,750							\$28,750
25	Addback - Senior Power			\$16,000	\$16,000				\$16,000
26	Addback - Equipment			\$8,300	\$8,300				\$8,300
27	CODB 20/21	\$15,913	\$15,913		\$15,913	\$15,913		\$15,913	\$47,739
28									
29									
30	<b>TOTAL HSA REVENUES</b>	<b>\$350,477</b>	<b>\$581,255</b>	<b>\$41,738</b>	<b>\$622,993</b>	<b>\$567,455</b>	<b>\$17,438</b>	<b>\$584,893</b>	<b>\$1,558,363</b>
31	<b>Other Revenues</b>								
32	Grants	\$22,500	\$33,750		\$33,750	\$33,750		\$33,750	\$90,000
33	Neighborhood Donations	\$1,000	\$5,000		\$5,000	\$5,000		\$5,000	\$11,000
34									
35									
36									
37	<b>Total Revenues</b>	<b>\$373,977</b>	<b>\$620,005</b>	<b>\$41,738</b>	<b>\$661,743</b>	<b>\$606,205</b>	<b>\$17,438</b>	<b>\$623,643</b>	<b>\$1,659,363</b>
38	Full Time Equivalent (FTE)								
40	Prepared by: Kate Kuckro	Telephone No.:				415-821-1003, x102			4/29/2021
41	HSA-CO Review Signature: _____								
42	HSA #1								11/15/2007



	A	B	C	D	J	K	L	M	N	O	P	Q	R	S	T
1															
2															
3															
4	<b>Program Name: Community Service Program Pilot</b>														
5	(Same as Line 9 on HSA #1)														
6															
7	<b>Operating Expense Detail</b>														
10															
11															
12	<b>Expenditure Category</b>	<b>TERM</b>	<b>1/1/21-6/30/21</b>	<b>7/1/21-6/30/22</b>	<b>Revision</b>	<b>TOTAL</b>	<b>7/1/22-6/30/23</b>	<b>Revision</b>	<b>TOTAL</b>	<b>TOTAL</b>					
13	Rental of Property		\$0	\$23,360		\$23,360	\$23,360		\$23,360	\$46,720					
14	Utilities (Phone & Internet)		\$1,120	\$610		\$610	\$610		\$610	\$2,340					
15	Office Supplies, Postage		\$6,920			\$0			\$0	\$6,920					
16	Building Maintenance Supplies and Repair					\$0			\$0	\$0					
17	Printing and Reproduction		\$2,965	\$12,656	(\$5,656)	\$7,000	\$12,656	(\$5,656)	\$7,000	\$16,965					
18	Insurance					\$0			\$0	\$0					
19	Staff Training		\$2,500	\$7,800		\$7,800			\$0	\$10,300					
20	Staff Travel (Parking & Mileage)		\$592	\$5,000		\$5,000	\$5,000		\$5,000	\$10,592					
21	Rental of Equipment					\$0			\$0	\$0					
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE														
23	Community Connectors (Independent Contractors)					\$0			\$0	\$0					
24	Reframing Aging Consultant (OTO)		\$15,000			\$0			\$0	\$15,000					
25	Exercise Trainers		\$0	\$3,543		\$3,543	\$3,543		\$3,543	\$7,087					
26	Always Active Management & Reporting					\$0			\$0	\$0					
27	Transportation Consultant		\$30,755	\$40,408	(\$408)	\$40,000	\$40,408	(\$408)	\$40,000	\$110,755					
28	Graphic Design/Communications		\$0			\$0			\$0	\$0					
29	Translation		\$380	\$1,200		\$1,200	\$1,200		\$1,200	\$2,780					
30	Program Reporting Support					\$0			\$0	\$0					
31	OTHER														
32	Presenter Fees		\$16,540	\$13,600	\$7,845	\$21,445	\$13,600	\$5,968	\$19,568	\$57,553					
33	Activity Expenses		\$771	\$2,000		\$2,000	\$2,000		\$2,000	\$4,771					
34	Program Supplies		\$5,376	\$11,827	\$173	\$12,000	\$11,827	\$173	\$12,000	\$29,376					
35	Advertising/Outreach		\$3,017	\$500		\$500	\$500		\$500	\$4,017					
36	Web/Virtual					\$0			\$0	\$0					
37	Participant Travel Subsidies		\$0	\$5,500		\$5,500	\$5,500		\$5,500	\$11,000					
38															
39															
40															
41	<b>TOTAL OPERATING EXPENSE</b>		<b>\$85,936</b>	<b>\$128,004</b>	<b>\$1,954</b>	<b>\$129,958</b>	<b>\$120,204</b>	<b>\$77</b>	<b>\$120,282</b>	<b>\$336,176</b>					
42															
43	<b>HSA #3</b>										<b>11/15/2007</b>				



## APPENDIX A-1 – SERVICES TO BE PROVIDED

### NEXT Village San Francisco Village Model January 1, 2021 to June 30, 2023

#### I. Purpose

The purpose of this grant is to fund the Community Services program model known as the Village model. The Village model is a membership-driven organization through which paid staff, volunteers, and the members themselves coordinate a wide array of services and activities for older adults and adults with disabilities, for the purpose of promoting independence, building relationships within the neighborhoods, and supporting aging in place.

#### II. Definitions

Adult with a Disability	A person 18-59 years of age living with a disability.
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
CARBON	Contracts Administration, Reporting, and Billing Online System
City	City and County of San Francisco, a municipal corporation.
DAS	Department of Disability and Aging Services
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. Source: California Code of Regulations Title 22, Sec. 7630
Grantee	NEXT Village San Francisco (NVSF)
LGBTQ+	An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Low Income	Having income at or below 300% of the federal poverty line as defined by the federal Bureau of the Census and published annually by the U.S.

	Department of Health and Human Services. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
OCP	Office of Community Partnerships
OCM	Office of Contract Management, Human Services Agency
Older Adult	A person who is 60 years or older; used interchangeably with “senior”
Senior	Person who is 60 years of age or older; used interchangeably with “older adult”
SF-HSA	Human Services Agency of the City and County of San Francisco.
SOGI	Sexual Orientation and Gender Identity; Ordinance No. 159-16 amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (Chapter 104, Sections 104.1 through 104.9).
Village Model	The Village model is a membership-based organization through which paid staff, volunteers, and the members themselves coordinate a wide array of services for the purpose of supporting independence and aging in place.

### III. Target Population and Eligibility

The Grantee will serve older adults and adults with disabilities who meet program eligibility. Additional target priorities include members of a population with one or more of the following equity factors:

- Social isolation
- Low income
- Limited or no English-speaking proficiency

- Minorities (also referred to as communities of color)
- LGBTQ+

To be eligible for the Village model, an individual must be:

1. A resident of San Francisco *and*
2. A person aged 60 and above *or* a person aged 18-59 with a disability *and*
3. Willing to pay an annual membership fee in order to participate

#### **IV. Location and Time of Services**

NEXT Village San Francisco (NVSF) serves older adults and adults with disabilities in the City's Districts 2 and 3. NVSF has no fixed location and activities happen at local public spaces, the North Beach Library, and the Joe DiMaggio playground. NVSF staff work from home or in neighborhood locations and time of services will mostly be between Monday through Friday, 9 a.m. to 5 p.m., although other activities will be based on an agreed upon schedule as planned and coordinated by staff and members.

#### **V. Description of Services**

The Village model is a membership-driven organization with the goal of allowing community members to reside in their own homes while being able to access services that address their changing lifestyles as they age.

The program will include the following five (5) core elements:

1. Financial Sustainability – The program will be required to develop an organizational plan to demonstrate current as well as future financial sustainability. This may include City/DAS funding, but should also include membership fees, fundraising, and other funding opportunities. During the annual monitoring process, an OCP program analyst will review the financial sustainability plan to determine compliance with the plan as well as barriers or other challenges faced by the program.
2. Membership Fee – The program will have a minimum membership fee of \$120 per year. In addition to supporting the program's self-sufficiency, an annual membership fee encourages member engagement and program leadership's close attention to service offerings and member satisfaction. All membership fees will be paid by member, member spouse, children or household member. Acceptance of membership fees from sources other than these requires pre-approval from the OCP program analyst. Review of membership payment and sources will be part of the annual program monitoring process.
3. Volunteer Recruitment and Development – The program relies heavily on the volunteers that take the time to become trained and assigned to work with specific members. The program will develop volunteer recruitment, training, and retention practices to maximize volunteer support of the program.

4. Membership Services – The program will have a central contact point for coordination of membership services. Membership services will accept requests for services and then coordinate completion of those requests through paid staff, volunteers, or other members. Membership services will provide a “concierge-like service” which will include providing referrals to a vetted list of third-party services such as gardeners, handy persons, legal services, and other types of services which may be central to the goals of the program.
5. Educational Activities – There is often lack of knowledge within the aging and disability community regarding services available to provide support, encourage independence, and promote aging in place. Grantee will develop educational activities among its membership to help increase awareness around services for older adults and adults with disabilities, including DAS resources.

On an annual basis, the Grantee will provide the following services:

- Unduplicated Consumers – Grantee will provide service to unduplicated consumers which consist of the membership base.

UNIT: One unduplicated consumer who is also a member of the program

- Membership Growth - As a membership-based program, it is incumbent to increase and diversify the membership base. Grantee will increase outreach and expand membership through specific outreach to the target population, including making presentations at public forums, neighborhood associations, and other interested parties about the Village model.

UNIT: One new individual member

- Volunteer Recruitment and Development - The Village model relies on the volunteers recruited, trained, and assigned to work with specific Village members. Grantee will conduct outreach to draw volunteers that will commit to a minimum service requirement.

UNIT: One volunteer

- Service Hours - One of the unique features of the Village model is the utilization of volunteers and the members themselves to provide services to the membership. Volunteer hours shall include volunteer and member time spent providing Village services to members.

UNIT: One hour of service to Village members

- Educational Activities - There is often a lack of knowledge within the aging and disability community regarding services available to provide support, encourage independence, and promote aging-in-place. Grantee will develop educational

activities among their membership to help increase awareness around services for older adults and adults with disabilities, including DAS resources.

UNIT: One hour of educational activity

- Annual Consumer Survey - Grantee will administer an annual consumer survey, pre-approved by OCP.

## VI. Grantee Responsibilities

- Grantee will develop and maintain policies and procedures for all aspects of program operation, including a quality assurance plan.
- Grantee will ensure adequate and culturally competent staff (paid and/or volunteer) to administer the program, deliver quality services to meet the needs of the consumers, and adhere to all the program standards.
- Grantee will resolve grievances related to program services at the program level and adhere to the DAS Grievance Policy and Procedure.
- Grantee will provide training and ongoing supervision and oversight of all program staff.
- As Grantee is a mandated reporter for witnessed or suspected elder abuse/neglect, staff (paid and/or volunteer) will complete an elder and dependent adult abuse training annually.
- Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules whenever applicable.
- Grantee will administer an annual consumer survey to gather input regarding consumer's direct experience.
- Grantee will communicate and collaborate regularly with DAS to help provide support and quality services to consumers.
- Grantee will attend DAS Commission, program-related, and other meetings as needed.

## VII. Service Objectives

On an annual basis, Grantee will meet the following service objectives:

1. Provide Village model services for **100** unduplicated consumers.
  - At least a 75% retention rate among current members on an annual basis. This measure will track all memberships which come up for renewal during each fiscal year and whether that membership was renewed or not.
2. Expand Village membership by adding **20** new individual members.
  - Demonstrate at least a 5% increase in diversity among the membership over the term of the grant. This increase will be measured from membership demographics reported at the end of each fiscal year.
3. Provide volunteer recruitment and development services to **100** volunteers.
4. Provide **900** service hours to Village members.

5. Provide **50** hours of educational activities.

### **VIII. Outcome Objectives**

On an annual basis, Grantee will meet the following outcome objectives as collected through the annual consumer survey:

1. Consumers report they are able to maintain their independence with support from the program. Target: 75%
2. Consumers develop new knowledge of disability and aging services available to them. Target: 75%
3. Consumers feel more socially engaged in their neighborhood and/or community through opportunities offered by the program. Target: 75%
4. Consumers rate the quality of services they received as good or excellent. Target: 80%

Based on a consumer satisfaction survey, pre-approved by DAS OCP, with a response rate of **at least 50%** of the annual unduplicated enrollment when the grantee administers the survey.

### **IX. Reporting Requirements**

Grantee will provide various reports during the term of the grant agreement.

- A. The grantee will enter consumers' enrollment date into the CA GetCare - Community Services module.
- B. The grantee will enter into the CA-GetCare service unit section all the units of service by the 5<sup>th</sup> working day of the month for the preceding month.
- C. Monthly, quarterly, and annual reports must be entered into the CARBON system as required by DAS and HSA Contracts staff.
- D. Grantee will submit response rates and aggregate data from annual satisfaction survey to OCP Program Analyst by March 15<sup>th</sup> of each grant year.
- E. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31<sup>st</sup> each grant year. This report must be submitted to the CARBON system.
- F. Grantee shall develop and deliver ad hoc reports as requested by HSA/DAS/OCP.
- G. Grantee shall develop and deliver a bi-annual summary report of SOGI data collected as

requested by DAS/HSA. The due dates for submitting the summary reports are January 10 (for July 1 – December 31 data) and July 10 (for January 1 – June 30 data).

- H. Grantee will develop and maintain with OCP's approval, an updated Site Chart (using OCP's format) with details about the program.

For assistance with reporting requirements or submission of reports, contact:

Tara.Alvarez@sfgov.org  
Senior Contract Manager, Office of Contract Management  
Human Services Agency

or

Lauren.McCasland@sfgov.org  
Program Analyst, Office of Community Partnerships  
Department of Disability and Aging Services

## **X. Monitoring Activities**

- A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements, such as participant eligibility and targeted mandates, back up documentation for the units of service and all reporting, progress of service and outcome objectives, collection and maintenance of participant records, reporting of monthly service units on CA GetCare, agency and organization standards, current organizational chart, provision of an Elder and Dependent Adult Abuse Report training to staff, completion of the California Department of Aging Security Awareness Training by staff, financial sustainability plan, program operation, written policies and procedures manual of program, written project income policies (if applicable), grievance procedure posted in the center/office and also given to the participants who are homebound, hours of operation, and appropriate provision of services according to Sections VII and VIII.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts, and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, compliance with the American with Disabilities Act, subcontracts, and Memoranda of Understanding, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C		D			E	
1	Appendix B-1, Page 1								
2	Document Date:								
3	<b>DEPARTMENT OF HUMAN SERVICES BUDGET SUMMARY</b>								
4	<b>BY PROGRAM</b>								
5	<b>NORTH EAST EXCHANGE TEAM SF</b>						Term	7/1/21-6/30/23	
6									
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>								
8	If modification, Effective Date of Mod. 09/23/21 No. of Mod.								
9	<b>Program: Village Model</b>							Total	
10	Budget Reference Page No.(s)	Budget	Modification	Total	Budget	Modification	Total		
11	Program Term	1/1/21-6/30/21	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
12	<b>Expenditures</b>								
13	Salaries & Benefits	\$86,891	\$130,216	\$50,189	\$180,405	\$130,216	\$50,189	\$180,405	\$447,701
14	Operating Expense	\$11,927	\$20,342	\$18,000	\$38,342	\$20,342	\$18,000	\$38,342	\$88,611
15	Capital Expenditure								
16	Subtotal	\$98,818	\$150,558	\$68,189	\$218,747	\$150,558	\$68,189	\$218,747	\$536,312
17	Indirect Cost	\$9,882	\$15,056	\$6,819	\$21,875	\$15,056	\$6,819	\$21,875	\$53,631
18	Indirect Percentage (%) of direct cost (Line 16)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
	Subcontractor/Capital Expenditures	\$9,000							
19	Total Expenditures	\$117,700	\$165,614	\$75,008	\$240,622	\$165,614	\$75,008	\$240,622	\$598,944
20	<b>HSA Revenues</b>								
21	General Fund	\$117,700	\$160,790		\$160,790	\$160,790		\$160,790	\$439,280
22	CODB 20/21		\$4,824		\$4,824	\$4,824		\$4,824	\$9,648
23	CODB 21/22			\$7,008	\$7,008		\$7,008	\$7,008	\$14,016
24	Mon Ami Addback			\$18,000	\$18,000		\$18,000	\$18,000	\$36,000
25	D2 Services Addback			\$50,000	\$50,000		\$50,000	\$50,000	\$100,000
26									
27									
28									
29	TOTAL DHS REVENUES	\$117,700	\$165,614	\$75,008	\$240,622	\$165,614	\$75,008	\$240,622	\$598,944
30	<b>Other Revenues</b>								
31									
32									
33									
34									
35									
36	Total Revenues	\$117,700	\$165,614	\$75,008	\$240,622	\$165,614	\$75,008	\$240,622	\$598,944
37	Full Time Equivalent (FTE)								0.00
39	Prepared by: Gail Switzer	Telephone No.: 415-218-9271				Date: 9/23/2021			
40	DHS-CO Review Signature: _____								
41	<b>DHS #1</b>								
	<b>3/1/2008</b>								







## APPENDIX A-1 – SERVICES TO BE PROVIDED

### SAN FRANCISCO VILLAGE

#### Village Model

**January 1, 2021 to June 30, 2023**

#### **I. Purpose**

The purpose of this grant is to fund the Community Services program model known as the Village model. The Village model is a membership driven organization through which paid staff, volunteers, and the members themselves coordinate a wide array of services for the purpose of supporting independence and aging in place.

#### **II. Definitions**

Adult with a Disability	A person 18-59 years of age living with a disability
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
CARBON	Contracts Administration, Reporting, and Billing Online System
City	City and County of San Francisco, a municipal corporation.
DAS	Department of Disability and Aging Services
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. Source: California Code of Regulations Title 22, Sec. 7630
Grantee	San Francisco Village
LGBTQ+	An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary
Low Income	Having income at or below 300% of the federal poverty line as defined by the federal Bureau of the Census and published annually by the U.S.

	Department of Health and Human Services. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
OCP	Office of Community Partnerships
OCM	Office of Contract Management, Human Services Agency
Older Adult	A person who is 60 years or older; used interchangeably with “senior”
Senior	Person who is 60 years of age or older; used interchangeably with “older adult”
SF-HSA	Human Services Agency of the City and County of San Francisco
SOGI	Sexual Orientation and Gender Identity; Ordinance No. 159-16 amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (Chapter 104, Sections 104.1 through 104.9)
Village Model	The Village model is a membership-based organization through which paid staff, volunteers, and the members themselves coordinate a wide array of services for the purpose of supporting independence and aging in place.

### III. Target Population / Eligibility for Village Membership

The grant will serve older adults and adults with disabilities who meet program eligibility. Additional target priorities include members of a population with one or more of the following equity factors:

- Social isolation

- Low income
- Limited or no English-speaking proficiency
- Minorities (also referred to as communities of color)
- Members who identify as LGBTQ+

To be eligible for the Village model, an individual must be:

1. A resident of San Francisco *and*
2. A person aged 60 and above *or* a person aged 18-59 with a disability *and*
3. Willing to pay an annual membership fee in order to participate

#### **IV. Location and Time of Services**

San Francisco Village is located at 3220 Fulton Street. The offices accommodate some Village activities while other activities happen in different neighborhoods in San Francisco, including member's homes.

#### **V. Description of Services**

The Village model is a membership driven organization with the goal of allowing community members to reside in their own homes while being able to access services that address their changing lifestyles as they age.

Each Village model will contain the following five (5) core elements:

- 1) Financial Sustainability. A Village model program will be required to develop an organizational plan to demonstrate current as well as future financial sustainability. This may include City/DAS funding, but should also include membership fees, fundraising, and other funding opportunities. During the annual monitoring process, DAS program analyst will review financial sustainability plan to determine compliance with plan as well as barriers or other challenges faced by Village program.
- 2) Membership Fee. All Village programs will have a minimum membership fee of \$120 per year. In addition to supporting program self-sufficiency, an annual membership fee encourages engagement of the membership as well as close attention to service offerings and member satisfaction by Village leadership.

All membership fees will be paid by member, member spouse, children or household member. Acceptance of membership fees from sources other than these requires pre-approval from Office of Community Partnerships analyst. Review of membership payment and sources will be part of the annual program monitoring process.

- 3) Volunteer Recruitment and Development. The Village model relies heavily on the volunteers that take the time to become trained and assigned to work with specific

Village members. Each Village program will develop volunteer recruitment, training, and retention practices to maximize volunteer support of their Village.

- 4) Membership Services. The Village model will have a central contact point for coordination of membership services. Membership services will accept requests for services and then coordinate completion of those requests through paid staff, volunteers, or other members. Membership services will provide a “concierge-like service” which will include providing referrals to a vetted list of third party services such as gardeners, handypersons, legal services, and other services which may be central to the goals of the Village model.
- 5) Educational activities. There is often a lack of knowledge within the aging and disability community regarding services available to provide support, encourage independence, and promote aging-in-place. Grantee will develop educational activities among their membership to help increase awareness around aging and aging-in-place services, including DAS/OCP resources.

On an annual basis, the Grantee will provide the following services as part of the Village model:

- 1) Unduplicated Consumers. Grantee will provide service to unduplicated consumers which consist of the membership base.

UNIT: One unduplicated consumer who is also a member of the Village program.

- 2) Membership growth. As a membership based program it is incumbent to increase and diversify the membership base. Grantee will increase outreach and expand respective Village model membership through specific outreach to the target population; making presentations at public forums, neighborhood associations, and other interested parties about the Village model.

UNIT: One new individual member.

- 3) Volunteer Recruitment and Development. The Village model relies on the volunteers recruited, trained, and assigned to work with specific Village members. Grantee will conduct outreach to draw volunteers that will commit to a minimum service requirement.

UNIT: One volunteer

- 4) Service hours. One of the unique features of the Village model is the utilization of volunteers and the members themselves to provide services to the membership. Volunteer hours shall include: volunteer and member time spent providing Village services to members.

UNIT: One hour of service to Village members.

- 5) Educational activities. There is often a lack of knowledge within the aging and disability community regarding services available to provide support, encourage independence, and promote aging-in-place. Grantee will develop educational activities among their membership to help increase awareness around aging and aging-in-place services, including DAS/OCP resources.

UNIT: One hour of educational activity.

Annual Satisfaction Survey: Grantee will administer an annual consumer satisfaction survey.

## **VI. Grantee Responsibilities**

- Grantee will develop and maintain policies and procedures for all aspect of program operation, including a quality assurance plan.
- Grantee will ensure adequate and culturally competent staff (paid and/or volunteer) to administer the program, deliver quality services to meet the needs of the participants, and adhere to all the program standards.
- Grantee will resolve grievances related to program services at the program level and adhere to the DAS Grievance Policy and Procedure.
- Grantee will provide training and ongoing supervision and oversight of all program staff and volunteers.
- As Grantee is a mandated reporter for witnessed or suspected elder abuse/neglect, staff and volunteers will complete elder and dependent adult abuse trainings annually.
- Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules whenever applicable.
- Grantee will administer an annual satisfaction survey to gather input regarding participant's direct experience.
- Grantee will communicate and collaborate regularly with DAS to help provide support and quality services to participants.
- Grantee will attend DAS Commission, program-related, and other meetings as needed.

## **VII. Service Objectives**

**On an annual basis, Grantee will:**

- Provide Village model services for **330** unduplicated consumers.
  - At least a 75% retention rate among current members on an annual basis. This measure will track all memberships which come up for renewal during each fiscal year and whether that membership was renewed or not.
- Expand Village membership by adding **70** new individual members.
  - Demonstrate at least a 5% increase in diversity among the membership over the term of the grant. This increase will be measured from membership demographics reported at the end of each fiscal year.

- Provide volunteer recruitment and development services to **100** volunteers.
- Provide **3,800** service hours to Village members.
- Provide **480** hours of educational activities.

### **VIII. Outcome Objectives**

On an annual basis, Grantee will meet the following outcome objectives as collected through the annual consumer survey:

- Consumers report they are able to maintain their independence with support from the program. Target: 75%
- Consumers develop new knowledge of disability and aging services available to them. Target: 75%
- Consumers feel more socially engaged in their neighborhood and/or community through opportunities offered by the program. Target: 75%
- Consumers rate the quality of services they received as good or excellent. Target: 80%

Based on a consumer satisfaction survey, pre-approved by DAS OCP, with a response rate of **at least 50%** of the annual unduplicated enrollment when the grantee administers the survey.

### **IX. Reporting Requirements**

Grantee will provide various reports during the term of the grant agreement.

- A. The grantee will enter consumers' enrollment date into the CA GetCare - Community Services module.
- B. The grantee will enter into the CA GetCare Service Unit section all the units of service by the 5th working day of the month for the preceding month.
- C. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.
- D. Grantee will submit response rates and aggregated data from annual consumer satisfaction survey to Office of Community Partnerships staff by March 15<sup>th</sup> of each grant year.



- E. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link:  
<https://sfhsa.hfa3.org/signin>
- F. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. This report must be submitted to the CARBON system.
- G. Grantee shall develop and deliver ad hoc reports as requested by HSA/DAS/OCP.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- I. Grantee will develop and maintain with OCP's approval, an updated Site Chart (using OCP's format) with details about the program.
- J. Apart from reports requested to be sent via e-mail to the program analyst and/or contract manager, all other reports and communications should be sent to the following addresses:

Melissa McGee  
Program Manager  
DAS, Office of Community Partnerships  
P.O. Box 7988  
San Francisco, CA 94120  
(415) 355-6782  
[melissa.mcgee@sfgov.org](mailto:melissa.mcgee@sfgov.org)

Tara Alvarez  
Contract Manager  
Human Services Agency  
P.O. Box 7988  
San Francisco, CA 94120  
(415) 557-5626  
[tara.alvarez@sfgov.org](mailto:tara.alvarez@sfgov.org)

**X. Monitoring Activities**

- A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on CA Getcare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting, evidence that program staff have completed the California Department of Aging (CDA) Security Awareness Training; financial sustainability plan; program operation, which includes a review of a written policies and procedures manual of all OCP funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who

are homebound, hours of operation are current; a board of director list and whether services are provided appropriately according to Sections VII and VIII.

- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance, and HIPAA.

	A	B	C	D	E	F	G	H	I
1	Appendix B-1, Page 1								
2									
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>								
4	<b>BY PROGRAM</b>								
5	Name		Term						
6	San Francisco Village		1/1/21-6/30/23						
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>								
8	If modification, Effective Date of Mod.		No. of Mod.						
9	<b>Program:</b>								
10	Budget Reference Page No.(s)		TOTAL			TOTAL			1/1/21-6/30/23
11	Program Term	1/1/21-6/30/21	7/1/21-6/30/22	Modification	7/1/21-6/30/22	7/1/22-6/30/23	Modification	7/1/22-6/30/23	Total
12	<b>Expenditures</b>								
13	Salaries & Benefits	\$104,628	\$209,256		\$209,256	\$209,256		\$209,256	\$523,140
14	Operating Expenses	\$78,673	\$72,425	\$36,032	\$108,457	\$72,425	\$36,032	\$108,457	\$295,587
15	<b>Subtotal</b>	\$183,301	\$281,681	\$36,032	\$317,713	\$281,681	\$36,032	\$317,713	\$1,100,408
16	Indirect Percentage (%)	15%	15%	14%	14%	15%	14%	14%	
17	Indirect Cost (Line 16 X Line 15)	\$27,495	\$42,252	\$1,030	\$43,282	\$42,252	\$1,030	\$43,282	\$114,059
18	Subcontractor/Capital Expenditures								
19	Total Expenditures	\$210,796	\$323,933	\$37,062	\$360,995	\$323,933	\$37,062	\$360,995	\$932,786
20	<b>HSA Revenues</b>								
21	General Fund	\$210,796	\$323,933		\$323,933	\$323,933		\$323,933	\$858,662
22	CODB FY21/22			\$10,514	\$10,514		\$10,514	\$10,514	\$21,028
23	Addback			\$18,000	\$18,000		\$18,000	\$18,000	\$36,000
24	CODB FY20/21			\$8,548	\$8,548		\$8,548	\$8,548	\$17,096
25									
26									
27									
28									
29	TOTAL HSA REVENUES	\$210,796	\$323,933	\$37,062	\$360,995	\$323,933	\$37,062	\$360,995	\$932,786
30	<b>Other Revenues</b>								
31									
32									
33									
34									
35									
36	Total Revenues	\$210,796	\$323,933	\$37,062	\$360,995	\$323,933	\$37,062	\$360,995	\$932,786
37	Full Time Equivalent (FTE)								
39	Prepared by:	Kate Hoepke		Telephone No.: 415-387-1375					
40	HSA-CO Review Signature: _____								
41	HSA #1								12/2/2020

	A	B	C	D	E	F	G	H	I
1	Appendix B-1, Page 2								
2									
3	<b>San Francisco Village</b>								
4	<b>Program:</b>								
5									
6									
7	<b>Salaries &amp; Benefits Detail</b>								
8									
9									
10									
11						1/1/21-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23	1/1/21-6/30/23
		<b>Agency Totals</b>		<b>HSA Program</b>		<b>DAS</b>	<b>DAS</b>	<b>DAS</b>	<b>TOTAL</b>
		<b>Annual Full Time Salary for FTE</b>	<b>Total FTE</b>	<b>% FTE funded by HSA (Max 100%)</b>	<b>Adjusted FTE</b>	<b>Budgeted Salary</b>	<b>Budgeted Salary</b>	<b>Budgeted Salary</b>	<b>Budgeted Salary</b>
12	<b>POSITION TITLE</b>								
13	Executive Director	\$140,000	1.00	31%	0.31	\$21,700	\$43,400	\$43,400	\$108,500
14	Program Coordinator	\$74,000	1.00	80%	0.80	\$29,600	\$59,200	\$59,200	\$148,000
15	Member Services Coordinator	\$74,000	1.00	80%	0.80	\$29,600	\$59,200	\$59,200	\$148,000
16	Wellness Coordinator	\$74,000	1.00	17%	0.17	\$6,290	\$12,580	\$12,580	\$31,450
17									
18									
19									
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22									
23									
24									
25									
26									
27									
28									
29									
30	<b>TOTALS</b>		4.00	208%	2.08	\$87,190	\$174,380	\$174,380	\$435,950
31									
32	<b>FRINGE BENEFIT RATE</b>	20%							
33	<b>EMPLOYEE FRINGE BENEFITS</b>					\$17,438	\$34,876	\$34,876	\$87,190
34									
35									
36	<b>TOTAL SALARIES &amp; BENEFITS</b>	\$0				\$104,628	\$209,256	\$209,256	\$523,140
37	<b>HSA #2</b>	<b>12/2/2020</b>							

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1																		
2																		
3	<b>San Francisco Village</b>																	
4	<b>Program:</b>																	
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13	<b>Operating Expense Detail</b>																	
14	<b>Expenditure Category</b>	<b>TERM</b>	<b>1/1/21-6/30/21</b>	<b>7/1/21-6/30/22</b>	<b>Modification</b>	<b>TOTAL</b>	<b>7/1/21-6/30/22</b>	<b>7/1/22-6/30/23</b>	<b>Modification</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>7/1/22-6/30/23</b>	<b>1/1/21-6/30/23</b>					
15	Rental of Property		\$29,675	\$55,000		\$55,000	\$55,000			\$55,000	\$		139,675					
16	Utilities(Elec, Water, Gas, Phone, Garbage)										\$		-					
17	Office Supplies, Postage										\$		-					
18	Building Maintenance Supplies and Repair										\$		-					
19	Printing and Reproduction		\$9,998	\$17,425	\$4,484	\$21,909	\$17,425	\$4,484	\$21,909	\$			53,816					
20	Insurance				\$8,548	\$8,548		\$8,548	\$8,548	\$			17,096					
21	Staff Training										\$		-					
22	Staff Travel-Local & Out of Town)										\$		-					
23	Rental of Equipment										\$		-					
24	<b>CONSULTANTS</b>																	
25	strategic planning		\$ 20,000								\$		20,000					
26	diversity, equity and inclusion		\$ 10,000		\$5,000	\$5,000		\$5,000	\$5,000	\$			20,000					
27	<b>OTHER</b>																	
28	Mon Ami mobile software		\$9,000		\$18,000	\$18,000		\$18,000	\$18,000	\$			45,000					
29																		
30																		
31	<b>TOTAL OPERATING EXPENSE</b>		<b>\$ 78,673</b>	<b>\$ 72,425</b>	<b>\$ 36,032</b>	<b>\$108,457</b>	<b>\$ 72,425</b>	<b>\$36,032</b>	<b>\$108,457</b>	<b>\$</b>			<b>295,587</b>					
32																		
33	<b>HSA #3</b>																	<b>12/2/2020</b>