and the same		.,	Y OF SAN MATI	, o ^o .		·					
		REQUEST NO.									
DEDARTMENT		ATR 14 - 036 DATE									
DEPARTMENT HEALTH SYSTE	EM – AGING ANI	O ADULT SERV	TCES		·	March 18, 2014					
1. REQUEST TRANSFER OF APPROPRIATION AS LISTED BELOW:											
	COI	DES									
	FUND OR ORG	· ACCOUNT	AMOUNT		RIPTION						
	57071	1952	\$34,272	FEDERAL AID - AGIN	FEDERAL AID – AGING (HICAP)						
FROM	57071	1767	\$44,702	STATE AID – AGING	STATE AID – AGING (HICAP)						
	57071	6169 •	\$34,272	PSP - AGING AND AI	DULT (HICA	AP) _,					
ТО	57071	6169	\$44,702	PSP – AGING AND ADULT (HICAP)							
Justification (Attach Memo if Necessary) TO RECOGNIZE ADDITIONAL FUNDS FROM CALIFORNIA DEPARTMENT OF AGING FOR THE HICAP PROGRAM PER AGREEMENT NO. HI-1415-08. THERE IS NO ADDITIONAL NET COUNTY COST AS A RESULT OF THIS ATR.											
DEPARTMENT HEAD DATE 3/3/14											
2. □ Board	Action Requir	red 🖾	Four-Fifths Vote	Required		ard Action Not Required					
Remarks:	reaction read ans				-						
COUNTY CON	ITROLLER			DAT	E 3//4						
3. Approve as Requested											
Remarks:											
4.8.14											
COUNTY MAN	VVVV NAGER		DATE			,					
D	O NOT WRIT	F RELOW TI	HIS LINE - FOR F	BOARD OS SUPER	RVTSOR	S USE ONLY					
DO NOT WRITE BELOW THIS LINE — FOR BOARD OS SUPERVISORS USE ONLY BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA											
RESOLUTION TRANSFERRING FUNDS											
RESOLUTION NO.											
RESOLVED, by the Board of Supervisors of the County of San Mateo, that											
WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and											
WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:											
NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.											
Reg	Regularly passed and adopted thisday of					20					

State of California

California Department of Aging CDA 303

Agreement #: Date:

Date

HI-1415-08 04/01/14

Amendment #:

03/05/14

Exhibit B - Budget Detail, Payment Provisions, and Closeout

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM **Budget Display** April 1, 2014 - June 30, 2015

County of San Mateo, Aging and Adult Services

	BE0:	PROGRAM	ONE-TIME		NET
	PROJECT	BASELINE	ONLY	TOTAL	CHANG
STATE	FISCAL YEAR 2	2013-2014			
CAP Program Funds (April 1, 2014-June 30, 2014)					
Reimbursements (Ins Fund)	HIRL14-13	27,819	-	27,819	
State HICAP Fund	HIHL14-13	13,903	-	13,903	
Federal SHIP Funds	HIFL14-13	30,845	-	30,845	
Total Program Funds		72,567	-	72,567	
CAP Administration Funds (April 1, 2014-June 30, 20	114)	,		,	
Reimbursements (Ins Fund)	HRAL14-13	1,987		1,987	
State HICAP Fund	HHAL14-13	993	_	993	
Federal SHIP Funds			-		
Total Administration Funds	HFAL14-13	3,427 6,40Z		3,427	•
rota: Administration Funds		9,407	· -	6,407	
TATE FISCAL YEAR 2013-14 (3 MONTHS) TOTAL		78,974)	78,974	
STATE	FISCAL YEAR 2	2014-2015			
ICAP Program Funds (July 1, 2014-March 31, 2015)					
Reimbursements (Ins Fund)	HIRL14-14	83,456	-	83,456	
State HICAP Fund	HIHL14-14	41,711	· ·	41,711	
Federal SHIP Funds	HIFL14-14	87,504	_	87,504	
Total Program Funds	1111 114-14	212,671		212,671	
ICAP Administration Funds (July 1, 2014-March 31, 2	015)	212,071		212,011	•
Reimbursements (Ins Fund)	HRAL14-14	5,960		E 060	
State HICAP Fund	HHAL14-14	,	-	5,960	,
		2,978	-	2,978	•
Federal SHIP Funds	HFAL14-14	9,723	-	9,723	
Total Administration Funds		18,661	-	18,661	
TATE FISCAL YEAR 2014-15 (9 MONTHS) TOTAL	NGC	231,332	-	231,332	
ICAP Program Funds (April 1, 2015-June 30, 2015)					
Reimbursements (Ins Fund)	HIRL15-14	27,819		27 940	
· · · · · · · · · · · · · · · · · · ·			=	27,819	•
State HICAP Fund	HIHL15-14	13,903	-	13,903	
Federal SHIP Funds	HIFL15-14	29,168	-	29,168	
TOTAL HICAP Funds		70,890	-	70,890	•
ICAP Administration Funds (April 1, 2015-June 30, 20)15)				
Reimbursements (Ins Fund)	HRAL15-14	1,987	-	1,987	•
State HICAP Fund	HHAL15-14	993	-	993	
Federal SHIP Funds	HFAL15-14	3,241		3,241	
Total Administration Funds		6,221	-	6,221	
TATE FISCAL YEAR 2014-15 (3 MONTHS) TOTAL		77,111		77 444	
TATE FISCAL YEAR 2014-15 (3 MONTHS) TOTAL		308.443	-	77,111	
TATE FISCAL YEAR 2014-15 (12 MONTHS) TOTAL		308,443		308,443	
RAND TOTAL (APRIL 1, 2014-JUNE 30, 2015)					1.54
Reimbursements (Ins Fund)		149,028		149,028	
State HICAP Fund		74.481	_	74,481	
Federal SHIP Funds		163,908	-	163,908	
GRAND TOTAL (15 MONTHS) TOTAL	1	387,417	liki u sagar	387,417	
·	PI			· · · · · · · · · · · · · · · · · · ·	
he minimum that must be expended for Mental Health P	harmaceutical Benef	fits Counselina/O	utreach/Educa	ation for the follo	owina
locations:					
April 1, 2014-June 30, 2014	Federal SHIP	1,713			
July 1, 2014-March 31, 2015	Federal SHIP	4,861			

4,861 1,620 April 1, 2015-June 30, 2015 Federal SHIP

**Funds for this contract are provided by using the following Centers for Medicare & Medicaid Services grants:

CFDA#	Project Title	Award #	Effective Date
93.779	State Health Insurance Assistance Program	To Be Announced	4/1/2014
93.779	State Health Insurance Assistance Program	To Be Announced	4/1/2015