INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is made and entered into this 21st day of October, 2008 ("Effective Date") by and between the City of Redlands, a municipal corporation (hereinafter "City") and Developing Aging Solutions with Heart, Inc. (hereinafter "Contractor"). City and Contractor are sometimes individually referred to herein as a "Party" and, together, as the "Parties."

RECITALS

WHEREAS, Contractor has expressed an interest in providing geriatric care management services, including counseling, educational assistance, and access to community resources, for both dependent adults with Alzheimers and their caregivers (the "Services"); and

WHEREAS, Contractor has represented to City that it has the requisite experience, special knowledge and expertise similar to others in the industry performing such Services;

NOW, THEREFORE, in consideration of the mutual promises contained herein, City and Contractor hereby agree as follows:

AGREEMENT

Section 1. Services.

A. City hereby authorizes Contractor to provide geriatric care management services, including counseling, educational assistance, and access to community resources, for both dependent adults with Alzheimers and their caregivers.

B. Contractor shall determine the method, details and means of performing the Services and shall advise City of the same prior to commencing the performance of any Services. Contractor further agrees to perform the Services to the best of its ability and in an efficient, safe and competent manner.

C. As compensation for conducting the Services, City shall reimburse Contractor in accordance with applicable Federal, State, County and City rules and regulations. Contractor's total compensation shall not exceed $6,000.00.

D. Contractor shall submit to City a complete record of the Services performed including, but not limited to: copies of invoices, agreements, payroll expenses, administrative records, advertisements, and backup materials. A detailed account of the Services performed, the persons performing the

Services and cost breakdown shall also be provided to City. Administration and personnel records shall be available for examination by City.

E. Contractor shall submit to City with each request for reimbursement documentation in compliance with the requirements of 24 CFR 570.503 including: Agreements with Subrecipients, Statement of Work, Records and Reports; Program Income; Uniform Administrative Requirements; Other Program Requirements, Conditions for Religious Organizations; Suspension and Termination; Reversion of Assets.

F. Contractor shall submit to City, with each request for reimbursement, documentation that at least 51% of the adult dependents served are from income qualifying households. In order to document the number of low and moderate income adult dependents benefiting from the program, a Beneficiary Qualification Statements form, a copy of which is attached hereto and incorporated herein by reference as Exhibit "A", must be completed by Contractor for each adult dependent that benefits from the program. Using the Beneficiary Qualification Statements prepared for each adult dependent, Contractor must complete the Monthly Program Progress Report form, a copy of which is attached hereto and incorporated herein by reference as Exhibit "B", for every month that CDBG funds are expended, and submit such Monthly Program Progress Reports with Contractor's monthly reimbursement request to City. Copies of all submitted forms must be retained in Contractor's records for a minimum period of three (3) years from the Effective Date of this Agreement.

G. Contractor shall submit all final claims for reimbursement to City no later than May 1, 2009.

H. City will submit a final Request for Reimbursement for the program year no later than July 15, 2009. After July 31, 2009 any balance remaining in the account will be reprogrammed.

Section 2. Independent Contractor. It is the express intention of the Parties that Contractor is an independent contractor and not an employee or agent of City. Nothing in this Agreement shall be interpreted or construed as creating or establishing a relationship of employer and employee between Contractor and City. The Parties acknowledge that Contractor is not an employee for State tax, Federal tax or any other purpose.

Section 3. Contractor's Employees. A listing of all of Contractor's employees and agents who may participate in the performance of Contractor's obligations hereunder is attached hereto as Exhibit "C" and incorporated herein by this reference. No other employees or agents of Contractor shall participate in the performance of the Services without the prior written consent of City.

Section 4. Termination. City shall have the right to terminate this Agreement, with or without cause, upon twenty (20) day's prior written notice to Contractor. City shall have no liability for any claims or damages resulting to Contractor as a result of any exercise by City of its right to terminate this Agreement.

Section 5. Insurance and Indemnification

5.1 Contractor's Insurance to be Primary. All insurance required by this Agreement is to be maintained by Contractor during its performance of the Services and shall be primary with respect to City and non-contributing to any insurance or self-insurance maintained by City. Contractor shall not perform any Services pursuant to this Agreement unless and until all required insurance listed below is obtained by Contractor. Contractor shall provide City with Certificates of Insurance and endorsements evidencing such insurance prior to commencement of the Services. All insurance policies shall include a provision prohibiting cancellation or modification of coverage limits of the policy except upon thirty (30) days prior written notice to City.

5.2 Workers' Compensation and Employer's Liability. Contractor shall secure and maintain Workers' Compensation and Employer's Liability insurance throughout the duration of this Agreement in amounts which meet statutory requirements with an insurance carrier acceptable to City.

5.3 Comprehensive General Liability Insurance. Contractor shall secure and maintain in force throughout the duration of this Agreement comprehensive general liability insurance with carriers acceptable to City. Minimum coverage of one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) aggregate for public liability, property damage and personal injury is required. Contractor shall obtain and deliver to City certificates and endorsements that City shall be named as an additional insured.

5.4 Professional Liability Insurance. Contractor shall secure and maintain professional liability insurance throughout the duration of this Agreement in the amount of one million dollars ($1,000,000) per occurrence.

5.5 Business Auto Liability Insurance. Contractor shall have business auto liability coverage, with minimum limits of one million dollars ($1,000,000) per occurrence, combined single limit for bodily injury liability and property damage liability. This coverage shall include all Consultant owned vehicles used in connection with the performance of the Services, hired and non-owned vehicles, and employee non-ownership vehicles. Contractor shall obtain certificates and endorsements that City shall be named as an additional insured.

5.6 Assignment and Insurance Requirements. Contractor is expressly prohibited from subletting or assigning any of the Services without the express prior written consent of City. In the event of mutual agreement between Parties to sublet a portion of the Services, Contractor shall add the subcontractor as an additional insured and provide City with the insurance endorsements prior to any work being performed by the subcontractor. Assignment does not include printing or other customary reimbursable expenses that may be provided in this Agreement.

5.7 Hold Harmless and Indemnification. Contractor shall defend, indemnify and hold harmless City, its elected officials, officers, employees and agents, from and against any and all actions, claims, demands, lawsuits, losses and liability for damages to persons or property, including costs and attorney fees, that may be asserted or claimed by any person, firm, entity, corporation, political subdivision or other organization arising out of or in connection with Contractor's negligent and/or intentionally wrongful acts or omissions under this Agreement.

Section 6. Health Insurance Portability And Accountability Act of 1996. Pursuant to the Health Insurance Portability And Accountability Act of 1996 (HIPAA), regulations have been promulgated governing the privacy of individually identifiable health information. The HIPAA Privacy Regulations specify requirements with respect to contracts between an entity covered under the HIPAA Privacy Regulations and its Business Associates. A Business Associate is defined as a party that performs certain services on behalf of, or provides certain services for, a Covered Entity and, in conjunction therewith, gains access to individually identifiable health information. Therefore, in accordance with the HIPAA Privacy Regulations, Contractor shall comply with the terms and conditions as set forth in the attached Business Associate Agreement, Exhibit "D" hereby incorporated by this reference.

Section 7. Entire Agreement/Modification. This Agreement represents the entire Agreement of the Parties with respect to the matters contained herein. Any modification of this Agreement will be effective only if it is in writing and signed by the Parties.

Section 8. Assignment. This Agreement shall not be assigned without the prior written consent of City. Any assignment, or attempted assignment, without such prior written consent, shall be null and void and, at the option of City, result in the immediate termination of this Agreement.

Section 9. Attorney's Fees. In the event any action is commenced to enforce or interpret the terms or conditions of this Agreement, the prevailing party shall, in addition to any costs or other relief, be entitled to recover its reasonable attorneys' fees, including fees for use of in-house counsel by a Party.

Executed this 21st day of October 2008.

City of Redlands

Jon Harrison, Mayor Date: 10/21/08

Attest:

Lorrie Poyzer, City Clerk
City of Redlands

Developing Aging Solutions with Heart, Inc.

MSW Date: 9/26/2008

ATTACHMENT A - REQUEST TO INITIATE PROJECT/ACTIVITY

PROJECT NUMBER: 111-28127

DATE OF ORIGINAL ISSUE: April 17, 2003

CASE NUMBER: 2288

ORIGINAL: REVISION No.: 6

TARGET AREA: Redlands

DATE OF REVISION: AUG 07 2008

Pursuant to the terms of the Delegate Agency Agreement between the Department of Community Development and Housing (CDH) and the City of Redlands, dated 06/13/06, CDH hereby requests that the following project/activity be initiated. There will be no changes in Project/Activity Title, Activity Budget (Attachment A) or in the Activity Description (Attachment B) without written approval of the Director of the Department of Community Development and Housing.

PROJECT/ACTIVITY TITLE: Redlands: Geriatric Care Services for Family Caregivers - DASH

ACTIVITY LOCATION:
306 W. Colton Ave.,
Redlands, CA 92374

TOTAL PROJECT FUNDING: $ 32,500

CITY CDBG ALLOCATION RELEASED: $ 32,500

CITY CDBG FUNDS EXPENDED AS OF: 07/22/08 $ 26,500

DATE OF RELEASE OF FUNDS: 07/15/08

BALANCE OF FUNDS AVAILABLE: $ 6,000

SCHEDULE OF CITY CDBG ALLOCATION:

Years 1-28	Year 29	Year 30	Year 31	Year 32	Year 33	Year 34	
Act# _____	Act# _____	Act# _____	Act# _____	Act# _____	Act# 4785	Act# _____	TOTAL OF
(75-2003)	(2003-04)	(2004-05)	(2005-06)	(2006-07)	(2007-08)	(2008-09)	34 YEARS
$3,500	$3,000	$5,000	$5,000	$5,000	$5,000	$6,000	$32,500

MAINTENANCE AND OPERATION BUDGET/AGREEMENT: The City will enter into a contract with Developing Aging Solutions with Heart, Inc. (DASH), for the 2008-09 Program Year.

OTHER PERTINENT INFORMATION: Revision #6 adds an additional $6,000 of FY 2008-09 CDBG funds to this program.

ACCEPTANCE OF REQUEST TO INITIATE PROJECT/ACTIVITY

I hereby acknowledge the receipt of the Request to Initiate the above Project/Activity and agree to implement the activity described in Attachment B (Project/Activity Description) in accordance with the above Allocation and Balance of Funds Available subject to necessary approvals of the Board of Supervisors. The proposed budget for this project is as follows:

LAND ACQUISITION:	$ -0-	PURCHASE OF EQUIPMENT:	$ -0-
STAFF COST RELATED TO LAND ACQUISITION:	$ -0-	CONSTRUCTION COST:	$ -0-
DESIGN:	$ -0-	CITY STAFF COST:	$ -0-
CONSULTANT SERVICES:	$ 6,000	CONTINGENCY:	$ -0-

TOTAL CITY CDBG ALLOCATION RELEASED FOR REVISION #6: $ 6,000

IMPLEMENTING CITY: Redlands DATE: August 5, 2008

SIGNATURE: Brenda Mary Little TITLE: Admin Analyst

COUNTY OF SAN BERNARDINO

Patricia M. Cole, DIRECTOR DATE: AUG 07 2008

DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

600

ATTACHMENT B - PROJECT/ACTIVITY DESCRIPTION

PROJECT NUMBER: 111-28127 DATE OF ORIGINAL ISSUE: April 17, 2003

CASE NUMBER: 2288 ORIGINAL: REVISION No.: 6

TARGET AREA: Redlands DATE OF REVISION AUG 0 7 2008

PROJECT/ACTIVITY TITLE: Redlands: Geriatric Care Services for Family Caregivers - DASH

ACTIVITY LOCATION: 306 W. Colton Ave., Redlands, CA

ACTIVITY DESCRIPTION:

The City of Redlands will contract with the Developing Aging Solutions with Heart, Inc. (DASH) to reimburse DASH, Inc., for authorized expenditures related to the provision of geriatric care management services, including counseling, educational assistance, and access to community resources for both dependent adults with Alzheimer's and their caregivers. The purpose of this program is to help caregivers apply more effective care-giving strategies for their adult dependents. The Department of Community Development and Housing will reimburse the City of Redlands in an amount not to exceed the "CDBG Allocation Released" on the Attachment A for the services necessary to implement this program. Federal, State, County and City rules and regulations will apply.

DASH shall sign a contract with the City of Redlands addressing the scope of service and the terms and conditions. The contract shall remain in effect during the period that the services are provided for which CDBG funds will be requested for reimbursement. The contract with DASH shall comply with requirements listed in 24 CFR 570.503 including: Agreements with Subrecipients; Statement of Work; Records and Reports; Program Income; Uniform Administrative Requirements; Other Program Requirements; Conditions for Religious Organizations; Suspension and Termination; Reversion of Assets.

In addition, DASH shall comply with all applicable regulations listed in the City-County Delegate Agency Agreement, #06-528, Attachment C, Section IV. City shall maintain monthly program reports and records on the services provided. CDBG funds cannot be used for entertainment, gifts or fund-raising activities. Reimbursement expenditures must be appropriately documented. City shall comply with conflict of interest provisions and shall not exclude any persons from funded programs on the grounds of race, sex, creed, color, religion or national origin.

This program is available to caregivers and their dependents with Alzheimers and requires documentation that at least 51% of the adult dependents benefiting from this program are low-and moderate-income. In order to document that 51% of the adult dependents benefiting from the geriatric care management program are income-qualifying, a *Beneficiary Qualification Statement* (Exhibit 1 of 2) must be completed for each adult dependent who benefits from the program. This form is available in both English and Spanish. The *Beneficiary Qualification Statement* will then be used to complete and submit the *Program Progress/Direct Benefit Report* (Exhibit 2 of 2) to the County Department of Community Development and Housing. The *Program Progress/Direct Benefit Reports* must be submitted to the County for each month that CDBG reimbursement is requested. The units of service must be reported on *Part I - Program Progress Report, (*Exhibit 2 of 2). A unit of service is defined as one adult dependent participating in one geriatric care management session. DASH will provide a measurable outcome with quantifiable results for the duration of this contract. The measurable outcome will be recorded on *Part II - Direct Benefit Report* (Exhibit 2 of 2) and will consist of the number of unduplicated first-time clients (adult dependents) who participate in the program.

The City of Redlands will submit a final Request for Reimbursement for the program year no later than July 15, 2009. Note: After July 31, 2009, any balance remaining in this account will be reprogrammed.

IMPLEMENTING CITY:

Redlands

Martha Mary Gotte
SIGNATURE

August 5, 2008
DATE

Admin Analyst
TITLE

DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Patricia M. Cole
DIRECTOR

AUG 0 7 2008
DATE

COMDEV\CONSTRUCT DOCS\A & B's\A&B's 2008\08 Redlands Geriatrc Care Services r6 A&B 2288 NB.doc
07/16/08/NB/cb

COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/Activity Title:
Redlands: Geriatric Care Services for Family Caregivers – DASH

Case Number: 111-28127/2288

Name/Address of Contractor Agency:
Developing Aging Solutions with Heart, Inc.
306 West Colton Ave.
Redlands, CA 92374

Date of Issue:
_____ Original: 04/17/03
_X_ Amendment No. 6 Beginning 07/01/08

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?** _____

2. This question asks if you are from a low- and moderate-income household. For this question, a list of the 2008 EXTREMELY LOW-INCOME, LOW-INCOME and LOW- AND MODERATE-INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the EXTREMELY LOW-INCOME _____; LOW-INCOME _____; OR LOW- AND MODERATE-INCOME _____ amount for the number of persons in your household.**

	Number of Persons in Your Household			
	1	2	3	4
EXTREMELY LOW-INCOME	$14,000	$16,000	$18,000	$20,000
LOW-INCOME	$23,300	$26,650	$29,950	$33,300
LOW- AND MODERATE-INCOME (COMBINED)	$37,300	$42,650	$47,950	$53,300

	Number of Persons in Your Household			
	5	6	7	8
EXTREMELY LOW-INCOME	$21,600	$23,200	$24,800	$26,400
LOW-INCOME	$35,950	$38,650	$41,300	$43,950
LOW- AND MODERATE-INCOME (COMBINED)	$57,550	$61,850	$66,100	$70,350

COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/Activity Title:
Redlands: Geriatric Care Services for Family Caregivers – DASH

Case Number: 111-28127/2288

Name/Address of Contractor Agency:
Developing Aging Solutions with Heart, Inc.
306 West Colton Ave.
Redlands, CA 92374

Date of Issue:
_____Original: 04/17/03
__X__ Amendment No. 6 Beginning 07/01/08

3. Please indicate how you identify yourself by checking **only one** of the following choices:

	Hispanic	Non-Hispanic
White	☐	☐
Black/African American	☐	☐
Asian	☐	☐
American Indian/Alaskan Native	☐	☐
Native Hawaiian/Other Pacific Islander	☐	☐
American Indian/Alaskan Native & White	☐	☐
Asian & White	☐	☐
Black/African American & White	☐	☐
American Indian/Alaskan Native & Black/African American	☐	☐
Balance/Other	☐	☐

4. Please check whether you belong to a Female Headed Household: ☐Yes ☐No

5. Please describe the **condition** that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:
(description) _____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SIGNATURE: _____ PHONE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

*Taken from 2008 Section 8 Low-Income and Very Low-Income Limits.

COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/Activity Title:
Redlands: Geriatric Care Services for Family Caregivers – DASH

Case Number: 111-28127/2288

Name/Address of Contractor Agency:
Developing Aging Solutions with Heart, Inc.
306 West Colton Ave.
Redlands, CA 92374

Date of Issue:
_____Original: 04/17/03
__X__ Amendment No. 6 Beginning 07/01/08

DECLARACIÓN DE LA CALIFICACIÓN DEL BENEFICIARIO

Esta forma tiene el propósito de proporcionar la información necesaria para calificar el uso de los fondos federales del bloque del desarrollo de la comunidad (CDBG) para el proyecto/actividad descrito arriba. Esta declaración se debe llenar y firmar por la persona (o la tutela legal de la persona) que solicita para recibir beneficios del proyecto/actividad descrito. Solamente una declaración por persona, por año se requiere.

Conteste por favor a cada una de las preguntas siguientes.

1. Esta pregunta le ayuda a determinar el tamaño de su casa. En esta pregunta un hogar es un grupo de personas relacionadas o sin relación que ocupan la misma casa por lo menos con un miembro que es la cabeza de la casa. Los inquilinos no se pueden incluir como miembros de la casa. **¿Cuántas personas viven en su casa? ____**

2. Esta pregunta explica si usted es de un hogar de ingresos bajos y moderados. Para esta pregunta, la lista de 2008 de categorías de ESTREMADO-BAJOS, INGRESOS-BAJOS, y del PUNTO BAJO Y de INGRESOS-MODERADOS *se presenta abajo. Sume por favor para arriba los ingresos brutos anuales combinados de todas las personas en su hogar y de todas las fuentes de los ingresos. **En el espacio en blanco, escriba (sí) o (no) si su ingreso anual grueso combinado es igual o menos que la cantidad de ESTREMADO-BAJOS _____; INGRESO-BAJO _____; O INGRESOS BAJOS Y MODERADOS _____ para el número de personas en su casa.**

	Numero de Personas en su Hogar			
	1	2	3	4
ESTREMADO-BAJOS	$14,000	$16,000	$18,000	$20,000
INGRESOS-BAJOS	$23,300	$26,650	$29,950	$33,300
INGRESOS-BAJOS Y MODERADOS (COMBINADOS)	$37,300	$42,650	$47,950	$53,300
	Numero de Personas en su Hogar			
	5	6	7	8
ESTREMADO -BAJOS	$21,600	$23,200	$24,800	$26,400
INGRESOS-BAJOS	$35,950	$38,650	$41,300	$43,950
INGRESOS-BAJOS Y MODERADOS (COMBINADOS)	$57,550	$61,850	$66,100	$70,350

COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/Activity Title:
Redlands: Geriatric Care Services for Family Caregivers – DASH

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3. Indique por favor cómo se identifica usted, marcando **solamente una** de las opciones siguientes:

	Hispano	No-Hispano
Blanco	☐	☐
Negro/Afro Americano	☐	☐
Asiático	☐	☐
Indio Americano/Nativo de Alaska	☐	☐
Nativo Hawaiano/Otra Isla del Pacífico	☐	☐
Indio Americano/Nativo de Alaska & Blanco	☐	☐
Asiatico & Blanco	☐	☐
Negro/Afro Americano & Blanco	☐	☐
Indio Americano/Nativo de Alaska & Negro/Afro Americano	☐	☐
Balance/Otro	☐	☐

4. Marque por favor si usted pertenece a un hogar encabezado femenino: ☐Si ☐No

5. Describa por favor la **condición** que le calificaría como siendo considerado en una de las categorías de presumidos ingresos bajos y moderados siguientes: niño abusado, esposo estropeado, persona mayor, persona sin hogar, adulto incapacitado, persona analfabeta, o trabajador migratorio de granja:
(descripción) _____

_____

_____

RECONOCIMIENTO Y NEGACIÓN

CERTIFICO BAJO PENA DE PERJURIO QUE LAS DECLARACIONES HECHAS EN ESTA FORMA, ACERCA DE LOS INGRESOS Y DE LAS CUENTAS DE LA CASA SON VERDADERAS.

NOMBRE: _____ FECHA: _____

DOMICILIO: _____ CIUDAD: _____ CODIGO: _____

FIRMA: _____ TELÉFONO: _____

La información que usted proporciona en esta forma es para los propósitos del programa de fondos del bloque del desarrollo de la comunidad (CDBG) solamente y será mantenida confidencial.

*Tomado de 2008 Sección 8 Ingresos bajos.

EXHIBIT 2 of 2

COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/Activity Title:
Redlands: Geriatric Care Services for Family Caregivers – DASH

Case Number: 111-28127/2288

Name/Address of Contractor Agency:
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306 West Colton Ave.
Redlands, CA 92374

Date of Issue:
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_X_ Amendment No. 6 Beginning 07/01/08

PROGRAM PROGRESS AND DIRECT BENEFIT REPORT For FY 2008-2009

PART 1: PROGRAM PROGRESS REPORT

A. Units of Service Provided and Description

Under each type of service listed below, summarize what your program has accomplished during this month. Include location, number of persons served, services/benefits provided, and a description of the clients served. Also report the number of "Units of Service" provided, as defined in the Project/Activity Description (Exhibit 1 of the agreement).

Type of Service:

1. Geriatric Care Management:

Units of Service:

Goal.: 10 Actual.: _____
(Each adult dependent participating in one geriatric care session equals one unit of service.)

B. Beneficiary Count ***(may include individual persons (P) or households (H) previously counted during this grant/program year)***

Total number of beneficiaries (clients/participants) served (**choose one category only**):
Number of Persons_____ **OR** Number of Households_____

PART II: DIRECT BENEFIT REPORT

Direct Benefit Statistics (Unduplicated first-time client counts since start of contract; taken from Beneficiary Qualification Statement forms)

Enter the number of first-time program beneficiaries directly assisted
Count only as: ☐ **Individual Persons or** ☐ **Households (check one box)**

Low-Income (**only**): _____ Low- **and** Moderate-Income (**combined**): _____ All Beneficiaries:

Racial Identity Categories	Hispanic (a)	Non-Hispanic (b)		Hispanic (c)	Non-Hispanic (d)
White			American Indian/Alaskan Native & White		
Black/African American			Asian & White		
Asian			Black/African American & White		
American Indian/Alaskan Native			Amer. Indian/Alaskan Native & African Amer.		
Native Hawaiian/Other Pacific Islander			Balance/Other		

Grand Total of Racial Identity Categories. Sum of columns a, b, c, and d should equal the "All Beneficiaries" total above:

Female Headed Households: _____

Signed _____ Title _____ Date _____

Printed Name _____ Telephone No./Ext. _____

Exhibit C

Contract: FY 08/09
Project # 111-28127
Case # 2288

Developing Aging Solutions with Heart, Inc. will have (2) employees attached to this contract, they are as follows:
Vicky L. Dickinson, MSW; ACC;FAPA
K. Lawrence Townend