



**AMENDMENT NUMBER SIX**  
**TO**  
**CONTRACT NUMBER MA-012-24011304**  
**BETWEEN**  
**COUNTY OF ORANGE**  
**AND**  
**ST. JUDE HOSPITAL, INC., DBA PROVIDENCE ST. JUDE MEDICAL CENTER**  
**FOR**  
**TITLE III-E FAMILY CAREGIVER SUPPORTIVE SERVICES**

This Amendment to Contract Number MA-012-24011304, (hereinafter referred to as “Amendment”) is made and entered into upon execution of all necessary signatures, and made and entered into between the County of Orange, a political subdivision of the State of California, hereinafter referred to as “County” and St. Jude Hospital, Inc. DBA Providence St. Jude Medical Center (“St. Jude Hospital, Inc.”), DUNS No. 787460625, UEI No. JG5LWZC25FH8, a non-profit corporation in the State of California, with a place of business at 101 E Valencia Mesa Drive, Fullerton, CA 92835, (hereinafter referred to as “Subrecipient”), with County and Subrecipient sometimes referred to as “Party,” or collectively as “Parties.”

**RECITALS**

**WHEREAS**, County and St. Jude Hospital, Inc. entered into Contract Number MA-012-24011304 (hereinafter referred to as “Original Contract”), for Family Caregiver Supportive Services, commencing July 1, 2024, through June 30, 2025, in the amount not to exceed \$1,667,131; and

**WHEREAS**, on January 7, 2025, the Parties executed Amendment Number One to decrease the Contract Amount of \$5,889 for a revised not to exceed amount of \$1,661,242; replace General Terms and Conditions – Paragraph BB. Contingency of Funds; replace Attachment A – Scope of Services; replace Attachment B – Payment Compensation; replace Attachment C – Budget Schedule; replace Attachment D – Staffing Plan; replace Attachment E – Performance Standards; replace Attachment F – Federal Award Identification; and

**WHEREAS**, on March 19, 2025, the Parties entered into Amendment Number Two to increase the contract amount of \$272,646 for a revised maximum amount of \$1,933,888; this included the following updates: a replacement for Attachment B-1 – Payment Compensation; a replacement to Attachment C-1 – Budget Schedule; a replacement of Attachment D-1 – Staffing Plan; a replacement of Attachment E-1 – Performance Standards; and a replacement to Attachment F-1 – Federal Award Identification; and

**WHEREAS**, the Parties entered into Amendment Number Three to correct clerical errors in Amendment Number Two by changing the contract amount for the contract period July 1, 2024 through June 30, 2025 from \$104,776 to \$272,646 to a revised maximum total of \$1,933,888, as correctly stated in Attachment B-2 (Payment and Compensation) to Amendment Number Two, and to replace Attachment C-2 – Budget Schedule and Attachment D-2 – Staffing Plan; and

**WHEREAS**, the Parties entered into separate contractual service components for Family Caregiver Supportive Services and Older Californian Act Modernization (OCAM) Supportive Services, and

**WHEREAS**, the Parties entered into Amendment Number Four to renew the service term for an additional one-year period, in the annual amount of \$1,094,542, effective from July 1, 2025, through June 30, 2026, modify the scope of services and replace Attachment A-2 – Scope of Services, replace Attachment B-2 – Payment Compensation, replace Attachment C-2A – Budget Schedule, replace Attachment D-2A – Staffing Plan, replace Attachment E-2 – Performance Standards, and replace Attachment F-2 – Federal Award Identification; and

**WHEREAS**, the Parties entered into Amendment Number Five to decrease the Contract amount by \$37,231, resulting in a new annual maximum amount of \$1,057,311, replace Attachment A-2 – Scope of Services, replace Attachment B-3 – Payment Compensation, replace Attachment C-2A – Budget Schedule, replace Attachment D-2A

– Staffing Plan, replace Attachment E-2 – Performance Standards, and replace Attachment F-2 – Federal Award Identification; and

**WHEREAS**, the Parties now desire to execute Amendment Number Six to renew the service term for an additional one-year period, in the annual amount of \$1,057,311, replace Attachment B-4 – Payment Compensation, replace Attachment C-4 – Budget Schedule, replace Attachment D-4 – Staffing Plan, replace Attachment E-4 – Performance Standards, and replace Attachment F-4 – Federal Award Identification; and

**NOW, THEREFORE**, in consideration of the mutual obligations set forth herein, both Parties mutually agree to amend as follows:

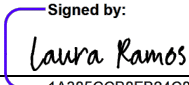
1. The Contract amount is hereby renewed for the amount \$1,057,311 for the term effective from July 1, 2026, through June 30, 2027, bringing the new cumulative contract total not to exceed \$4,048,510.
2. Attachment B-4 – Payment and Compensation, is hereby replaced with Attachment B-5.
3. Attachment C-4 – Budget Schedule, is hereby replaced with Attachment C-5.
4. Attachment D-4 – Staffing Plan, is hereby replaced with Attachment D-5.
5. Attachment E-4 – Performance Standards, is hereby replaced with Attachment E-5.
6. Attachment F-4 – Federal Award Identification, is hereby replaced with Attachment F-5.
7. Exhibit 5(a) – OCCR Contract Reimbursement Policy is hereby removed from the Contract.

Except as otherwise expressly set forth herein, all terms and conditions contained in the original Contract, including any amendments/modifications, are hereby incorporated herein by this reference as if fully set forth herein and shall remain in full force and effect.

-Signature Page follows-

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment on the dates with their respective signatures:

**\*ST. JUDE HOSPITAL, INC. DBA PROVIDENCE ST. JUDE MEDICAL CENTER**

By: 

  
Signed by:  
1A385CCB8FB24C8...
\_\_\_\_\_
By: \_\_\_\_\_

Name: Laura Ramos
Name: \_\_\_\_\_

Title: CE
Title: \_\_\_\_\_

Dated: 4/21/2026
Dated: \_\_\_\_\_

\*For Subrecipients that are corporations, signature requirements are as follows: 1) One signature by the Chairman of the Board, the President or any Vice President; and 2) One signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or an Assistant Treasurer.

\*For Subrecipients that are not corporations, the person who has authority to bind the Subrecipient to a Contract, must sign on one of the lines above.

\*\*\*\*\*

**COUNTY OF ORANGE**  
A Political Subdivision of the State of California

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Deputized Purchasing Agent

**APPROVED AS TO FORM**  
Office of the County Counsel


  
Signed by:  
DEPUTY 1A00032EE65457...
\_\_\_\_\_
4/21/2026  
Dated: \_\_\_\_\_

**ATTACHMENT B-5**  
**PAYMENT AND COMPENSATION**

**I. COMPENSATION**

This is a cost-reimbursement Contract between the County and the Subrecipient for up to \$1,057,311, beginning July 1, 2026, through June 30, 2027. The Subrecipient agrees to accept the specified compensation as set forth in this Contract as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the Subrecipient of all its duties and obligations hereunder. The County shall have no obligation to pay any sum exceeding the total Contract amount specified unless authorized by an amendment in accordance with Paragraphs C and P of the County's General Terms and Conditions.

**II. BUDGET TERMS**

- A. Detailed Budget: Upon approval by the Orange County Board of Supervisors and/or the County – but prior to submission of invoices, a detailed budget must be submitted to the Office on Aging office for approval. Budget templates will be provided by the Office on Aging through the assigned *Box Folder*. Invoices shall be submitted based upon these detailed budgets.
- B. Budget revisions are changes made to the budget line items on Attachment C.
1. Budget revisions initiated by Subrecipient must be limited to no more than two (2) times per program, per Fiscal Year.
  2. Budget revisions requests initiated by Subrecipient must be submitted no later than 60 days before the end of the contract term.
- C. Budget modifications are changes made to the detailed budget
1. Budget modifications initiated by Subrecipient must be limited to no more than three (3) times per program, per Fiscal Year.
  2. Budget modification requests are approved based on County discretion.
- D. Subrecipient must include a justification narrative specifying the purpose of the revision or modification.
- E. All additional budget revision and budget modification requests initiated by Subrecipient may be denied. Special consideration may be given for extenuating circumstances, but approval is not guaranteed.

**III. PAYMENT TERMS**

Invoices are to be submitted in arrears to the user agency/department. An invoice for the reimbursement of costs shall be submitted as specified below upon the completion of the services/activities and approval of the County. Payment shall be made within thirty (30) days after receipt of a properly prepared invoice in a format acceptable to the County. All invoices shall be verified and approved by County prior to payment and processed in accordance with the County's routine procedures. The responsibility for providing an acceptable invoice rests with the Subrecipient.

Billing shall cover services not previously invoiced. The Subrecipient shall reimburse the County of Orange for any monies paid to the Subrecipient for services not provided or when services do not meet the Contract requirements.

#### **IV. INVOICING INSTRUCTIONS**

- A. Subrecipient shall submit an invoice(s) and other substantiating reports as County may require, all in a form satisfactory to County, by the fifteenth (15<sup>th</sup>) day of each month. If the 15<sup>th</sup> falls on a weekend or holiday, the invoice/data report is due on the next business day. If Subrecipient receives funds pursuant to this Contract for more than one program or Service Area, each such program or Service Area shall be invoiced separately from all other programs or Service Areas, and separate substantiating reports shall be submitted for each program or Service Area, unless otherwise approved by County. County shall make monthly payments based on Subrecipient's data, invoice(s), and substantiating reports, unless otherwise approved by County.
- B. In cases where errors or Disallowed costs are identified by County, County will return invoice(s) for revision. Subrecipient must resubmit revised invoice(s) within five (5) business days of notification from County, excluding the 11<sup>th</sup> month invoice and 12<sup>th</sup> month close-out invoice.
- C. No payments will be made if any preceding months' invoices are outstanding, unless otherwise approved by the County.
- D. No payments will be made for costs incurred by Subrecipient which are determined to be unallowable, in accordance with the applicable Federal statutes, regulations, or the terms and conditions of the Federal award. (2 CFR Part 200.31 and 45 CFR 75.2)
- E. Whenever Subrecipient is not in compliance with any provision of this Contract, County may withhold payment until such time as Subrecipient comes into compliance.
- F. Any late submission for the 1<sup>st</sup> through 10<sup>th</sup> invoices will result in technical assistance finding during program monitoring unless a pre-approved formal extension has been granted by the County.

Further instructions regarding invoicing/reimbursements as set forth in Exhibit 5, OC Community Resources Contract Reimbursement Policy, are attached hereto and incorporated herein by reference.

#### **V. CLOSE-OUTS**

- A. The 11<sup>th</sup> month invoice is due on the 10<sup>th</sup> of the 12<sup>th</sup> month of the contract without exception. In cases of returned invoices due to errors or disallowed costs, Subrecipient must resubmit revised invoice(s) within two (2) business days of notification from County.
- B. The 12<sup>th</sup> month close-out invoice is due on the 10<sup>th</sup> of month following the end of the contract term, without exception. In cases of returned invoices due to errors or disallowed costs, Subrecipient must resubmit revised invoice(s) within two (2) business days of notification from County.
- C. Request for invoice revisions from the Subrecipient will only be allowed at the County's discretion.
- D. Subrecipient must submit the 12<sup>th</sup> month invoice estimates by the 10<sup>th</sup> of the 12<sup>th</sup> month of the contract. Estimates must be projected based on anticipated actual expenditure.
- E. Any late submission for the 11<sup>th</sup> and 12<sup>th</sup> month invoices will result in a corrective monitoring finding, without any exceptions. All requests for late submissions or due date extensions will not be granted. A Corrective Action Plan (CAP) will be required to address this finding.

**VI. FULL COMPENSATION**

The Subrecipient agrees that the payment listed in this contract is the full amount they will receive. This payment covers all work, staff, and materials needed to complete the services, including any unexpected issues or difficulties that may arise. The Subrecipient accepts all risks related to the work and agrees to fulfill all responsibilities under this contract for that amount.

**ATTACHMENT C-5**  
**BUDGET SCHEDULE**

St. Jude Hospital dba Providence St. Jude Medical Center  
(July 1, 2026 - June 30, 2027)

Service Area(s)
Countywide

**I. Subrecipient’s Budget**

The following Budgets are set forth for informational purposes only, and may be adjusted by mutual agreement, in writing, of Subrecipient and County.

Family Caregiver Support

Program Costs	\$1,057,311
Administrative Costs	\$0
AMOUNT NOT TO EXCEED	\$1,057,311
Total Program Match (Cash and/or In-Kind)	\$352,437

Upon approval by the Orange County Board of Supervisors and/or the County – but prior to submission of July 2026 invoices, a detailed budget must be submitted to the Office on Aging office for approval. Budget templates will be provided by the Office on Aging. Invoices shall be submitted based upon these detailed budgets.

Subrecipient may request to shift funds between programs, or between budgeted line items within a program, for the purpose of meeting specific program needs by utilizing the applicable form provided by County. Subrecipient must include a justification narrative specifying the purpose of the request, the amount of said funds to be shifted, and the sustaining annual impact of the shift as may be applicable to the current Fiscal Year Budget and/or future Fiscal Year Budgets. Subrecipient shall obtain written approval of any budget adjustments from County prior to implementation by Subrecipient.

- II.** The above Budget Display is an overview of the actual budget approved by the Office on Aging. Subrecipient shall be responsible for and maintain the approved Detailed Budget that is provided to Subrecipient from Office on Aging. The Detailed Budget shall be maintained and completed in accordance with the Office on Aging policies and processes. Any deviation from the Office on Aging approved budget, may and can delay acceptance of budgets and/or reimbursements.
- III.** The Detailed Budget must set forth in detail the reimbursable items, unit rates, and extended total amounts for each line item. The Subrecipient’s Detailed Budget shall include, at a minimum, the following items when reimbursable and applicable under this Contract:
  - A. Personnel Costs – annual Full-Time Effort (FTE) wage rates and personnel classifications together with the percentage of time to be charged, specified for each program. 2 CFR 200.430 must be followed for rules regarding allowability of personnel costs. Specific emphasis of section (i) of 2 CFR 200.430:

- 1. Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:
  - i. Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated.

- ii. Be incorporated into the official records of the non-Federal entity.
  - iii. Reasonably reflects the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities.
  - iv. Support the distribution of the employee's salary among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and a non-Federal award, an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.
  - v. Budget estimates (i.e., estimates determined before the services are performed) alone do not qualify as support for changes to Federal awards.
2. Salaries and wages of employees used in meeting cost sharing or matching requirements on Federal awards must be supported in the same manner as salaries and wages claimed for reimbursement from Federal awards.
- B. Fringe Benefits – specified for each program.
  - C. Staff Travel (In-State and Out-of-State travel) – mileage reimbursement, lodging, per diem, and other travel costs, specified for each program.
  - D. Staff Training – attendance cost for necessary training, specified for each program.
  - E. Rent – total, specified for each program.
  - F. Property/Equipment - detailed descriptions and unit costs, specified for each program.
  - G. Supplies – to include items that do not qualify as property, specified for each program.
  - H. Contractual Costs (Consultants/Professional Services) – cost detail, specified for each program.
  - I. Food – used in delivering Congregate and Home-Delivered Meals.
  - J. Other – Facilities, operating expenses, and other ordinary and necessary costs specified for each program.
  - K. Allocated Direct Costs – requires submission of a Direct Cost Allocation Plan for prior approval.
  - L. Indirect Costs – costs incurred for a common or joint purpose benefitting more than one cost objective and not readily assignable as a direct cost.

#### **IV. One-Time Only (OTO) Funds**

- A. OTO funds are non-transferable between funding sources. This means that OTO funds can only be used in the program in which they were accrued.
- B. Titles III federal Program OTO funds shall only be used for the following purposes:
  - 1. The purchase of equipment that enhances the delivery of services to the eligible service population.
  - 2. Home and community-based projects that are approved in advance by County and CDA and are designed to address the unmet needs of the eligible service population identified in the Area Plan.
  - 3. Innovative pilot projects that are approved in advance by County and CDA and are designed for the development or enhancement of a comprehensive and coordinated system of services as defined in 45 CFR 1321.53(a)(b).
  - 4. OTO funds can be used to maintain or increase baseline services. However, Subrecipient shall assure that services funded with OTO funds will not create an expectation of service delivery beyond the current Contract period. Expenditures for baseline services do not require advance County and/or CDA approval.
- C. NSIP OTO funds shall only be used to purchase food used in the Elderly Nutrition Program.

#### **V. Matching Contributions**

“Matching Contributions” means local cash and/or in-kind contributions made by the Subrecipient, subcontractor, or other local resources that qualify as match for the Contract funding.

- A. Cash and/or in-kind contributions may count as match, if such contributions are used to meet program requirements.

- B. Any matching contributions (cash or in-kind) must be verifiable from the records of the Subrecipient and the subcontractor.
- C. Matching contributions must be used for allowable costs in accordance with the OMB cost principles.
- D. Match requirement must be fulfilled by the end of the contract fiscal year.
- E. The required minimum program matching contributions for Title III Eis twenty-five percent (25%).
- F. Minimum matching requirements are calculated on net costs, which are total costs less program income, non-matching contributions, and State funds. Matching contributions are included in the detailed budget minimum matching requirements calculation.
- G. Matching contributions generated in excess of the minimum required are considered overmatch.

## **VI. Indirect Costs**

- A. The maximum reimbursement amount allowable for indirect costs is fifteen percent (15%) of the Subrecipient's Modified Total Direct Costs (MTDC), per funding category excluding in-kind contributions and nonexpendable equipment.

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the awards). MTDC excludes in-kind contributions, equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. [45 CFR 75.2]

- B. Subrecipients requesting reimbursement for indirect costs exceeding the maximum fifteen percent (15%) shall retain on file an approved negotiated indirect cost rate or cost allocation plan.
- C. Indirect costs exceeding the fifteen percent (15%) maximum may be budgeted as in-kind for purposes of meeting matching requirements in Title III and VII programs only. Subrecipients must receive prior approval from federal awarding agency prior to budgeting the excess indirect costs as in-kind.

## **VII. Program Income**

- A. Program Income means revenue generated by the Subrecipient and/or its Subcontractor from contract-supported activities and may include.
  - i. Voluntary contributions received from a participant or responsible party as a result of the service(s).
  - ii. Income from usage or rental fees of real or personal property acquired with funds provided under this Contract.
  - iii. Royalties received on patents and copyrights from contract-supported activities.
  - iv. Proceeds from the sale of items fabricated under a contract agreement.
- B. Subrecipient shall provide every participant the opportunity to voluntarily contribute toward the cost of the services provided under this Contract for the applicable programs. Subrecipient shall protect the privacy of each such contributor with respect to his or her contribution and shall not maintain individual records of contributions. No participant shall be denied a service because of unwillingness or inability to contribute towards the cost of said service.

- C. Subrecipient shall keep separate accounts of all contributions for services provided pursuant to this Contract. Subrecipient shall report on such contributions monthly to County in the format required by County.
- D. Contributions for services provided pursuant to this Contract shall be added to the funds provided to Subrecipient by County pursuant to this Contract and shall be used for the purposes and in accordance with the terms of this Contract.
- E. Program Income must be reported and expended under the same terms and conditions as the program funds from which it is generated.
- F. Program Income must be used to pay for current allowable costs of the program in the same fiscal year that the income was earned.
- G. For Title III B, III-C, III-D, III E, VII Ombudsman, and VII-A Elder Abuse Prevention programs, Program Income must be spent before contract funds and may reduce the total amount of contract funds payable to the Subrecipient.
- H. Program Income may not be used to meet the matching requirements of this Contract.
- I. Program Income must be used to expand baseline services.
- J. No fees may be charged for services, although voluntary contributions may be requested.

#### **VIII. Allocation Transfers**

- A. Subrecipient shall submit a request to County to transfer federal or State funds between Title III B, C1, and C2 programs in accordance with the most current funding allocation.
  - i. Transfer of federal baseline funds is allowable between Titles III B and III-C in accordance with OAA § 308(b)(5)(A) and between Titles III C1 and III C2 in accordance with OAA § 308(b)(4)(A).
  - ii. Transfer of State funds is allowable between Title III C1 General Fund and Title III C2 General Fund.
  - iii. The Title III-C nutrition augmentation funding may be transferred between Title III General Fund C1 and Title III General Fund C2 as needed to provide services. The funding must not be transferred to other programs or be used to supplant other program funding, including the Federal Title III C1 and Federal Title III C2.
- B. Allocation transfers are due to County as determined by County/State.
- C. Approved transfers will be incorporated within the Subrecipient's Detail Budget.

**ATTACHMENT D-5**  
**STAFFING PLAN**

July 1, 2026 – June 30, 2027

The following Staffing Plan is set forth for informational purposes only, and may be adjusted by mutual agreement, in writing, of Subrecipient and County.

**I. Family Caregiver Support**

Title
Data Analysts
Family Consultants

The substitution or addition of other key individuals in any given category or classification shall be allowed only with prior written pre-approval of the County.

The County may reserve the right to involve other personnel, as their services are required. The specific individuals will be assigned based on the need and time of the service/class required. Assignment of additional key personnel shall be subject to County approval pursuant to Paragraph 13 of the Contract.

**ATTACHMENT E-5  
PERFORMANCE STANDARDS  
FAMILY CAREGIVER SUPPORTIVE SERVICES  
SERVICE UNITS**

<b>AGENCY NAME:</b> St. Jude Hospital, Inc. DBA Providence St. Jude Medical Center				<b>FISCAL YEAR:</b> 2026-2027	
<b>PROGRAM NAME(S):</b> Family Caregiver Support Program				<b>SERVICE AREA:</b> • Countywide	
<b>CONTRACT #:</b> MA-012-24011304				<b>DATE:</b> July 2026	
<b>PROGRAM SERVICE</b>		<b>NUMBER OF ANNUAL SERVICE UNITS</b>	<b>UNDUPLICATED PERSONS SERVED</b>	<b>SERVICE CATEGORY</b>	<b>DESCRIPTION OF SERVICE UNITS</b>
Caregiver Case Management (ACCESS ASSISTANCE)		10,000 Caregiver Case Management # of Hours	100	Registered	<b>Caregiver Case Management (1 Hour):</b> An FCSP Access Assistance service provided to a caregiver, at the direction of the caregiver by an individual who is trained and experienced in the case management skills that are required to deliver services and coordination; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver. [Previously NAPIS Caregiver Case Management]
Caregiver Counseling (SUPPORT SERVICES)		1,500 Caregiver Counseling # of Hours	45	Registered	<b>Caregiver Counseling (1 Hour):</b> An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed for stress, depression, and loss resulting from caregiving responsibilities. This service may: (A) Involve his or her informal support system; (B) Be individual direct sessions and/or telephone consultations, and (C) Address caregiving-related financial and long-term care placement responsibilities. [Previously NAPIS Caregiver Counseling]  An FCSP service provided by experienced volunteers on the condition that appropriate training and qualified supervision protocols are in place. [Previously NAPIS Caregiver Peer Counseling]
Caregiver Information and Assistance (ACCESS ASSISTANCE)		13,000 Caregiver Information and Assistance # of Contacts	Estimated: 5,000	Non-Registered	<b>Caregiver Information and Assistance (1 Contact):</b> An FCSP Access Assistance service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems and capacities of the individual; links the individual to services; and ensures that the individual receives services they need. [Previously NAPIS Caregiving Information and Assistance]  An FCSP Access Assistance service involving interventions (one-on-one contacts with individuals) initiated by an agency or provider for the purpose of identifying caregivers and encouraging their use of existing caregiver support services (e.g., AAA and/or FCSP staff contacts with potential caregivers outside of

**ATTACHMENT E-5  
PERFORMANCE STANDARDS  
FAMILY CAREGIVER SUPPORTIVE SERVICES  
SERVICE UNITS**

					local market). [Previously NAPIS Caregiver Outreach]  An FSCP Access Assistance service for the provision of bilingual communication assistance to a caregiver in order to access assistance and receive support for his or her caregiving responsibilities (e.g., staff interpreting dialogue between caregiver and care consultant staff translating an elder’s prescription drug label for his caregiver). [Previously NAPIS Caregiver Interpretation/Translation]
Caregiver Information Services (INFORMATION SERVICES)	226	Caregiver Information Services # of Activities	Estimated: 250,000	Non-Registered	<b>Caregiver Information Services (1 Activity):</b> An FSCP Information Services public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is not tailored to the needs of the individual. [Previously NAPIS Public Information on Caregiving]  An FCSP Information Services designed to educate groups of current or potential caregivers and those who may provide them with assistance about available FCSP and other caregiver support resources and services (e.g., booth at health fair). [Previously NAPIS Community Education on Caregiving]
Caregiver Respite In-Home (RESPITE CARE)	7,350	Caregiver Respite In-Home # of Hours	75	Registered	<b>Caregiver Respite In-Home (1 Hour):</b> An FSCP Respite Care service that includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and/or dressing (along with care receiver supervision and related homemaker assistance) by an appropriately skilled provider [Previously NAPIS Caregiver Respite In-Home Personal Care]  A FSCP Respite Care service that includes the provision of care receiver day and/or overnight supervision and friendly visiting by an appropriately skilled provider or volunteer to prevent wandering and health or safety incidents [Previously NAPIS Caregiver Respite In-Home Supervision]
Caregiver Respite Other (RESPITE CARE)	290	Caregiver Respite Other # of Hours	7	Registered	<b>Caregiver Respite Other (1 Hour):</b> An FSCP Respite Care service that includes an appropriately skilled provider or volunteer assisting a caregiver with heavy housework, yard work, and/or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities [Previously NAPIS Caregiver Respite Home Chore]  A FSCP Respite Care service that includes the provision of care receiver assistance with meal preparation, medication management, using the phone, and/or light housework (along with care receiver supervision) by an appropriately skilled

**ATTACHMENT E-5**  
**PERFORMANCE STANDARDS**  
**FAMILY CAREGIVER SUPPORTIVE SERVICES**  
**SERVICE UNITS**

					provider or volunteer. [Previously NAPIS Caregiver Respite Homemaker Assistance]
Caregiver Respite Out-of-Home Day Care (RESPITE CARE)	4,500	Caregiver Respite Out-of-Home Day # of Hours	13	Registered	<b>Caregiver Respite Out-of-Home Day Care (1 Hour):</b> An FSCP Respite Care service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur. [Previously NAPIS Respite Out-of-Home Day Care]
Caregiver Respite Out-of-Home Overnight Care (RESPITE CARE)	0	Caregiver Respite Out-of-Home Overnight # of Hours	0	Registered	<b>Caregiver Respite Out-of-Home Overnight Care (1 Hour):</b> An FSCP Respite Care service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for one or more nights. [Previously NAPIS Respite Out-of-Home Overnight Care]
Caregiver Supplemental Services Assistive Technology (SUPPLEMENTAL SERVICES)	35	Caregiver Supplemental Services Assistive Technology # of Occurrences	10	Registered	<b>Caregiver Supplemental Services Assistive Devices for Caregiving (1 Device is 1 Occurrence):</b> An FSCP service domain of supplemental services that involves the purchase, rental and/or service fee of any equipment or product system (ranging from a lift chair or bathtub transfer bench to an electronic pill dispenser or emergency alert fall prevention device) to facilitate and fulfill caregiving responsibilities. [Previously NAPIS Assistive Devices for Caregiving]
Caregiver Supplemental Services Caregiver Assessment (SUPPLEMENTAL SERVICES)	1,750	Caregiver Supplemental Services Caregiver Assessment # of Hours	100	Registered	<b>Caregiver Supplemental Services Caregiver Assessment (1 Hour):</b> An FSCP service domain of supplemental services (other) conducted by persons trained and experienced in the skills required to deliver the service that should result in a plan that includes emergency back-up provisions and is periodically updated; and will explore options and courses of action for caregivers by identifying: (A) Their willingness to provide care; (B) Duration and care frequency preferences; (C) Caregiving abilities; (D) Physical health, psychological, social support, and training needs; (E) Financial resources relative for caregiving; and (F) Strengths and weaknesses within the immediate caregiving environment and (caregiver's) extended informal support system. Such assessments shall be administered in person or via home visits, the internet, telephone, or teleconference. [Previously NAPIS Caregiver Assessment]

**ATTACHMENT E-5**  
**PERFORMANCE STANDARDS**  
**FAMILY CAREGIVER SUPPORTIVE SERVICES**  
**SERVICE UNITS**

Caregiver Supplemental Services Caregiver Registry (SUPPLEMENTAL SERVICES)	0	Caregiver Supplemental Services Caregiver Registry # of Occurrences	0	Registered	<b>Caregiver Supplemental Services Caregiver Registry (1 Hour is 1 Occurrence):</b> An FSCP service domain of supplemental services (other) that recruits, screens, and maintains a listing of dependable, qualified self-employed homemaker or respite care workers who may be matched with caregivers willing to use personal resources to pay for assistance with their caregiving responsibilities. Both the caregiver and the self-employed worker will be: (A) Advised about appropriate compensation and workplace performance expectations; and (B) Provided with follow-up to ensure the match is functioning effectively. [Previously NAPIS Caregiving Services Registry]
Caregiver Supplemental Services Consumable Supplies (SUPPLEMENTAL SERVICES)	140	Caregiver Supplemental Services Consumable Supplies # of Occurrences	17	Registered	<b>Caregiving Supplemental Services Consumable Supplies (1 Assistance is 1 Occurrence):</b> An FSCP service domain of supplemental services that arranges for and provides assistance to caregivers in the form of commodities, surplus food, transit passes, meals, and vouchers, or direct payment to vendors that will help meet identified needs associated with an individual caregiver’s responsibilities. [Previously NAPIS Caregiving Material Aid]
Caregiver Supplemental Services Home Modifications (SUPPLEMENTAL SERVICES)	0	Caregiver Supplemental Home Modifications # of Occurrences	0	Registered	<b>Caregiver Supplemental Services Legal Consultation (1 Hour):</b> An FSCP service domain of supplemental services that makes any minor or major physical change to the home (ranging from installation of grab bars or replacement of door handles to construction of an entrance ramp or roll-in shower) to fulfill caregiving responsibilities. [Previously NAPIS Home Adaptations for Caregiving]
Caregiver Supplemental Services Legal Consultation (SUPPLEMENTAL SERVICES)	15	Caregiver Supplemental Services Legal Consultation # of Hours	12	Restricted	<b>Caregiver Supplemental Services Legal Consultation (1 Hour):</b> An FSCP service domain of supplemental services involving one-to-one guidance provided by an attorney (or person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving-related legal issues. [Previously NAPIS Caregiver Legal Resources]
Caregiver Support Groups (SUPPORT SERVICES)	250	Caregiver Support Group # of Sessions	Estimated: 200	Non-Registered	<b>Caregiver Support Group (1 Session):</b> An FCSP Support Service provided to a group of caregivers that is led by a trained individual; conducted at least monthly within a supportive setting or via a controlled access, moderated online or teleconference approach; for the purpose of sharing experiences and ideas to ease the stress of caregiving, and to improve decision-making and problem-solving skills related to their caregiving responsibilities. [Previously NAPIS Caregiver Support Group]

**ATTACHMENT E-5**  
**PERFORMANCE STANDARDS**  
**FAMILY CAREGIVER SUPPORTIVE SERVICES**  
**SERVICE UNITS**

Caregiver Training (SUPPORT SERVICES)	650	Caregiver Training # of Hours	250	Registered	<b>Caregiver Training (1 Hour):</b> An FCSP Support Service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include the use of evidence-based programs; be conducted in-person or on-line and be provided in individual or group settings. [Previously NAPIS Caregiver Training]
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**ATTACHMENT F-5**  
**FEDERAL AWARD IDENTIFICATION**

**1. Federal Award Identification**

- A. **Subrecipient Name:** St. Jude Hospital, Inc., dba Providence St. Jude Medical Center
- B. **Subrecipient’s Dun & Bradstreet Number (DUNS):** 787460625
- C. **Subrecipient’s SAM Unique Entity Identifier (UEI):** JG5LWZC25FH8
- D. **Federal Award Identification Number (FAIN):** TBD
- E. **Federal Award Date:** FY 2026-2027
- F. **Subaward Period of Performance:** July 1, 2026, to June 30, 2027
- G. **Total Amount of Federal Funds Obligated by the Action:** \$1,057,311

CFDA	FAIN	Award Date	Formula Funds	Amount
93.052	TBD	2026	Title III-E	\$528,655
93.052	TBD	2027	Title III-E	\$528,656
<b>TOTAL:</b>				\$1,057,311

- H. **Total Amount of Federal Funds Obligated to the Subrecipient:** \$1,057,311
- I. **Total Amount of the Federal Award:** TBD
- J. **Federal Award Project Description:** National Family Caregiver Support, Title III, Part E
- K. **Federal Awarding Agency:** U.S. Department of Health and Human Services, Administration for Community Living
- L. **Name of Pass-Through Entity (PTE):** California Department of Aging and County of Orange Office on Aging
- M. **Contact Information for the Awarding Official:** Claudia Harris, Director (714) 480-6465, [claudia.harris@occr.ocgov.com](mailto:claudia.harris@occr.ocgov.com)
- N. **CFDA Number and Name:** #93.052 National Family Caregiver Support, Title III, Part E
- O. **Whether Award is R&D:** No
- P. **Indirect Cost Rate for the Federal Award:** 15%