CENTRAL ARIZONA AGING
AREA AGENCY ON AGING, REGION V

CONTRACT AMENDMENT

1. CONTRACT NO. 025-0444 2. AMENDMENT #2 (7/26)	3. EFFECTIVE DATE OF AMENDMENT: July 1,2024	4. CONTRACT TERM July1,2026- June 30,2027

5. CONTRACTOR/PROVIDER (Name and address)

Gila County Community Services Division
5515 S. Apache Avenue, Suite 200
Globe, AZ 85501

6. CONTENT OF AMENDMENT:

A. To amend contract dated from July 1, 2024.

B. To render service from July 1,2026 through June 30, 2027, in accordance with the amended contract operating budget, new unit rates and new service levels.

7. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF THE LAST SIGNATURE, UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALD OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BINE THE CONTRACTOR TO THIS CONTRACT.

9. **GILA COUNTY COMMUNITY SERVICES DIVISION**	10. **CENTRAL ARIZONA AGING**
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE 
TYPED NAME Tim Humphrey	TYPED NAME Ana G. Medina
TITLE Board Chairman	TITLE President/CEO
DATE	DATE 7/1/26

CENTRAL ARIZONA AGING

CONTRACT OPERATING BUDGET

Attachment A

Agency Name	Contract Number: 025-0444	FOR PERIOD	Prepared by: Mikik Myers	Date: July 1, 2026
Gila County Community Services Division		From: 7/01/26 To: 6/30/27		

Services	RPR - HCB	HSS-HCB-AHA	RPR-HCB-AHA	ADM-HCB-AHA				GRAND TOTAL
Totals	10,430	8,657.75						19,088
REVENUES								
AREA AGENCY CEILING	10,430	8,657.75						19,088
TITLE V								0
U.S.D.A.								0
ALTCS								0
OTHER CEILING								0
OTHER CEILING								0
OTHER CEILING								0
REIMBURSEMENT CEILING	10,430	8,658	0	0				19,088
PROGRAM INCOME								0
NON-FEDERAL INKIND								0
NON-FEDERAL CASH								0
OTHER NON-FEDERAL CASH								0
TITLE V								0
OTHER FEDERAL								0
TOTAL REVENUE	10,430	8,658	0	0				19,088
Budget Categories			**EXPENSES**					
Personnel								0
ERE								0
Professional/Outside								0
Travel								0
Space								0
Equipment								0
Material/Supplies	10,430							10,430
Operating Svcs								0
Allocated Indirect								
TOTAL EXPENSES	10,430							10,430
SUBTOTAL/Direct Svcs								
SUBTOTAL/Purchased Svs	10,430							10,430
SERVICE TOTAL	10,430							0
No. of Units Direct	4	16						
No. of Units Purchased								
Unit Rate/Direct	2,607.50							
Unit Rate/Purchased								
Unit Rate/Contract								

CENTRAL ARIZONA AGING
ANNEX B

CONTRACT I.D. NUMBER: 025-0444, Amendment #2 (7/26)

GILA COUNTY COMMUNITY ACTION/HOUSING SERVICES

[X] Area Agency on Aging, Region V (AAA)

[ ] Supplemental Payment Program (SPP)

[ ] Title V

[ ] United States Department of Agriculture (USDA)

[ ] Arizona Long Term Care System (ALTCS)

1.0 REIMBURSEMENT/PAYMENT CEILING:

The maximum contract reimbursement/payment ceiling for all services provided during the term of the Contract and/or for the period specified shall be:

Amount during the Contract Term $19,088.00

If this contract is extended or renewed for multiple periods, or is established as a multi-year contract in its entirety or in part, and Central Arizona Aging establishes a reimbursement ceiling for each contract extension or renewal period, the amounts by period are as indicated below.

Maximum amount during the period from July 1, 2025 to June 30, 2026 is $10,226
Maximum amount during the period from July 1, 2026 to June 30, 2027 is $19,088

The method of compensation shall be in accordance with Section 2.0 of this Compensation Section.

2.0 COMPENSATION

Subject to the availability of funds, Central Arizona Aging shall compensate the Provider for allowable direct and/or indirect costs incurred in the delivery of the Contract Services designated in Annex A, Section 5.0, provided that services are delivered during the term of the Contract and in accordance with the terms and conditions set forth in this Contract.

Central Arizona Aging shall make payments in accordance with the following:

☐2.1 Rate *Note: This section is not applicable unless the box is either darkened or marked with an "X".*

The maximum reimbursement ceiling for each contract service shall be a specified below and as designated in the attached Contract Operating Budget of this contract. One unit of service equals the definition of a unit of service as specified in the Service Specifications for each service listed, below and, which are attached to Annex A Section of this Contract.

A ten percent (10%) non-federal match is required for each CAA dollar awarded for any respite service contract. This non-federal match may be either cash or in-kind. Program Income cannot be considered a part of the match.

Service(s)	Rate/Per Unit	Maximum # of Units	Service Payment Ceiling

■ 2.2 Fixed Price with Price Adjustment *Note: This section is not applicable unless the box is either darkened or marked with an "X".*

Reimbursement by Central Arizona Aging shall be for completion of the tasks set forth in the Service Specifications contained in Annex A of this contract.

A ten percent (10%) non-federal match is required for each CAA dollar awarded. This non-federal match may be either cash or in-kind.

The maximum service reimbursement ceiling for each Contract Service shall be as specified below and as designated in the attached Contract Operating Budget:

Service(s)	Service Payment Ceiling
Home Repair (RPR- HCB)	$10,430
Aging Housing Assistance	$8,658

3.0 METHOD OF PAYMENT

Upon receipt of required reporting documents, subject to the availability of funds, Central Arizona Aging shall reimburse the provider on a monthly basis in accordance with Section 4.04 Payment of the General Provisions for costs incurred in the delivery of

Contract Services during the term of this Contract that are consistent with the approved operating budget(s) contained herein as Attachment A to this Annex (Contract Operating Budget).

Payment shall be subject to the following limitations and exceptions:

A. Title 45 CFR, Part 74, Section 74.61 (e) requires that cash reimbursements be timed to coincide with cash disbursements made with federal funds.

B. CAA/AAA shall be the payor of last resort. Other funds sources (cash, in-kind and program income) shall be applied to reported expenditures first. The Provider shall bill all available third party payors including AHCCS acute care provider(s), ALTCS, Medicare or private insurance, before charging any of the funds identified under 2.1 above.

C. Payments allocated to State Supplemental Payments for Home Health and Visiting Nurse services shall be based on the number of eligible SSI clients and the monthly per client payment ceiling established by statute (A.R.S. Subsection 46.252).

D. Payment for services that are case managed shall only be made for units that are within authorization levels and time frames.

E. The Monthly Financial Report must be received on the approved Central Arizona Aging forms on or before the 10th day of each month. Failure to comply by the 10th day of any month will result in immediate cessation of disbursement of funds by Central Arizona Aging to the provider until the required reports are received.

F. The Provider agrees to adhere to the approved Contract Operating Budget, Attachment A of this Annex, within the tolerance levels established in Section 4.03 Amendments of the General Provisions.

G. During this Contract period, each revenue source will support expenses and the production of units of service in direct proportion to the actual reported receipts of each revenue as a percentage of total reported revenue.

H. A Final Report must be received within 30 days following the termination of this Contract. This final report shall identify total, actual expenditures line item for the entire term of the contract. Failure to submit the final report within the prescribed time frame could cause the Provider to forfeit final payment.

I. In the event of a contract termination, a Final Payment, under this contract, shall be made only upon receipt and reconciliation of an accurate and complete Financial Report (AG-053), which must be submitted within 30 days following termination of this contract. The request for final payment shall identify actual expenditure by line item. A final payment shall be made following reconciliation of the entire contract, to include revenues, expenditures and program reports by CAA.

J. A written amendment signed by both parties shall be required as outlined in CAA Uniform General Terms and Conditions, Section 3. Amendments.

3.1 Arizona Long Term Care Services (ALTCS)

Payment shall be made for ALTCS Services on a basis consistent with the approved Contract Operating Budget(s) and in accordance with the unit definitions specified in the individual Service Specifications contained in Annex A.

During the term of this Contract, the payment for Home Delivered Meals shall be established at **$0.00.**

4.0 REPORTING REQUIREMENTS

4.1 Financial Reporting Requirements

In accordance with Section 3.15 Reporting Requirements of the General Provisions, the Provider shall submit the following Monthly Financial Report on or before the 10th day of the month:

[X] A. AG-053 Report (or a computer printout following the same format which has been approved by the CAA.

4.2 Program Reporting Requirements

In accordance with Section 3.15 Reporting Requirements of the General Provisions, the Provider shall submit the following Program reports on or before the 10th day of the month or as designated:

A. Central Arizona Aging/AAA

[ ] Congregate Monthly Meals Report (10th)
[ ] Home Delivered Meals Monthly Meals Report (10th)
[ ] Monthly Social Services (10th)
[ ] Congregate Meals Registration Form w/Nutrition Score - Weekly
[ ] Service Utilization Log (Service Log) (3rd)
[ ] Monthly Education/Activities Report (10th)
[ ] Calendar of Activities (10th)
[ ] Food Cost Report (10th)
[ ] Nutrition Education Report (10th)
[ ] Transportation Summary Sheet (10th)
[ ] Menu Cycle for RD approval - Quarterly
[ ] Outreach Report - Quarterly
[ ] Non-Client Supportive Service Report – FCSP and roster (10th)
[ ] Monthly, Ramp Loan Report (10th)

B. Supplemental Payment Program

[ ] ASCAP – Arizona Standardized Client Assessment Form (3rd)

C. Arizona Long Term Care Services (ALTCS)

[ ] PG001 - Monthly Log of ALTCS Home Delivered Meals (3rd)

4.3 The reports require in 4.1 and 4.2 shall be submitted to:

Central Arizona Aging
8969 W. McCartney Road
Casa Grande, AZ 85194-7432

5.0 DELIVERY AND UNITS OF SERVICE

5.1 Delivery of Service:

CAA must be notified, and approval may be required, prior to any modifications affecting the delivery of services, which include, but may not be limited to the following:

A. Decrease/increase in the number of days of operation for any facility listed in Annex A, part 5.6.
B. Significant changes in the delivery of the hot and/or frozen meal schedule.
C. Revisions to the service methodology of any service specifications.
D. Changes in the "suggested donation."
E. The provider shall notify the CAA, immediately, if it becomes apparent that the units of service specified in this contract will not be fulfilled to, at least, a ninety percent (90%) level.

5.2 Level of Service

During the term of this contract, the provider shall deliver the number of units of each Contract Service specified below:

SERVICE	UNITS OF DIRECT SERVICE	UNITS PURCHASED SERVICE
Home Repair (RPR-HCB)	4	
HSS-HCB-AHA	16	
HSS HCB-RPR		

1) Direct Service means services performed by the contractor.
2) Purchase Service means services purchased via a subcontract by the contractor.

6.0 Client Contributions:

The Provider shall be responsible for accepting program income toward the cost of services and the program income shall be used to provide services under this contract.

7.0 Books and Records:

The Provider shall keep adequate books and records relating to contract services and contract expenditures. Contract service records will be maintained in accordance with CAA policies and procedures. Financial records will meet the following standards at a minimum: (1) adequately identify the service and application for contract and subcontract activities; (2) include personnel records which contain application for employment, job titles and descriptions, hire and termination dates, wage rates, effective dates of personnel actions affecting any of these times: (3) include time and attendance records for individual employees to support all salaries and wages paid; (4) include records of the source of all receipts and the deposit of all funds received by the Contractor; (5) include original copies of invoices, statements, sales tickets, billings for service, etc., and a cash disbursement journal and cancelled checks to reflect all disbursement applicable to the contract; (7) include a copy of a written, approved cost allocation plan to reflect the manner in which direct, indirect, and allocated costs were to be charged to the contract; and (8) include copies of lease/rental agreements, mortgages or any other agreements which in any way may affect contract expenditures. (9) maintain client signatures signifying receipt of each unit of service, as applicable. Any such records not maintained shall mandate an audit exception in the amount of the inadequately documented expenditure.

PROGRAM/ADMINISTRATION SECTION

1.0 Authorized Signatory for Contractor:

1.1 Gila County Health and Community Services (PROVIDER AGENCY NAME), FEI No. 86-6000444 (FEDERAL EMPLOYER IDENTIFICATION NUMBER)

_5515 S Apache Ave Suite 200 Globe, AZ 85501_____ (Address) ___928-402-8693_____ (Phone Number)

1.2 ___Tim Humphrey, Gila County Board of Supervisors_____ (Name of Principal Authorized Signatory) __Board Chairman_____ (Title)

To execute contracts and amendments and is responsible for the delivery of Contract Services during the term of this Contract.

1.3 In the absence of the principal authorized signatory named above, _Stephen Christensen or Woody Cline_____ (Name)

Supervisor, Gila County Board of Supervisors__ (Title) is authorized to sign this Contract and any amendments thereto on behalf of the Provider.

2.0 Notices:

2.1 The CAA AAA shall address all notices relative to this Contract to the attention of:

_Paula Horn, Deputy Director_____ (Name and Title)

_5515 S Apache Ave Suite 100 Globe, AZ 85501_____ (Address) (Phone Number)

FAX:928-425-8817__ E-MAIL: phorn@gilacountyaz.gov

2.2 Daily contact regarding programmatic issues for this contract:

Carrie Nawrocki Housing Services Program Coordinator_____ (Name and Title)

_5515 S Apache Ave Suite 200 Globe, AZ 85501_____928-402-8653_____ (Address) (Phone Number)

FAX:928-425-9468_____ E-MAIL: cnawrocki@gilacountyaz.gov

2.3 Financial contact for issues regarding to this contract:

Kelly Mitchell Fiscal Accountant_____ (Name and Title)

_5515 S Apache Ave Suite 200 Globe, AZ 85501_____ (Address) (Phone Number)

FAX:928-425-9468_____ E-MAIL: kmitchell@gilacountyaz.gov

2.4 The Provider shall address all notices relative to this Contract to the attention of:

Contracts Manager
Central Arizona Aging
8969 W. McCartney Rd., Casa Grande, AZ 85194-7432

Telephone Number: (520) 836-2758
FAX: 520-421-2033
E-Mail: mikim@pgcsc.org

3.0 Contract Term:

The term of this Contract shall begin on ____7/1/2026_____ or the date of last signature, whichever is later, and shall terminate on _6/30/2027_____

4.0 Contract Purpose: The Contract Services to be provided during the term of this Contract shall address the problem(s) and need(s) and seek to achieve program goals described below.

The target populations and needs are identified and specified in the Area Agency on Aging Area Plan for Services and the Area Plan Amendments.

Contract Goal: To plan, coordinate and implement a comprehensive system of services for the elderly in accordance with the Older Americans Act of 1965 (42 U.S.C., and 3001, et. seq.); the OAA Regulations 45 CFR part 1321): DHHS Grant Administration Regulations (45 CFR part 74): and other applicable laws, rules and policies.

5.0 Contract Services and Service Delivery

5.1 Scopes of Work:

Each Contract Service to be provided during the term of this Contract shall be delivered in accordance with the requirements indicated in this contract.

5.2 Subcontractor

[ ] Any portion of the Contract Services to be provided under this contract by Subcontractors as identified in Section 5.6 of Annex A Section, the Contractor understands and warrants that no work shall be performed by a Subcontractor until the subcontract document has been reviewed by and approved in writing by the authorized PGCSC representative.

5.3 The Contract Services marked (x) below indicate the service(s) to be delivered during the term of this Contract to eligible persons are:

x Minor Home Repair/Renovation	Congregate Meals	Home Care Cluster:
Respite (Group)	Home Delivered Meals	Attendant Care
Respite (In-Home)	Transportation	

5.4 Eligibility Criteria, Intake Procedures and Case Records:

5.4.1 Eligibility Criteria

[ ] A. Title III:

Aging Services Eligibility criteria is limited to the descriptions in 45 CFR Part IV. "Grants for State and Community Programs on Aging," and Title XVI of the Social Security Act, as amended, and as identified in Aging & Adult Administration's Policy and Procedure Manual – 2004 and PGCSC Policies and Procedures.

5.4.2 Intake Procedures

A. Providers will be required to adhere to CAA's Central Intake System for all client tracked (case managed) services.

B. As required for individual services per Aging & Adult Administration's Policy and Procedure Manual Chapter 3000, Section 3140 and CAA policies and procedures.

C. Providers will be required to adhere to Aging & Adult Administration's Policies with respect to entry of client data and service billing on the DAARS system.

5.4.3 Case Records

Case records shall be maintained as specified in the Aging & Adult Administrations Policy and Procedures 3000, Section 3140 and PGCSC policies and procedures.

5.5 Staffing:

Each Contract Service shall be provided by the following personnel positions:

Contract Service Name	Position Title	No. of FTEs	Ratio of Direct Care Staff to Clients
Nikki Quarles	Community Services Manager	1	.05
Kelly Mitchell	Fiscal Accountant	1	.05
Carrie Nawrocki	Housing Services Program Coordinator	1	.25
Sabrina Fatquez	Health Prevention Coordinator	1	.25
Helene Lopez	Community Action Program Lead	1	.25
Eileen Terry	Social Services Case Manager	1	.25

5.6 Facility Location:

Contract Services may be delivered only at the facilities and locations specified below and shall be available during the hours of operation indicated:

NAME OF FACILITY, ADDRESS, PHONE AND FAX NUMBER WHERE THE SERVICES WILL BE PROVIDED. (IF SERVICES ARE PROVIDED IN CLIENTS HOME, LIST INFORMATION FOR FACILITY PRIMARY OFFICE LOCATION)	CONTRACT SERVICE(S)	SUBCONTRACTOR	DAYS AND HOURS OF OPERATION	GEOGRAPHIC COVERAGE
Gila County Health & Community Services 5515 S Apache Ave Suite 200 Globe, AZ 85501	Home Replace/Repair Housing Support Services		Mon-Fri 8am-5pm	Gila County

The facility(s) listed above will not be open on those holidays marked below (darken box for applicable holidays):

x☐ New Year's Day	☐ Good Friday	☐ Yom Kippur	*(Other Holidays)*
x☐ Martin Luther King Jr.'s Birthday	x☐ Memorial Day	☐ Columbus Day	x☐ Day after Thanksgiving_
☐ Lincoln's Birthday	x☐ Independence Day	x☐ Veteran's Day	☐ _____
☐ Washington's Birthday	x☐ Labor Day	x☐ Thanksgiving Day	☐ _____
x☐ President's Day	☐ Ros Hashanah	x☐ Christmas Day	☐ _____

☐ The holidays indicated above apply only to the administrative office; services are provided 24 hours