

SAN FRANCISCO HUMAN SERVICES AGENCY

MEMORANDUM

то:	DISABILITY AND AGING SERVICES COMMISSION						
THROUGH:	KELLY DEARMAN	, EXECUTIVE DIRE	CTOR				
FROM:		N, DEPUTY DIREC		DS EA			
DATE:	WEDNESDAY, JU	LY 2, 2025					
SUBJECT:	NEW GRANT: ON LOK DAY SERVICES (NONPROFIT) FOR PROVISION OF HEALTH PROMOTION PROGRAMS (OLDER AMERICANS ACT TITLE III D - DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM FOR OLDER ADULTS & HEALTH PROMOTION PROGRAM OLDER ADULTS AND ADULTS WITH DISABILITIES)						
	<u>Full Term</u>	<u>Contingency</u>	<u>Total</u>				
GRANT TERM:	7/1/25- 6/30/29						
GRANT AMOUNT:	\$2,711,040	\$271,104	\$2,982,144				
ANNUAL AMOUNT:	<u>FY 25-26</u> \$677,760	<u>FY 26-27</u> \$677,760	<u>FY 27-28</u> \$677,760	<u>FY 28-29</u> \$677,760			
FUNDING SOURCE:	<u>County</u> \$2,423,670	<u>State</u>	<u>Federal</u> \$287,370	<u>Contingency</u> \$271,104	<u>Total</u> \$2,982,144		
PERCENTAGE:	89.4%		10.6%		100%		

The San Francisco Department of Disability and Aging Services (DAS) requests authorization to enter into new grant agreements with On Lok Day Services for the period of July 1, 2025 through June 30, 2029, in the amount of \$2,711,040 plus a 10% contingency for a total amount not to exceed \$2,982,144. The purpose of the grants is to provide health promotion programs for older



adults and adults with disabilities. The programs are designed to promote physical health, prevent illness, and manage chronic health conditions.

The funding amounts are detailed in the following table:

Program	Annual amount for FY 25/29	Total Grant amount	Contingency	Not to Exceed
Older Americans Act Title III D - Disease Prevention and Health Promotion Program for Older Adults	\$238,520	\$954,080	\$95,408	\$1,049,488
Health Promotion Program Older Adults and Adults with Disabilities	\$439,240	1,756,960	\$175,696	\$1,932,656
Total	\$677,760	\$2,711,040	\$271,104	\$2,982,144

Background

The Department of Disability and Aging Services (DAS) serves as San Francisco's state-designated Area Agency on Aging and provides community-based services for older adults and adults with disabilities. A key focus of DAS's work is health promotion, aimed at preventing illness, managing chronic conditions, and supporting physical and mental well-being. Funded through both federal and local sources, DAS's health promotion programs offer evidence-based and other high-quality services that improve quality of life, foster independence, and reduce reliance on emergency health care. These programs also support social connection and emotional wellness through group activities that reduce isolation and build community.

Services to be Provided

The grantee will provide the following health promotion programs:

1. Older Americans Act Title III-D Disease Prevention and Health Promotion Program for Older Adults

The Older American Act Title III-D health promotion program offers evidence-based programming that has been scientifically tested and proven through research and evaluation to improve participants' health and well-being, or to reduce disease, disability, injury, and healthcare utilization.

2. Health Promotion Program for Older Adults and Adults with Disabilities

This program is designed to enhance the overall health and well-being of older adults and adults with disabilities by focusing on reducing disease and injury. There is a strong emphasis on physical fitness and fall prevention strategies, which aim to improve mobility, balance, and strength, ultimately reducing the risk of falls and promoting better physical health outcomes. This program includes evidence-based and other high-quality programming that has demonstrated effectiveness in physical health improvement and fall prevention.

Location

Services will be provided in the City and County of San Francisco. The grantee will schedule the dates, times, and locations of the programs. The dates, times, and locations of programs are subject to DAS approval.

Selection

The grantee was selected through RFP #1174 issued on February 19, 2025.

Funding

Funding for this grant is provided through Federal and County Funds.

ATTACHMENTS

On Lok Day Services:

Older Americans Act Title III D - Disease Prevention and Health Promotion Program for Older Adults

Appendix A – Services to be Provided Appendix B – Budget

Health Promotion Program Older Adults and Adults with Disabilities

Appendix A – Services to be Provided Appendix B – Budget

Appendix A – Services to be Provided On Lok Day Services Health Promotion Program Older Americans Act Title IIID - Disease Prevention and Health Promotion Program for Older Adults July 1, 2025 through June 30, 2029

I. Purpose

The purpose of this grant is to support the implementation of the Older Americans Act (OAA) Title IIID Disease Prevention and Health Promotion Program for Older Adults. These evidence-based programs are designed to promote physical health, prevent illness, and help manage chronic health conditions. By encouraging healthy aging, the programs aim to maintain optimal physical, mental, and social well-being in older adults. An active and healthy lifestyle contributes to preserving independence and enhancing quality of life for this population.

II. Definitions

Adult with a Disability	A person 18-59 years of age living with a disability
АМР	Aging Mastery Program is an evidenced-based program licensed through The National Council on Aging (NCOA). <u>https://www.ncoa.org/article/what-is-the-aging-mastery- program/</u>
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living: eating, dressing, transfer, bathing, toileting, grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living: preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-Line system
CDA	California Department of Aging
CDSMP	Chronic Disease Self-Management Program (CDSMP) is an evidenced-based program licensed through the Self-Management Resource Center (SMRC). https://www.selfmanagementresource.com

City	City and County of San Francisco, a municipal corporation
Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
CPSMP	Chronic Pain Self-Management Program (CPSMP) is an evidence-based program licensed through the Self-Management Resource Center (SMRC). https://www.selfmanagementresource.com
DAS	Department of Disability and Aging Services.
DEEP	Diabetes Empowerment Education Program (DEEP) is an evidence-based program licensed through the University of Illinois Chicago. <u>https://otm.uic.edu/deep-program/deep-program-overview</u>
Disability	A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) Self-care: activities of daily living (ADL), and instrumental activities of daily living (IADL); b) Capacity for independent living and self-direction; c) Cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
Evidence-Based Program	A program or intervention that is based on scientific evidence and demonstrated through rigorous evaluation to be effective in improving participants' health, in accordance with California Department of Aging (CDA) guidelines.
Grantee	On Lok Day Services
LGBTQIA+	An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their sex assigned at birth. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender nonbinary.
Limited English- Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
Low-Income	Having income at or below 100% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human

	Services. Eligibility for enrollment and/or participation is not means tested. Consumers self-report income status.
OAA	Older Americans Act.
OCP	Office of Community Partnerships.
Older Adult	A person who is 60 years or older; used interchangeably with the term "senior"
Senior	A person who is 60 years or older; used interchangeably with the term "older adult"
Session	Activities provided through an evidence-based health promotion program. The activities support prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition. <i>(CDA Service Categories and Data Dictionary, July 2025, OAA</i> <i>Title III and Title VII, Chapter 3)</i>
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.
SFHSA	San Francisco Human Services Agency
Socially Isolated	Having few social relationships and few people to interact with regularly.
SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104, Sections 104.1 through 104.9.</i>)
Unduplicated Consumer (UDC)	An eligible individual who participates in one or more of the DAS approved Older Americans Act (OAA) Title IIID Disease Prevention and Health Promotion Programs for older adults and whose participation is documented in SF DAS GetCare by the grantee.
Unit of Service (UOS)	One evidence-based health promotion program, consisting of a defined number of sessions (one or more) delivered within a specified period.
	-

III. Target Population

This program is designed to serve all people who can benefit from the services outlined in this Appendix, and particularly those demonstrating the greatest economic and social need. To ensure that the most vulnerable people are aware of and can benefit from this program, the grantee shall ensure that program services are accessible to:

- 1. Persons with low to moderate income
- 2. Persons who are socially isolated
- 3. Persons with limited English-speaking proficiency
- 4. Persons from communities of color or communities that have historically been underserved
- 5. Members of the LGBTQIA+ community
- 6. Persons at risk of institutionalization

IV. Eligibility for Services

- 1. A person who is sixty (60) years of age or older (older adult)
- 2. A spouse or domestic partner of the eligible individual participating in the program, regardless of age

V. Description of Services

- 1. Grantee will implement and deliver the following evidence-based Title IIID Disease Prevention and Health Promotion (Title IIID) programs:
 - a) Chronic Disease Self-Management Program (CDSMP)
 - b) Diabetes Empowerment Education Program (DEEP)
 - c) Chronic Pain Self-Management Program (CPSMP)
 - d) Aging Mastery Program (AMP)
- 2. Grantee may add or remove Title IIID programs, provided each added program meets CDA's evidence-based requirements for the Title IIID program and all changes, including the removal of a program, receive prior approval from DAS.
- 3. Grantee will obtain and maintain the necessary licensing agreements for each evidence-based program offered and adhere to the terms of those agreements. The grantee will ensure that all programs provided meet the requirements outlined in each of the licensing agreements.
- 4. Grantee will train program facilitators to ensure that all individuals delivering classes or sessions are properly trained and certified in accordance with licensing agreements. This includes completing initial training as well as any required refresher training to maintain certification. The grantee will provide DAS with a roster of all program facilitators, including their names and qualifications. Additionally, the grantee will submit documentation of completed facilitator training and certifications to DAS twice annually, in July and January, and upon request.
- 5. Grantee will ensure fidelity to the program models provided through the licensing agreements. This includes conducting fidelity checks to ensure that programs are delivered consistently and as designed, as well as regularly monitoring program sessions to verify adherence to the core components of the evidence-based models.

- 6. Grantee will provide ongoing supervision, coaching, and technical assistance to program facilitators to ensure high-quality service delivery. The grantee will ensure a structured process for facilitators to receive feedback and support for maintaining program fidelity.
- 7. Grantee will ensure the capacity to provide Title IIID programs in English, Chinese, and Spanish. Each program must be offered in at least two languages, one of which must be English. The second language(s) offered should be selected based on the needs of the target population to ensure accessibility and cultural appropriateness.
- 8. Grantee will establish signed agreements with community partner(s) throughout the City to deliver the program(s) in a variety of accessible settings such as senior and community centers, senior housing sites, and community dining sites. A listing of all locations where the program(s) is offered must be maintained and submitted to DAS twice annually, in July and January, and upon request. All locations are subject to DAS approval. The grantee will also establish signed agreements with community partner(s) to clarify the expectations and responsibilities between the parties involved. These agreements will be kept on file by the grantee and made available upon request. The grantee may also offer the program(s) remotely through virtual platforms, provided this is consistent with the program(s) licensing agreement and offered as a supplement to in-person programs.
- 9. Grantee will establish and maintain an enrollment and tracking process that captures unduplicated consumers, units of service, number of sessions, and number of consumers per session. The grantee will record required data in SF DAS GetCare. If necessary, the grantee will maintain a waitlist to ensure equitable access to services, with priority given to the defined target populations. The waitlist will be made available to DAS upon request.
- 10. Grantee will conduct outreach activities to connect with the target population(s) and promote program services. Outreach is a core responsibility of the grantee and is essential for informing eligible consumers about the program.
- 11. Grantee will offer consumers who participate in the program the opportunity to contribute to the cost of providing the program, in accordance with DAS OCP Policy Memorandum No. 5 for contractors providing Title IIID programs
- 12. Grantee will have procedures in place to obtain the views of program participants about services received. At minimum, the grantee will develop and administer a consumer satisfaction survey to capture feedback on program outcomes and service quality. Both the survey tool and the administration plan must be reviewed and approved by DAS OCP prior to implementation. Feedback must be collected in a manner that ensures participant anonymity. The results will be shared with DAS OCP by March 15th of each grant year, or on a mutually agreed upon date.
- 13. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training annually, in accordance with the DAS OCP Policy Memorandum No. 45. Within 30 days of their start date, any new employee, subcontractor, or volunteer must also complete this training. The grantee will maintain records of completion. The grantee shall comply with the applicable privacy and security rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 14. Grantee will ensure that all program staff, regardless of position, receive initial training on elder abuse and mandated reporting. Program staff who interact with consumers must

On Lok Day Services Title IIID Disease Prevention & Health Promotion Program FY 25/26-28/29 complete this training annually, in accordance with the DAS OCP Policy Memorandum No. 35.

- 15. Grantee shall develop a written grievance process for reviewing and resolving service concerns raised by consumers or their authorized representatives regarding DAS-funded programs and their employees or volunteers, in accordance with DAS OCP Policy Memorandum No. 33. This process must ensure that consumers have clearly established rights and due process for timely resolution of their concerns.
- 16. Grantee will ensure that DAS funding information is prominently displayed on its websites and publications related to the DAS-funded nutrition program, in accordance with DAS OCP Policy Memorandum No.47.

VI. Location and Time of Services

Grantee will provide Title IIID programs in San Francisco. The grantee will schedule the dates, times, and locations of the programs. The dates, times, and locations of programs are subject to DAS approval.

VII. Service Objectives

On an annual basis, the grantee shall meet the following service objectives:

Table A	FY 25/26	FY 26/27	FY 27/28	FY 28/29
Number of Unduplicated Consumers (UDC)	648	648	648	648
Evidence-based health promotion programs (UOS)	54	54	54	54

VIII. Outcome Objectives

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

- 1. Consumers rate the quality of services as excellent or good. Target: 75%.
- 2. Consumers feel safe and welcomed by program staff. Target: 75%.
- 3. Consumers report improved health and/or fitness due to participation in the program(s). Target: 75%.
- 4. Consumers report developing new knowledge and/or skills to manage their health. Target: 75%.

IX. Data Collection and Reporting Requirements

- Grantee will provide a monthly report of activities, referencing the tasks described in Section VII & VIII- Service and Outcome Objectives. Grantee will enter the monthly metrics in SF DAS GetCare by the 15th of the following month. The report will include, at a minimum, the following: number of unduplicated consumers served per program, number of evidence-based health promotions programs provided, number of sessions, and number of consumers reached during the sessions.
- 2. Grantee will provide an annual report summarizing the contract activities, referencing the tasks described in Section VII & VIII- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee.

Grantee will enter the annual metrics in the CARBON database by the 15th day of the month following the end of the program year.

- 3. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to SFHSA no later than July 31st each year. The grantee must submit the report in the CARBON system.
- 4. Grantee will provide ad hoc reports as required by the Department.
- 5. Pursuant to California Department of Aging requirements, Grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
- 6. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies "Focal Points" which are designed to help older adults and adults with disabilities connect to services throughout the City. These Focal Points are:

Name	Address	Phone
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Deservisors Service Commentions	1752 Compli Arra San Engeliana 04124	415-822-1444
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	x1200
Canon Kip Senior Center	705 Natoma, St San Francisco, 94103	415-487-3300
Chi Sing Community Center	3133 Taraval St, San Francisco, 94116	415-533-6859
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700
Downtown SF Senior Center	481 O'Farrell St, San Francisco, 94102	415-202-2982
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
Geneva Community Center	5050 Mission St., Suite C, San Francisco 94112	
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
Openhouse Bob Ross LGBT Senior	(5 Lagrand St. San Francisco, 04102	415 247 8500
Center	65 Laguna St, San Francisco, 94102	415-347-8509
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415-405-4672
Self-Help for the Elderly Social	829 Kearney St, San Francisco, 94133	415-677-7585
Services Department		413-077-7383
Toolworks	22 Battery St. Suite 300, San Francisco, 94111	415-733-0990
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828

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

Gary.Hom@sfgov.org Contract Manager, Office of Contract Management, SFHSA or Marina.Kan@sfgov.org Program Analyst, DAS OCP

X. Monitoring Activities

1. <u>Program Monitoring</u>: Program monitoring will include review of consumer eligibility, and back-up documentation for reporting progress towards meeting service and

outcome objectives; compliance with specific program standards and requirements; participant record collection and maintenance; reporting performance including monthly service unit reports on SF DAS GetCare; maintenance of service unit logs; agency and organization standards, including current organizational chart; evidence of annual Elder Abuse Reporting training provided to staff and volunteers; evidence of annual California Department of Aging (CDA) Security Awareness training provided to staff and volunteers; program operations, which includes a review of a written policies and procedures manual of all DAS OCP-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation current and consistent with the site chart; a board of directors list and whether services are provided appropriately according to Sections III through VIII.

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

r

					Appendix B, Page
	HUMAN SERVICE	S AGENCY BUD BY PROGRAM	GET SUMMARY		
Grantee/Contractor: On Lok Day Service	s			Full Term:	7/1/25 - 6/30/29
Program: Self-Management of Chronic H	lealth Conditions			Effective Date:	7/1/2025
New 🗹 Modification 🗌 Revision 🔲 Che	ck One)			Modification #	
	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/25 - 6/30/29
Expenses	Original	Original	Original	Original	Total
Salaries & Benefits	\$172,274	\$172,274	\$172,274	\$172,274	\$689,09
Operating-Direct	\$35,135	\$35,135	\$35,135	\$35,135	\$140,54
Subtotal	\$207,409	\$207,409	\$207,409	\$207,409	\$829,63
Indirect Percentage (%)	15%	15%	15%	15%	15
Indirect Costs (Line 16 X Line 15)	\$31,111	\$31,111	\$31,111	\$31,111	\$124,44
Consultant/Subcontractor (\$50,000+)	<i>vo.</i> ,,,,,,	¢0.,111	QO 1,111	<i>vo</i> ., 111	÷-=1,1
Direct Client Pass-Through					
Capital Expenses					
Total Expenses	\$238,520	\$238,520	\$238,520	\$238,520	\$954,08
ISA / DAS Revenues					
General Fund	\$166,975	\$166.975	\$166.975	\$166.975	\$667,9
State	¢.00,010	¢.00,010	¢.00,010	¢100,010	<i>\</i>
Federal	\$71,545	\$71,545	\$71,545	\$71,545	\$286,18
CODB Eligible 1	¢1 1,0 10	¢. 1,010	¢11,010	¢,e.e	¢200, 1
CODB Eligible 2					
CODB Eligible 3					
CODB FY 1					
CODB FY 2					
CODB FY 3					
CODB FY 4					
ΟΤΟ					
Addback					
Fotal HSA / DAS Revenues	\$238,520	\$238,520	\$238,520	\$238,520	\$954,08
Grantee/Contractor Revenues					
Fundraising	\$421,781	\$430,781	\$421,781	\$421,781	\$1,696,12
Project Income	\$500	\$500	\$500	\$500	\$2,00
•					, -, -, -, -, -, -, -, -, -, -, -, -, -,
Total Grantee/Contractor Revenues	\$422,281	\$431,281	\$422,281	\$422,281	\$1,698,12
	÷,201	₹ . 5 ., 20 1	\$660,801	\$660,801	\$2,652,20

.

- -

Grantee/Contractor: On Lok Day Services

Program: Self-Management of Chi		Conditions																		4	ppendix B, Page 2
									Sa	alaries & Benefit	ts Detail										
	Agency	y Totals	HSA P	rogram	7/1/25 - 6/30/26	Agency	Totals	HSA P	rogram	7/1/26 - 6/30/27	Agency	/ Totals	HSA P	rogram	7/1/27 - 6/30/28	Agency	y Totals	HSA P	rogram	7/1/28 - 6/30/29	7/1/25 - 6/30/29
	Annual Full Time Salary	T () FTF	% FTE funded by HSA	Adjusted		Annual Full Time Salary	T () ETE	% FTE funded by HSA	Adjusted		Annual Full Time Salary	T () ETE	% FTE funded by HSA	Adjusted		Annual Full Time Salary		% FTE funded by HSA	Adjusted	0	T (1)
Snr Ctr Program Mgr - Health Pro	for FTE \$96,065	Total FTE 0.40	(Max 100%) 75%	FTE 0.30	Original \$28,820	for FTE \$96,065	Total FTE 0.40	(Max 100%) 75%	FTE 0.30	Original \$28,820	for FTE \$96,065	10tal FTE 0.40	(Max 100%) 75%	FTE 0.30	Original \$28,820	for FTE \$96,065	Total FTE 0.40	(Max 100%) 75%	FTE 0.30	Original \$28.820	Total \$115,280
Shi Cu Program Mgi - Healur Pro	\$90,003	1.00	30%	0.30	\$20,820	\$96,065	1.00	30%	0.30		\$90,003	1.00		0.30	\$28,820	\$96,065		30%	0.30	\$28,820	\$115,280
Snr Ctr Program Coord - DEEP	\$72,477	1.00		0.30	\$21,743	\$72,477	1.00	30%	0.30			1.00		0.30	\$21,743	\$72,477		30%	0.30	\$21.743	\$86,972
Snr Ctr Prog Specialist	\$77,019	1.00	30%	0.30	\$23,106	\$77,019	1.00	30%	0.30			1.00		0.30	\$23,106	\$77,019		30%	0.30	\$23,106	\$92,424
Snr Ctr Enrol Outr Asst	\$59,859	1.00	30%	0.30	\$17,958	\$59,859	1.00	30%	0.30	\$17,958	\$59,859	1.00	30%	0.30	\$17,958	\$59,859	1.00	30%	0.30	\$17,958	\$71,832
Snr Ctr Prog Supervisor	\$85,280	0.80	30%	0.24	\$20,467	\$85,280	0.80	30%	0.24	\$20,467	\$85,280	0.80	30%	0.24	\$20,467	\$85,280	0.80	30%	0.24	\$20,467	\$81,868
				-					-					-					-		
				-					-					-					-		
				-					-					-					-		
									-					-					-		
TOTALS	\$465,684	5.20	2.25	1.74	\$134,589	\$465,684	5.20	225%	1.74	\$134,589	\$465,684	5.20	225%	1.74	\$134,589	\$465,684	5.20	225%	1.74	\$134,589	\$538,356
FRINGE BENEFIT RATE	28%	I				28%					28%	ľ			Γ	28%	Ī				
EMPLOYEE FRINGE BENEFITS					\$37,685					\$37,685					\$37,685					\$37,685	\$150,740
-																					
TOTAL SALARIES & BENEFITS					\$172,274					\$172,274					\$172,274					\$172,274	\$689,096
		•						•												HSA	A Budget Form (3/24)

Appendix B, Page 2

rantee/Contractor: On Lok Day Services rogram: Self-Management of Chronic Health Cond	itions			Α	ppendix B, Page
rogram: Sen-management of Chronic Health Cond	Operating Exp	enses Detail			
	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/25 - 6/30/2
	Original	Original	Original	Original	Total
xpenditure Category					
Rental of Property					
Utilities(Elec, Water, Gas, Phone, Garbage)	\$1,379	\$1,305	\$1,379	\$1,379	\$5,4
Office Supplies, Postage	\$240	\$174	\$240	\$240	\$8
Building Maintenance Supplies and Repair	\$1,600	\$1,450	\$1,600	\$1,600	\$6,2
Printing and Reproduction	\$480	\$348	\$480	\$480	\$1,
Insurance	\$640	\$464	\$640	\$640	\$2,5
Staff Training					
Staff Travel-(Local & Out of Town)	\$1,000	\$725	\$1,000	\$1,000	\$3,
Rental of Equipment	\$16	\$12	\$16	\$16	
onsulting/Professional Services					
Lay Leader/Facilitator	\$14,360	\$10,478	\$14,360	\$14,360	\$53,
Guest Speakers	\$1,800	\$1,305	\$1,800	\$1,800	\$6,
			Ţ.,	÷.,	
<u>ner</u>	*0.044	\$1.000	*• • • • •	*• • • • •	**
eader/Master Training	\$2,344	\$1,699	\$2,344	\$2,344	\$8,
laterials & Supplies	\$7,584	\$5,498	\$7,584	\$7,584	\$28
butreach	\$324	\$235	\$324	\$324	\$1,
rinting & Marketing	\$1,368	\$992	\$1,368	\$1,368	\$5,
Vorkshop Incentives	\$2,000	\$1,450	\$2,000	\$2,000	\$7,
ealthier Living License		\$9,000			\$9,
al Operating Expense	\$35,135	\$35,135	\$35,135	\$35,135	\$140
				1104	Budget Form (

Appendix A – Services to be Provided On Lok Day Services Health Promotion Program Older Adults and Adults with Disabilities July 1, 2025 through June 30, 2029

I. Purpose

The purpose of this grant is to support the implementation of a health promotion program that enhances the physical, mental, and social well-being of older adults and adults with disabilities. The program aims to reduce the incidence of disease and injury, with a particular emphasis on physical fitness and fall prevention strategies. By improving mobility, balance, and strength, the program seeks to lower the risk of falls, support continued independence, and promote better physical health outcomes. In addition, the program supports individuals in maintaining their independence, participating actively in their communities, and achieving a higher quality of life as they age or manage long-term disabilities.

II. Definitions

Adult with a Disability	A person 18-59 years of age living with a disability
Always Active Program	The Always Active program offers group exercise classes led by certified instructors. Each class is sixty (60) minutes long and specifically tailored for older adults and adults with disabilities. The classes incorporate five key components: cardiovascular exercise, joint mobility, upper and lower body strength training, flexibility, and balance.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living: eating, dressing, transfer, bathing, toileting, grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living: preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-Line system
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation

Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
DAS	Department of Disability and Aging Services.
Disability	A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) Self-care: activities of daily living (ADL), and instrumental activities of daily living (IADL); b) Capacity for independent living and self-direction; c) Cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
Evidence-Based Program	A program or intervention that is based on scientific evidence and demonstrated through rigorous evaluation to be effective in improving participants' health, in accordance with California Department of Aging (CDA) guidelines.
Grantee	On Lok Day Services
LGBTQIA+	An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their sex assigned at birth. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender nonbinary.
Limited English- Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
Low-Income	Having income at or below 100% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. Eligibility for enrollment and/or participation is not means tested. Consumers self-report income status.
ОСР	Office of Community Partnerships.
Older Adult	A person who is 60 years or older; used interchangeably with the term "senior."
Senior	A person who is 60 years or older; used interchangeably with the term "older adult."
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.

SFHSA	San Francisco Human Services Agency.
Socially Isolated	Having few social relationships and few people to interact with regularly.
SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104, Sections 104.1 through 104.9.</i>)
Tai Chi for Arthritis and Fall Prevention	Tai Chi for Arthritis and Fall Prevention is an evidenced-based program licensed through the Arthritis Foundation. <u>https://www.arthritis.org/health-wellness/healthy-</u> <u>living/physical-activity/yoga/tai-chi-for-arthritis</u>
Unduplicated Consumer (UDC)	An eligible individual who participates in one or more of the DAS approved health promotion programs for older adults and adults with disabilities and whose participation is documented in SF DAS GetCare by the grantee.
Unit of Service (UOS)	One class session provided by the grantee through a health promotion program approved by the DAS (i.e., Always Active program, Tai Chi for Arthritis and Fall Prevention program, or another health promotion program pre-approved by DAS).

III. Target Population

This program is designed to serve all people who can benefit from the services outlined in this Appendix, and particularly those demonstrating the greatest economic and social need. To ensure that the most vulnerable people are aware of and can benefit from this program, the grantee shall ensure that program services are accessible to:

- 1. Persons with low to moderate income
- 2. Persons who are socially isolated
- 3. Persons with limited English-speaking proficiency
- 4. Persons from communities of color or communities that have historically been under-served
- 5. Members of the LGBTQIA+ community
- 6. Persons at risk of institutionalization

IV. Eligibility for Services

To be eligible for services, an individual must be:

1. A resident of San Francisco, and

- 2. A person who is an older adult or an adult with disability
- 3. A spouse or domestic partner of the eligible individual participating in the program

V. Description of Services

- 1. Grantee will implement and deliver the following health promotion programs:
 - a) Always Active Program
 - b) Tai Chi for Arthritis and Fall Prevention Program
- 2. Grantee may add or remove health promotion programs provided prior approval is received from DAS.
- 3. Grantee will obtain and maintain the necessary licensing agreements for each health promotion program offered, as needed, and adhere to the terms of those agreements. The grantee will ensure that all programs provided meet the requirements outlined in each of the licensing agreements.
- 4. Grantee will train program facilitators to ensure that all individuals delivering classes or sessions are properly trained and certified in accordance with licensing agreements. This includes completing initial training as well as any required refresher training to maintain certification. The grantee will provide DAS with a roster of all program facilitators, including their names and qualifications. Additionally, the grantee will submit documentation of completed facilitator training and certifications to DAS twice annually, in July and January, and upon request.
- 5. Grantee will ensure fidelity to the program models provided through the licensing agreements. This includes conducting fidelity checks to ensure that programs are delivered consistently and as designed, as well as regularly monitoring program sessions to verify adherence to the core components of the evidence-based models.
- 6. Grantee will provide ongoing supervision, coaching, and technical assistance to program facilitators to ensure high-quality service delivery. The grantee will ensure a structured process for facilitators to receive feedback and support for maintaining program fidelity.
- 7. Grantee will ensure the capacity to deliver the health promotion programs in at least English, Chinese, and Spanish.
- 8. Grantee will establish signed agreements with community partner(s) throughout the City to deliver the program(s) in a variety of accessible settings such as senior and community centers, senior housing sites, and community dining sites. A listing of all locations where the program(s) is offered must be maintained and submitted to DAS twice annually, in July and January, and upon request. All locations are subject to DAS approval. The grantee will also establish signed agreements with community partner(s) to clarify the expectations and responsibilities between the parties involved. These agreements will be kept on file by the grantee and made available upon request. The grantee may also offer the program(s) remotely through virtual platforms, provided this is consistent with the program(s) licensing agreement and offered as a supplement to in-person programs.

- 9. Grantee will establish and maintain a consumer enrollment process that includes the collection of required consumer data and a tracking process that captures the units of service provided. The grantee will document consumer enrollment in SF DAS GetCare within one month of obtaining the data, ensuring all collected information is accurately recorded. If necessary, the grantee will maintain a waitlist to ensure equitable access to services, with priority given to the defined target populations. The waitlist will be made available to DAS upon request.
- 10. Grantee will conduct outreach activities to connect with the target population(s) and promote program services. Outreach is a core responsibility of the grantee and is essential for informing eligible consumers about the program.
- 11. Grantee will offer consumers who participate in the program the opportunity to contribute to the cost of providing the program, in accordance with DAS OCP Policy Memorandum No. 5.
- 12. Grantee will have procedures in place to obtain the views of program participants about services received. At minimum, the grantee will develop and administer a consumer satisfaction survey to capture feedback on program outcomes and service quality. Both the survey tool and the administration plan must be reviewed and approved by DAS OCP prior to implementation. Feedback must be collected in a manner that ensures participant anonymity. The results will be shared with DAS OCP by March 15th of each grant year, or on a mutually agreed upon date.
- 13. Grantee will ensure that all program staff, regardless of position, receive initial training on elder abuse and mandated reporting. Program staff who interact with consumers must complete this training annually, in accordance with the DAS OCP Policy Memorandum No. 35.
- 14. Grantee shall develop a written grievance process for reviewing and resolving service concerns raised by consumers or their authorized representatives regarding DAS-funded programs and their employees or volunteers, in accordance with DAS OCP Policy Memorandum No. 33. This process must ensure that consumers have clearly established rights and due process for timely resolution of their concerns.
- 15. Grantee will ensure that DAS funding information is prominently displayed on its websites and publications related to the DAS-funded nutrition program, in accordance with DAS OCP Policy Memorandum No.47.

VI. Location and Time of Services

Grantee will provide health promotion programs in San Francisco. The grantee will schedule the dates, times, and locations of the programs. The dates, times, and locations of programs are subject to DAS approval.

VII. Service Objectives

On an annual basis, the grantee shall meet the following service objectives:

Table A	FY 25/26	FY 26/27	FY 27/28	FY 28/29
Number of Unduplicated Consumers (UDC)	1,075	1,075	1,075	1,075
Health promotion classes (UOS)	2,427	2,427	2,427	2,427

VIII. Outcome Objectives

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

- 1. Consumers rate the quality of services as excellent or good. Target: 75%.
- 2. Consumers feel safe and welcomed by program staff. Target: 75%.
- 3. Consumers report improved health and/or fitness due to participation in the program(s). Target: 75%.
- 4. Consumers report developing new knowledge and/or skills to manage their health. Target: 75%.

IX. Data Collection and Reporting Requirements

- Grantee will provide a monthly report of activities, referencing the tasks described in Section VII & VIII- Service and Outcome Objectives. Grantee will enter the monthly metrics in SF DAS GetCare by the 15th of the following month. The report will include, at a minimum, the following: number of unduplicated consumers served and number of health promotion classes provided.
- Grantee will provide an annual report summarizing the contract activities, referencing the tasks described in Section VII & VIII- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the annual metrics in the CARBON database by the 15th day of the month following the end of the program year.
- 3. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to SFHSA no later than July 31st each year. The grantee must submit the report in the CARBON system.
- 4. Grantee will provide ad hoc reports as required by the Department.

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

Gary.Hom@sfgov.org Contract Manager, Office of Contract Management, SFHSA or

Marina.Kan@sfgov.org Program Analyst, DAS OCP

X. Monitoring Activities

- 1. Program Monitoring: Program monitoring will include review of consumer eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives; compliance with specific program standards and requirements; participant record collection and maintenance; reporting performance including monthly service unit reports on SF DAS GetCare; maintenance of service unit logs; agency and organization standards, including current organizational chart; evidence of annual Elder Abuse Reporting training provided to staff and volunteers; evidence of annual California Department of Aging (CDA) Security Awareness training provided to staff and volunteers; program operations, which includes a review of a written policies and procedures manual of all DAS OCP-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation current and consistent with the site chart; a board of directors list and whether services are provided appropriately according to Sections III through VIII.
- 2. <u>Fiscal Compliance and Contract Monitoring</u>: Fiscal monitoring will include review of the grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual,

HUMAN SERVICE res vention eck One) 7/1/25 - 6/30/26	ES AGENCY BUD BY PROGRAM	GET SUMMARY	Full Term:	7/1/25 - 6/30/29
vention eck One) 7/1/25 - 6/30/26	BY PROGRAM			7/1/25 - 6/30/29
vention eck One) 7/1/25 - 6/30/26				1/1/25 - 6/30/29
eck One) 7/1/25 - 6/30/26			Effective Date:	7/1/2025
7/1/25 - 6/30/26				7/1/2025
			Modification #	
	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/25 - 6/30/29
Original	Original	Original	Original	Total
\$256,296	\$256,296	\$256,296	\$256,296	\$1,025,18
\$125,652	\$125,652	\$125,652	\$125,652	\$502,60
\$381,948	\$381,948	\$381,948	\$381,948	\$1,527,79
15%	15%	15%	15%	15
\$57,292	\$57,292	\$57,292	\$57,292	\$229,16
\$439,240	\$439,240	\$439,240	\$439,240	\$1,756,90
\$439,240	\$439,240	\$439,240	\$439,240	\$1,756,9
\$439,240	\$439,240	\$439,240	\$439,240	\$1,756,90
\$183 925	\$182,325	\$183 925	\$182,325	\$732,50
		· · · · ·		\$32,4
φ0,100	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	ψ0,100	φ0,100	ψ02,40
\$102.025	\$190.425	\$102.025	\$190.425	\$764,9
. ,	. ,	. ,	. ,	\$764,9
	\$629,665	\$631,265	\$629,665	· ·
	Original \$256,296 \$125,652 \$381,948 15% \$57,292 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240	Original Original \$256,296 \$256,296 \$125,652 \$125,652 \$381,948 \$381,948 15% 15% \$57,292 \$57,292 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$182,325 \$182,325 \$183,925 \$182,325 \$183,925 \$182,325 \$192,025 \$190,425 \$631,265 \$629,665 to Ma 06/10/25 \$190,425	Original Original Original \$256,296 \$256,296 \$256,296 \$125,652 \$125,652 \$125,652 \$381,948 \$381,948 \$381,948 15% 15% 15% \$57,292 \$57,292 \$57,292 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$439,240 \$182,325 \$182,325 \$183,925 \$8,1	Original Original Original Original \$256,296 \$256,296 \$256,296 \$256,296 \$125,652 \$125,652 \$125,652 \$125,652 \$381,948 \$381,948 \$381,948 \$381,948 15% 15% 15% 15% \$\$57,292 \$57,292 \$57,292 \$57,292 \$\$439,240 \$439,240 \$439,240 \$439,240 \$\$439,240 \$439,240 \$439,240 \$439,240 \$\$439,240 \$439,240 \$439,240 \$439,240 \$\$439,240 \$439,240 \$439,240 \$439,240 \$\$439,240 \$\$439,240 \$439,240 \$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 \$\$439,240 <td< td=""></td<>

Grantee/Contractor: On Lok Day Services

Program: Physical Fitness and F	all prevention	n																			
	Salaries & Benefits Detail																				
	Agency	y Totals	HSA P	rogram	7/1/25 - 6/30/26	Agency	/ Totals	HSA P	rogram	7/1/26 - 6/30/27	Agenc	y Totals	HSA P	rogram	7/1/27 - 6/30/28	Agency	/ Totals	HSA F	rogram	7/1/28 - 6/30/29	7/1/25 - 6/30/29
POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE		% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Total
Snr Ctr Program Coord	\$74,984	1.00	48%	0.48	\$35,992	\$74,984	1.00	48%	0.48	\$35,992	\$74,984	1.00	48%	0.48	\$35,992	\$74,984	1.00	48%	0.48	\$35,992	\$143,968
Snr Ctr Program Mgr	\$96,065	0.60	80%	0.48	\$46,111	\$96,065	0.60	80%	0.48	\$46,111	\$96,065	0.60	80%	0.48	\$46,111	\$96,065	0.60	80%	0.48	\$46,111	\$184,444
Snr Ctr Prog Specialist - Always A	\$80,211	1.00	48%	0.48	\$38,501	\$80,211	1.00	48%	0.48	\$38,501	\$80,211	1.00	48%	0.48	\$38,501	\$80,211	1.00	48%	0.48	\$38,501	\$154,004
Snr Ctr Prog Specialist	\$80,383	1.00	48%	0.48	\$38,584	\$80,383	1.00	48%	0.48	\$38,584	\$80,383	1.00	48%	0.48	\$38,584	\$80,383	1.00	48%	0.48	\$38,584	\$154,336
Snr Ctr Program Coord - Always	\$68,450	1.00	48%	0.48	\$32,856	\$68,450	1.00	48%	0.48	\$32,856	\$68,450	1.00	48%	0.48	\$32,856	\$68,450	1.00	48%	0.48	\$32,856	\$131,424
Snr Ctr Prog Supervisor	\$85,280	0.20	48%	0.10	\$8,187	\$85,280	0.20	48%	0.10	\$8,187	\$85,280	0.20	48%	0.10	\$8,187	\$85,280	0.20	48%	0.10	\$8,187	\$32,748
				-					-					-					-		
				-					-					-					-		
									-					-					-		
				-					-					-					-		
TOTALS	\$485,373	4.80	3.20	2.50	\$200,231	\$485,373	4.80	320%	2.50	\$200,231	\$485,373	4.80	320%	2.50	\$200,231	\$485,373	4.80	320%	2.50	\$200,231	\$800,924
FRINGE BENEFIT RATE	28%	Ι				28%					28%	Ι				28%					
EMPLOYEE FRINGE BENEFITS					\$56,065					\$56,065					\$56,065					\$56,065	\$224,260
TOTAL SALARIES & BENEFITS					\$256,296					\$256,296					\$256,296					\$256,296	\$1,025,184
																				HSA	A Budget Form (3/24)

Appendix B, Page 2

rogram: Physical Fitness and Fall prevention	• " –											
	Operating Expenses Detail											
	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/25 - 6/30/2							
xpenditure Category	Original	Original	Original	Original	Total							
Rental of Property												
Utilities(Elec, Water, Gas, Phone, Garbage)	\$2,500	\$2,500	\$2,500	\$2,500	\$10.0							
Office Supplies, Postage	\$400	\$400	\$400	\$400	\$10,0							
Building Maintenance Supplies and Repair	\$5.432	\$400	\$5.432	\$6.060	\$22.9							
Printing and Reproduction	\$2,240	\$0,000	\$3,432	\$0,000	پریر (\$8,4							
	\$850	\$2,000	\$850	\$2,000								
					\$3,4							
Staff Training	\$3,000	\$3,000	\$3,000	\$3,000	\$12,0							
Staff Travel-(Local & Out of Town)	\$800	\$800	\$800	\$800	\$3,2							
Rental of Equipment	\$250	\$250	\$250	\$250	\$1,0							
onsulting/Professional Services												
Self-Help For the Elderly	\$15,000	\$15,000	\$15,000	\$15,000	\$60,0							
ther												
Exercise Trainer & Leader Stipends	\$81,000	\$82,140	\$81,000	\$82,140	\$326,2							
Lay Leaders/Facilitators	\$6,480	\$6,552	\$6,480	\$6,552	\$26,0							
otal Operating Expense	\$125,652	\$125,652	\$125,652	\$125,652	\$502,							