Snohomish County

SENIOR CENTER AD HOC COMMITTEE REPORT

2017

BACKGROUND, CONSIDERATIONS, AND RECOMMENDATION
“Recognized by the Older Americans Act (OAA) as a community focal point, senior centers have become one of the most widely used services among America’s older adults. Today, nearly 11,000 senior centers serve 1,000,000 older adults every day.”

National Council on Aging Senior Centers Fact Sheet
I. Background

Recognizing the meaningful number of senior centers in Snohomish County in both incorporated and unincorporated areas, the Snohomish County Council requested that the County Executive direct staff to convene a Senior Center Ad Hoc Committee to address funding issues, distribution of scarce resources, and options for savings. The Ad Hoc Committee to be convened was to include three representatives reflecting the diversity of senior centers throughout the county with those representatives being subject to Council approval by motion. The Council further directed that recommendations of the Ad Hoc Committee be summarized in a report to Council.

On February 1, 2017, the Snohomish County Council approved Motion No. 17-021 (Appendix A) appointing Jacob McGee, Mike Cooper, and Maryke Burgess to the Senior Center Ad Hoc Committee. On April 5, 2017, the Council approved Motion No. 17-083 (Appendix B) appointing Julie Vess to the Ad Hoc Committee, replacing Maryke Burgess.

The Executive also named Stephen McGraw, Roger Neumayer, and Gary Weikel to the Committee given their subject matter expertise and/or historical knowledge of the network of senior centers in Snohomish County. Mr. Weikel was not able to participate and was not replaced.

With staff support from the Snohomish County Human Services Department and facilitated by Andrew Ballard of Marketing Solutions, Inc., the Senior Center Ad Hoc Committee met three times in April and May, 2017 to address the Council’s questions. Prior to the first meeting, the members were sent a Strengths/Weaknesses/Opportunities/Threats (SWOT) survey to complete and a compilation of results (Appendix C) was brought to the first meeting.

The Committee reviewed the survey results and ratified a Charter outlining their responsibilities during that first meeting. The deadline for report submission was subsequently extended with Council approval as is shown in the final Charter (Appendix D). As may be seen from the Charter, the Committee had five tasks:

- Identify performance and reporting standards for senior center contracts
- Categorize centers
- Develop a funding formula for distribution of resources among centers based on category
- Explore opportunities for savings
- Consider options for potential transition from present to possible future role(s)

The Committee members decided to move their work into two distinct phases with Phase I being to formulate recommendations for 2018 to be incorporated into this report and Phase II being to formulate recommendations for 2019 and beyond to be incorporated into a future report. The Executive’s Office and the Human Services Department agreed to provide staff and facilitation support for two additional meetings to conduct Phase II work. Thus, this report provides recommendations related to the above tasks for consideration by the Snohomish County Council in formulating the 2018 Budget.
II. Considerations

As outlined in a presentation on demographic trends and projections prepared by the Snohomish County Department of Planning and Development Services in 2014, the characteristics of Snohomish County’s population are expected to change dramatically over the 20 year period of 2015 through 2035.

The overall growth in population between 2001 and 2013 is projected to be 241,946 which represents a growth of 33.9 percent. This represents a slower rate of growth than in the previous 25 years fueled in part by anticipated rapid increase in attrition as the resident population ages.

During this time period, baby boomers are projected to continue fueling the aging of our population which has been occurring since 1985. Between 2010 and 2035, County residents age 65 and older will account for 52 percent of the County’s population growth and will represent more than one out of every five County residents by 2035.

County-wide data also show that older residents increasingly reside in cities near services with a marked increase for individuals in the 80+ age cohort.

These demographic trends are unprecedented and there are questions about the potential working life and out-migration of the 65+ age cohort. While there are some unknowns, all indications are that the number and percentage of Snohomish County residents who are age 65 and above will continue to increase over the next 20 years as will their need for services and supports.

The aging of baby boomers in Snohomish County is occurring concurrently with stable/increasing life expectancy, resulting in a broader age distribution of seniors with a concomitant broader distribution in needed services and supports.

The need for a greater focus on the challenges facing a growing population of seniors was recognized in the passage of the Older Americans Act (OAA) in 1965. The OAA has undergone numerous amendments in its 52 year history, the most recent being the Older American Act Reauthorization Act (Public Law 114-144) in April, 2016 which reauthorized the OAA for three years (2017-2019) and incorporated enhancements intended to benefit older Americans and their families. Specifically, it clarified that the federal government should provide information and technical assistance to support identification of best practices for the modernization of multi-purpose senior centers and encouraged efforts to modernize multi-purpose senior centers and promote intergenerational shared-site models in Area Agency on Aging (AAA) plans.

The OAA supports a range of home and community-based services, including nutritional services, in-home care, transportation, legal services, elder abuse prevention, and caregiver support. The intent of the programming is to promote dignity and independence for individuals 60 years of age and older by providing them supports in their homes and communities. The OAA has a particular focus on meeting the needs of those seniors facing the greatest social and economic challenges including seniors living in rural areas. There is considerable evidence that the provision of these home and community-based supports reduces costs to Medicare and Medicaid in that these supports reduce reliance on emergency department visits and nursing home care.
OAA funding is distributed to 56 state agencies, more than 200 tribal organizations, more than 600 AAAs, and 20,000 local service providers. AAAs were specifically identified in the 1973 amendment to the OAA and in the Washington State Senior Citizens Services Act of 1977 as the entities responsible for coordinating services as well as planning and advocating with and for older persons. As described in Interlocal Agreement/DSHS Contract # 1769-81060 between Washington State Department of Social and Health Services and Snohomish County (Appendix E), Snohomish County dba Aging and Disability Services Division of the Human Services Department serves as the AAA for our county. As such, and as codified in Snohomish County Code 2.400 (Appendix F), the County directly delivers services and serves as the administrative entity for a large network of contractors that provide the following services to seniors funded with federal and state dollars throughout Snohomish County:

- Adult Day Health
- Aging and Disability Resources/Information and Assistance
- Case Management for functionally and financially frail older persons and adults with disabilities and time-limited case management
- Chronic Disease Self-Management
- Chronic Pain Self-Management
- Client Specific (Flex) Funds
- Congregate Meals
- Dental Services
- Ethnic Meal Site Transportation
- Family Caregiver Support
- Kinship Caregiver Support
- Geriatric Depression Screening
- Hope Options which promotes stable housing and independent living for vulnerable seniors with behavioral health challenges
- In-Home Nutrition (Meals on Wheels)
- Legal Services
- Medicaid Personal Care and Community first Choice Services which provide assistance with everyday tasks
- Medication Management
- Reducing Disability in Alzheimer’s Disease
- Respite Care
- Retired Senior Volunteer Program
- Senior Drug Education
- Senior Farmers’ Market Nutrition
- Senior Peer Counseling
- SNOTRAC which coordinates special needs transportation
- Volunteer Transportation

These services are coordinated with services for seniors that are not provided by the Snohomish County AAA or its network of contractors. Some of these are provided by other divisions within the Human Services Department and their contractors:

- Additional Long-Term Services and Supports
- Advance Care Planning
- Emergency Responder Services
- Long-Term Care Ombudsman
- Mental Health Assessment and Treatment
- Physical Health Assessment and Treatment
- Substance Use Disorder Assessment, Detox, and Treatment

The Human Services Department, in its capacity as the AAA, is advised in this work by the Council on Aging (COA), an advisory council of 30 members consisting of older individuals who are participants or who are eligible to participate in programs assisted under the OAA, representatives of older individuals, local elected officials, and members of the general public. The COA advises the AAA on all matters relating to the development of the Snohomish County Area Plan on Aging (Plan), administration of the Plan, and operations conducted under the Plan as codified in Snohomish County Code 2.450 (Appendix G). The 2016-2019 Plan may be found at [https://snohomishcountywa.gov/DocumentCenter/View/7118](https://snohomishcountywa.gov/DocumentCenter/View/7118).

Snohomish County’s 14 senior centers represent critical infrastructure in this service delivery network. Some apply to, and receive funds from, Snohomish County to deliver federal and state funded services with specified outcomes. All leverage resources from a variety of sources to meet local needs. According to the National Council on Aging, most senior centers rely on three to eight different funding sources to operate.

The first senior center in the nation, the William Hodson Community Center, was established in 1943 by the New York Department of Welfare. Since the inception of the OAA in 1965, senior centers have been identified as primary organizations for service delivery. The National Council on Aging established the National Institute of Senior Centers in 1970 and began publishing tools designed to improve quality in 1970. The first senior centers in Snohomish County were established in the 1970s and there have been two prior reports regarding the funding and operation of these senior centers since their original establishment.

1985 Report: The first of these, *Public Financial Support of Multi-Purpose Senior Centers* (Appendix H), prepared by the Senior Center Study Group in 1985, acknowledged that while senior centers “...are not include as a service type in the Area Plan’s Priority List of Services...senior center are recognized as playing an important role in the service delivery system.” The study group concluded that the County and local municipalities should provide $500,000 to the four multi-service senior centers in Snohomish County to support basic costs defined as the staffing and infrastructure needed to support administration/fundraising, program development and coordination, secretarial/receptionist support, bookkeeping, and custodial/maintenance services, that is, the supports needed to keep each center “open.” Multi-service senior centers were defined as organizations that met the following definition identified by the Washington State Department of Social and Health Services/State Bureau of Aging:

“A multipurpose [sic] senior center is a community facility where older persons can meet together, receive services, and participate in activities that will enhance their dignity, support their independence, and encourage their involvement in the life and affairs of the community. Such a center also acts to promote community awareness of the needs of older people and support the development of community resources which serve older people.”

The Guidelines also recognized that services may be funded by the OAA if they comply with eligibility requirements and the contributions policy in addition to establishing a priority order listing of services.
The report also identified the need for centers to build a tri-partite funding structure comprised of public funds, funds from the United Way of Snohomish County, and other private funds generated from each center’s fundraising efforts.

The County Council approved a budget for 1985 that included a total allocation of $50,000 to support operations for four multi-service senior centers.

**2006 Report:** The second report, the *Senior Center Funding Study Report* (Appendix I), was issued in 2006 in response to an Executive Office request that, “…the Snohomish County Council on Aging prepare a series of policy recommendations to guide the County’s decisions concerning its appropriations of General Revenues for senior centers.”

The report included the following policy recommendations:

1. That local governments continue to recognize senior centers as worthy recipients of taxpayer funds to finance a portion of the basic operating costs of such centers;
2. That multi-purpose senior centers continue to look to local governments – cities and the county – as a major source of support to finance the basic costs (as defined above) associated with operating such centers;
3. That centers continue to rely on the “multi-legged stool” approach combining financial support from private sources, fundraising, social enterprises, and government funding;
4. That all senior centers seeking funds from the county demonstrate their fiscal management capacity to make proper use of and properly account for the use of county funds;
5. That the county maintain its methodology for allocation General Revenues to senior centers for 2007; and
6. That the county arrange for an evaluation of each senior center to ensure it meets administrative standards established by the United Way of Snohomish County, Snohomish County Multi-Purpose Senior Center Standards that align with the National Institute of Senior Centers accreditation standards, and service delivery and data collection standards.

At the time of preparation of the 2006 report, the County was providing each of the four multi-purpose senior centers with an allocation of $60,500 per year, an allocation of $33,000 to a fifth center, and $60,000 on a one-time basis (extended for two additional years) to be distributed among eight smaller centers, resulting in a total of $335,000 in General Revenue funds to support 13 senior centers. The potential eventuality that more centers might request General Revenue funds was identified in the report.

**2016 Developments:** In preparation for a new funding cycle to begin in 2017, United Way of Snohomish County issued one year grants in 2016 based on a request for proposals that was focused on two-generational strategies to end the cycle of poverty. This new focus resulted in a significant reduction in funding to senior centers in Snohomish County collectively. The Snohomish County Executive recommended an increase in funding to the senior centers for 2017 and the final budget enacted by the Snohomish County Council included status quo funding from the General Revenue fund of $465,500 and an additional $178,500, representing a $46,000 increase over the 2016 funding amount, in 1/10 of 1 Percent Sales Tax funds for the development and implementation of a new opioid education program by each center receiving funds.

The Senior Center Ad Hoc Committee reviewed these materials and was briefed on the current fiscal and programmatic landscape in Snohomish County prior to formulating the recommendations outlined below.
III. Recommendations

The Senior Center Ad Hoc Committee developed recommendations related to each of the following five tasks identified in the Charter as outlined below.

**Task 1: Identify Performance and Reporting Standards for Senior Center Contracts**

**Recommendation 1.1:** A senior center must meet the following conditions to receive funds from Snohomish County: (1) have an executed Basic Terms and Conditions Agreement with Snohomish County and be in compliance with all such terms and conditions; (2) be registered and current to do business in the state of Washington; and (3) not be debarred or suspended by the federal government.

**Recommendation 1.2:** The current language in Exhibit M in contracts between senior centers and Snohomish County regarding senior center standards is appropriate for 2018.

The Committee Members agreed that references to United Way of Snohomish County requirements in prior documents are not germane and should not be included in these requirements which are consistently applied to Snohomish County Human Services Department contractors.

**Recommendation 1.3:** The current language in Exhibit A, Specific Terms and Conditions, in contracts between senior centers and Snohomish County is appropriate for 2018 including reporting requirements.

The Committee Members also indicated that more work is needed on ensuring there is consistent reporting of common data elements and performance standards across centers as part of the Phase II review for 2019.

**Task 2: Categorize Centers**

**Recommendation 2.1:** There should be three categories of centers as defined below.

Tier 1: Provide a minimum of 12 services in 6 service areas and serve at least 1,000 unduplicated participants per year.  
Tier 2: Provide a minimum of 6 services in 6 service areas and serve at least 600 unduplicated participants per year.  
Tier 3: Provide a minimum of 6 services in 4 service areas.

The service areas/categories include: social needs, intellectual needs, cultural needs, economic needs, physical needs, personal growth, leadership potential, self-image improvement, intergenerational needs, and cooperation with other agencies.

Currently, all 14 centers in the Snohomish County network are either Tier 1 or Tier 3. The Committee Members agreed that it was important to have an intermediate tier to accommodate growth among Tier 3 centers.

**Recommendation 2.2:** Centers also need to be identified as city-owned/operated or not.
**Task 3: Develop a Funding Formula**

**Recommendation 3.1:** The base funding amount for any senior center in the network should be $15,000 per year.

The Committee Members agreed that all in-network centers should receive a base funding amount from Snohomish County.

**Recommendation 3.2:** City-owned/operated centers should receive 50 percent of the identified annual award from the County for the tier to which they belong but not less than the base amount.

The Committee Members agreed that it is important that municipalities contribute equitable resources to the centers that they own/operate.

**Recommendation 3.3:** The amount received by centers in each tier should be as follows:

- Tier 1: $75,000 per year
- Tier 2: $23,000 per year
- Tier 3: $15,000 per year

The results of these recommendations are summarized in the Chart provided in Appendix J and would increase the amount allocated to senior centers, collectively from $644,000 ($465,500 in General Revenue funds plus $178,500 in 1/10 of 1 Percent Sales Tax funds) in 2017 to $712,500 in 2018.

**Task 4: Explore Opportunities for Savings**

**Recommendation 4.1:** Given that there are extreme constraints on General Revenue funds, funding from this source in 2018 should remain at 2017 levels. Should funding from this source need to be reduced, it should be reduced proportionately across centers.

The Committee Members recognize that General Revenue funds may be limited and that reductions from this source may need to be made. The Members agreed that cuts from General Revenue funds, and increased funding from another source(s), should be made proportionately across all centers, recognizing that other strategies may put an undue burden on Tier 3 centers.

**Recommendation 4.2:** Given the behavioral health needs of seniors, provide the balance of funding from 1/10 of 1 Percent Sales Tax funds, allowing senior centers to provide input on the programming that would best meet the needs of the community residents each serves.

The Committee Members recognized that it is necessary to develop programming that meets the statutory requirements associated with the 1/10 of 1 Percent Sales Tax funds and that there are many areas of need including depression screening and treatment, suicide prevention, and substance use-related issues to name a few. The Members would like to engage in a discussion about how these might be prioritized and what programming might be most effective in each community.
Recommendation 4.3: Additional opportunities can be explored in Phase II.

There are a number of considerations related to the Phase II work of the Committee related to environmental factors affecting long-term transitions including opportunities for saving as some centers begin the transition from stand-alone senior centers to senior services in community centers.

**Task 5: Consider Options for Transition**

**Recommendation 5.1:** Review the 501 Commons Report to determine the extent to which the senior centers want to follow the process recommended for transition to a new future state.

The Committee Members understood that a transition to a new future state is underway and are committed to considering a host of variables in taking a deeper dive into their individual and collective potential future course. The Human Services Department has committed to providing logistic and facilitation support to this work for at least two more meetings following review and feedback from the County Council on this report.

**IV. Conclusion**

According to the National Council on Aging, “Research shows that older adults who participate in senior center programs can learn to manage and delay the onset of chronic disease and experience measurable improvements in their physical, social, spiritual, emotional, mental, and economic well-being.”

As outlined in this report, Snohomish County’s senior centers are committed to providing the facilities and programming to continue filling this need.

In moving to Phase II, senior centers are also prepared to embark on a journey as described by the National Council on Aging:

“Today’s senior centers are reinventing themselves to meet the needs and desires of the aging baby boom generation. Boomers now constitute more than two-thirds of the 50+ population. Senior centers are developing new programs and opportunities for this dynamic generation of older adults.”

The Senior Center Ad Hoc Committee Members wish to thank the Executive and Council for the opportunity to begin this work in partnership with Snohomish County Government.
V. Acknowledgements

This report is the product of many hours of work by a number of contributors. These include:

**Senior Center Ad Hoc Committee Members**

- Mike Cooper
- Jacob McGee
- Stephen McGraw
- Roger Neumaier
- Julie Vess

**Snohomish County Council Staff**

- Stephen Clifton
- Geoffrey Thomas

**Snohomish County Executive Office Staff**

- Alessandra Durham
- Susan Neely

**Snohomish County Human Services Department Staff**

- Mary Jane Brell Vujovic
- Aime Fink
- Mike Fulcher
- John Peterson
- Wendy Roullier
- Laura White

**Marketing Solutions, Inc.**

- Andrew Ballard
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APPENDIX A: Snohomish County Council Motion No. 17-021

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

MOTION NO. 17-021

APPOINTING JACOB MCGEE, MIKE COOPER AND MARYKE BURGESS TO THE SENIOR CENTER AD HOC COMMITTEE

WHEREAS, Ordinance 16-097 included a budget note requesting that the Executive convene an Ad Hoc Committee to address Senior Center funding issues, distribution of scarce resources and options for savings; and

WHEREAS, the budget note states that the committee should include three representatives from senior centers and that those representatives were subject to the Council's approval by motion; and

WHEREAS, the Senior Center Executive Directors have recommended Jacob McGee, Mike Cooper and Maryke Burgess as their representatives; and

WHEREAS, Mr. McGee is the East County Senior Center Director, and would represent the east county and a large regional center; and

WHEREAS, Mr. Cooper is the Mountlake Terrace Senior Center Director, and would represent the south county and a medium sized center; and

WHEREAS, Ms. Burgess is the Marysville Senior Center Director, and would represent the north county and a small sized and municipal center;

NOW, THEREFORE, ON MOTION, the Snohomish County Council appoints Jacob McGee, Mike Cooper and Maryke Burgess to the Senior Center Ad Hoc Committee.

PASSED this 1st day of February, 2017.

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

Council Chair

ATTEST

Asst. Clerk of the Council

D-3

Appendices-1
APPOINTING JULIE VESSION TO THE SENIOR CENTER AD HOC COMMITTEE

WHEREAS, Ordinance 16-097 included a budget note requesting that the Executive convene an Ad Hoc Committee to address Senior Center funding issues, distribution of scarce resources and options for savings; and

WHEREAS, the budget note states that the committee should include three representatives from senior centers and that those representatives were subject to the Council’s approval by motion; and

WHEREAS, the Senior Center Executive Directors recommended Jacob McGee, Mike Cooper, and Maryke Burgess as their representatives; and

WHEREAS, the Snohomish County Council approved Motion 17-021, appointing Jacob McGee, Mike Cooper, and Maryke Burgess to the Senior Center Ad Hoc Committee; and

WHEREAS, the Maryke Burgess is no longer available to serve on the Senior Center Ad Hoc Committee; and

WHEREAS, the Executive’s Office would like to substitute Julie Vess, Executive Director of the Stanwood Senior Center, to replace Maryke Burgess on the Senior Center Ad Hoc Committee;

NOW, THEREFORE, ON MOTION, the Snohomish County Council appoints Julie Vess to replace Maryke Burgess on the Senior Center Ad Hoc Committee.

PASSED this 5th day of April, 2017.

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

[Signature]
Council Chair

ATTEST:
[Signature]
Asst. Clerk of the Council

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# Appendix C: SWOT Analysis

## Results of Senior Centers Ad Hoc Committee SWOT

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<tr>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Opportunities</th>
<th>Threats</th>
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<tbody>
<tr>
<td>Senior Centers are hubs of activity in their respective communities.</td>
<td>Continuity of funding, hiring and keeping a talented workforce with minimum wage increases and healthcare challenges.</td>
<td>Working cooperatively with other Centers to provide the best service to the growing population of older adults in the County.</td>
<td>More bedrock funding being taken away: United Way.</td>
</tr>
<tr>
<td>Accessible to many senior citizens</td>
<td>Many people may not be aware of available services.</td>
<td>The baby boom has arrived and is coming.</td>
<td>Financial tightness in resources committed to growing needs.</td>
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<td>Support meetings for Senior Center Executives</td>
<td>Holes in the system for referrals to services</td>
<td>Growing number of seniors gives potential for numerous service opportunities</td>
<td>Too much need for funding and not enough to go around</td>
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<td>The county provides support to local senior centers</td>
<td>The county does not provide the financial support to local senior centers needed to provide services</td>
<td>The county is aging and requires coordination with local senior centers to provide needed services</td>
<td>The failure of the county to financially keep up with the growing demand threatens local senior centers ability to provide services</td>
</tr>
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<td>Keeping older adults feeling useful, youthful and part of something bigger than themselves.</td>
<td>Competing for the same funding with other Centers.</td>
<td></td>
<td>Bedrock funding from the County is absolutely key to services.</td>
</tr>
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<td>Diverse services</td>
<td>Communication of resources for seniors</td>
<td></td>
<td>Growing number of seniors and not enough resources/services to go around.</td>
</tr>
<tr>
<td>Resources for seniors</td>
<td>The county lacks focus on services needed for senior centers</td>
<td></td>
<td>Same threat as every generation shift: keeping current population happy and engaged while providing services older boomers will embrace.</td>
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<tr>
<td>Activities offered, meals served, transportation given, trips offered, classes taught, cards and other games played, etc. etc. Senior Centers provide these and more: all with a limited budget but great dividends.</td>
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# Committee Charter

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<th><strong>TITLE</strong></th>
<th>Senior Center Ad Hoc Committee</th>
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<tr>
<td><strong>SCOPE OF WORK</strong></td>
<td>Function as an ad hoc advisory committee to make recommendations to the Human Services Department for incorporation into a report prepared for the Snohomish County Council based on the following request incorporated into the County’s 2017 Budget:</td>
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<td></td>
<td>“Senior Centers. There is a meaningful number of senior centers in Snohomish County, in incorporated and unincorporated areas, with limited county funding sources. Council requests that the Executive’s Office convene an Ad Hoc Committee by May 31, 2017 to address funding issues, distribution of scarce resources, and options for savings. The Ad Hoc Committee will include three representatives from senior centers. Representatives will reflect the diversity of senior centers throughout the county and will be subject to the County Council’s approval by motion. A report to the Council shall be submitted by May 31, 2017.” The report deadline was extended to June 30, 2017 with Council approval.</td>
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<tr>
<td><strong>INTERFACES</strong></td>
<td>The Committee will be supported by the Human Services Department which will incorporate the Committee’s recommendations into a report prepared for the County Council.</td>
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| **COMPOSITION** | • Mike Cooper, Mountlake Terrace Senior Center  
• Jacob McGee, East County Senior Center  
• Steve McGraw, Senior Services of Snohomish County Executive Director  
• Roger Neumaier, former County Finance Director  
• Julie Vess, Stanwood Senior Center |
| **DESCRIPTION OF TASKS** | Meet up to three times to discuss situation and outcomes the Committee wants to recommend regarding: |
| | • Categorization of centers (regional, multi-purpose, etc.)  
• Funding formula for distribution of resources among centers based on category  
• Opportunities for savings  
• Performance and reporting standards for senior center contracts  
• Potential transition from present to possible future role(s). |
| **ACCOUNTABILITY** | The Committee has been convened on an ad hoc basis at the request of County Council to make recommendations to be incorporated into a report prepared by the Human Services Department by May 31, 2017 (extended to June 30, 2017). |
| **APPROVALS** | This Committee has been appointed to the County Council to make recommendations that will be transmitted in a report. Recommendations will be based both on committee consensus and alternate views, but a committee recommendation will be brought when possible/feasible. |
| **RESOURCES NEEDED** | Resources for up to three meetings are provided by the County. |

Marketing Solutions, Inc.
## Appendix E: Interlocal Agreement/DSHS Contract # 1769-81060

### INTERLOCAL AGREEMENT

**AREA AGENCY ON AGING – OLDER AMERICANS ACT**

This Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued pursuant to the Interlocal Cooperation Act, chapter 39.34 RCW.

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<td>Management Services</td>
<td>April Hassett</td>
<td>PO Box 45600</td>
<td>(360) 725-2387</td>
<td>(360) 725-2639</td>
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<th>IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?</th>
<th>CPDA NUMBERS</th>
</tr>
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<tr>
<td>Yes</td>
<td>93.044 93.045 93.043 93.052 93.041 93.053</td>
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<th>MAXIMUM CONTRACT AMOUNT</th>
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<td>12/31/2017</td>
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**ATTACHMENTS.** The following Exhibits are attached to and incorporated into this Interlocal Agreement by reference:

- Exhibit A. Statement of Work; Exhibit B. Budget; Exhibit C. Local Match Certification Form; Exhibit D. Grant Award Documents
- No Exhibits

This Interlocal Agreement, including all Exhibits and other documents attached or incorporated by reference, contains all of the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Interlocal Agreement shall be deemed to exist or bind the parties.

### CONTRACTOR SIGNATURE

**SUSAN NEELY**
Executive Director

**APRIL HASSETT**
Contracts Manager

### RECEIVED

Jan 15, 2017

DSWS Central Contract Services
1015LS AAA Older Americans Act (09-11-2013)

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AAA GENERAL TERMS & CONDITIONS

1. Amendment. This Agreement, or any term or condition, may be modified only by a written amendment signed by both parties. Only personnel authorized to bind each of the parties shall sign an amendment.

2. Assignment. Except as otherwise provided herein, the AAA shall not assign rights or obligations derived from this Agreement to a third party without the prior, written consent of the DSHS Contracts Administrator and the written assumption of the AAA's obligations by the third party.

3. Client Abuse. The AAA shall report all instances of suspected client abuse to DSHS, in accordance with RCW 74.34.

4. Client Grievance. The AAA shall establish a system through which applicants for and recipients of services under the approved area plans may present grievances about the activities of the AAA or any subcontractor(s) related to service delivery. Clients receiving Medicaid funded services must be informed of their right to a fair hearing regarding service eligibility specified in WAC 388-02 and under the provisions of the Administrative Procedures Act, Chapter 34.05 RCW.

5. Compliance with Applicable Law. At all times during the term of this Agreement, the AAA and DSHS shall comply with all applicable federal, state, and local laws, regulations, and rules, including but not limited to, nondiscrimination laws and regulations.

6. Confidentiality. The parties shall use Personal Information and other confidential information gained by reason of this Agreement only for the purpose of this Agreement. DSHS and the AAA shall not otherwise disclose, transfer, or sell any such information to any other party, except as provided by law or, in the case of Personal Information except as provided by law or with the prior written consent of the person to whom the Personal Information pertains. The parties shall maintain the confidentiality of all Personal Information and other confidential information gained by reason of this Agreement and shall return or certify the destruction of such information if requested in writing by the party to the Agreement that provided the information.

7. AAA Certification Regarding Ethics. By signing this Agreement, the AAA certifies that the AAA is in compliance with Chapter 42.23 RCW and shall comply with Chapter 42.23 RCW throughout the term of this Agreement.

8. Debarment Certification. The AAA, by signature to this Agreement, certifies that the AAA is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Agreement by any Federal department or agency. The AAA also agrees to include the above requirement in all subcontracts into which it enters, resulting directly from the AAA's duty to provide services under this Agreement.

9. Disputes. In the event of a dispute between the AAA and DSHS, every effort shall be made to resolve the dispute informally and at the lowest level. If a dispute cannot be resolved informally, the AAA shall present their grievance in writing to the Assistant Secretary for Aging and Long-Term Support Administration. The Assistant Secretary shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. If the dispute remains unresolved after the Assistant Secretary's determination, either party may request intervention by the Secretary of DSHS, in which event the Secretary's process shall control. The Secretary will make a determination within 45 days. Participation in this dispute process shall precede any judicial or quasi-judicial action and shall be the final administrative remedy available to the parties. However, if the Secretary's determination is not made within 45 days, either party may proceed with judicial or quasi-judicial action without awaiting the Secretary's determination.

10. Drug-Free Workplace. The AAA shall maintain a work place free from alcohol and drug abuse.
11. **Entire Agreement.** This Agreement including all documents attached to or incorporated by reference, contain all the terms and conditions agreed upon by the parties. No other understandings or representations, oral or otherwise, regarding the subject matter of this Agreement, shall be deemed to exist or bind the parties.

12. **Governing Law and Venue.** The laws of the State of Washington govern this Agreement. In the event of a lawsuit by the AAA against DSHS involving this Agreement, venue shall be proper only in Thurston County, Washington. In the event of a lawsuit by DSHS against a County AAA involving this Agreement, venue shall be proper only as provided in RCW 36.01.050.

13. **Independent Status.** Except as otherwise provided in Paragraph 26 herein below, for purposes of this Agreement, the AAA acknowledges that the AAA is not an officer, employee, or agent of DSHS or the State of Washington. The AAA shall not hold out itself or any of its employees as, nor claim status as, an officer, employee, or agent of DSHS or the State of Washington. The AAA shall not claim for itself or its employees any rights, privileges, or benefits, which would accrue to an employee of the State of Washington. The AAA shall indemnify and hold harmless DSHS from all obligations to pay or withhold federal or state taxes or contributions on behalf of the AAA or the AAA’s employees.

14. **Inspection.** Either party may request reasonable access to the other party's records and place of business for the limited purpose of monitoring, auditing, and evaluating the other party's compliance with this Agreement, and applicable laws and regulations. During the term of this Agreement and for one (1) year following termination or expiration of this Agreement, the parties shall, upon receiving reasonable written notice, provide the other party with access to its place of business and to its records which are relevant to its compliance with this Agreement and applicable laws and regulations. This provision shall not be construed to give either party access to the other party's records and place of business for any other purpose. Nothing herein shall be construed to authorize either party to possess or copy records of the other party.

15. **Insurance.** DSHS certifies that it is self-insured under the State’s self-insurance liability program, as provided by RCW 4.92.130, and shall pay for losses for which it is found liable. The AAA certifies that it is self-insured, is a member of a risk pool, or maintains the types and amounts of insurance identified below and shall, prior to the execution of this Agreement by DSHS, provide certificates of insurance to that effect to the DSHS contact on page one of this Agreement.

**Commercial General Liability Insurance (CGL) —** to include coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - $1,000,000; General Aggregate - $2,000,000. The policy shall include liability arising out of premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract. The State of Washington, DSHS, its elected and appointed officials, agents, and employees shall be named as additional insureds.

16. **Maintenance of Records.** During the term of this Agreement and for six (6) years following termination or expiration of this Agreement, both parties shall maintain records sufficient to:

   a. Document performance of all acts required by law, regulation, or this Agreement;

   b. Demonstrate accounting procedures, practices, and records that sufficiently and properly document the AAA’s invoices to DSHS and all expenditures made by the AAA to perform as required by this Agreement.

For the same period, the AAA shall maintain records sufficient to substantiate the AAA’s statement of its organization’s structure, tax status, capabilities, and performance.
17. Medicaid Fraud Control Unit (MFCU). As required by federal regulations, the Health Care Authority, the Department of Social and Health Services, and any contractors or subcontractors, shall promptly comply with all MFCU requests for records or information. Records and information includes, but is not limited to, records on micro-fiche, film, scanned or imaged documents, narratives, computer data, hard copy files, verbal information, or any other information the MFCU determines may be useful in carrying out its responsibilities.

18. Order of Precedence. In the event of an inconsistency in this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence, in the following order, to:

a. Applicable federal and State of Washington statutes and regulations;

b. This Agreement; and

c. The AAA’s Area Plan.

19. Ownership of Client Assets. The AAA shall ensure that any client for whom the AAA or Subcontractor is providing services under this Agreement shall have unrestricted access to the client’s personal property. For purposes of this paragraph, client’s personal property does not pertain to client records. The AAA or Subcontractor shall not interfere with the client’s ownership, possession, or use of such property. Upon termination of this Agreement, the AAA or Subcontractor shall immediately release to the client and/or DSHS all of the client’s personal property.

20. Ownership of Material. Material created by the AAA and paid for by DSHS as a part of this Agreement shall be owned by DSHS and shall be “work made for hire” as defined by Title 17 USCA, Section 101. This material includes, but is not limited to: books; computer programs; documents; films; pamphlets; reports; sound reproductions; studies; surveys; tapes; and/or training materials. Material which the AAA uses to perform this Agreement but is not created for or paid for by DSHS is owned by the AAA and is not “work made for hire”; however, DSHS shall have a license of perpetual duration to use, modify, and distribute this material at no charge to DSHS, provided that such license shall be limited to the extent which the AAA has a right to grant such a license.

21. Ownership of Real Property, Equipment and Supplies Purchased by the AAA. Title to all property, equipment and supplies purchased by the AAA with funds from this Agreement shall vest in the AAA. When real property, or equipment with a per unit fair market value over $5000, is no longer needed for the purpose of carrying out this Agreement, or this Agreement is terminated or expired and will not be renewed, the AAA shall request disposition instructions from DSHS. If the per unit fair market value of equipment is under $5000, the AAA may retain, sell, or dispose of it with no further obligation. Proceeds from the sale or lease of property that was purchased with revenue accrued under the Case Management/Nursing Services unit rate must be expended in Medicaid TXIX or Aging Network programs.

When supplies with a total aggregate fair market value over $5000 are no longer needed for the purpose of carrying out this Agreement, or this Agreement is terminated or expired and will not be renewed, the AAA shall request disposition instructions from DSHS. If the total aggregate fair market value of equipment is under $5000, the AAA may retain, sell, or dispose of it with no further obligation.

Disposition and maintenance of property shall be in accordance with 45 CFR Parts 92 and 74.
22. **Ownership of Real Property, Equipment and Supplies Purchased by DSHS.** Title to property, equipment and supplies purchased by DSHS and provided to the AAA to carry out the activities of this Agreement shall remain with DSHS. When real property, equipment or supplies are no longer needed for the purpose of carrying out this Agreement, or this Agreement is terminated or expired and will not be renewed, the AAA shall request disposition instructions from DSHS.

Disposition and maintenance of property shall be in accordance with 45 CFR Parts 92 and 74.

23. **Responsibility.** Each party to this Agreement shall be responsible for the negligence of its officers, employees, and agents in the performance of this Agreement. No party to this Agreement shall be responsible for the acts and/or omissions of entities or individuals not party to this Agreement. DSHS and the AAA shall cooperate in the defense of tort lawsuits, when possible. Both parties agree and understand that this provision may not be feasible in all circumstances. DSHS and the AAA agree to notify the attorneys of record in any tort lawsuit where both are parties if either DSHS or the AAA enters into settlement negotiations. It is understood that the notice shall occur prior to any negotiations, or as soon as possible, and the notice may be either written or oral.

24. **Restrictions Against Lobbying.** The AAA certifies to the best of its knowledge and belief that no federal appropriated funds have been paid or will be paid, by or on behalf of the AAA, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.

If any funds other than federal appropriated funds have or will be paid for the purposes stated above, the AAA must file a disclosure form in accordance with 45 CFR Section 93.110.

The AAA shall include a clause in all subcontracts restricting subcontractors from lobbying in accordance with this section and requiring subcontractors to certify and disclose accordingly.

25. **Severability.** The provisions of this Agreement are severable. If any court holds any provision of this Agreement, including any provision of any document incorporated by reference, invalid, that invalidity shall not affect the other provisions this Agreement.

26. **Subcontracting.**

a. The AAA may, without further notice to DSHS, subcontract for those services specifically defined in the Area Plan submitted to and approved by DSHS, except subcontracts with for-profit entities must have prior DSHS approval.

b. The AAA must obtain prior written approval from DSHS to subcontract for services not specifically defined in the approved Area Plan.

c. Any subcontracts shall be in writing and the AAA shall be responsible to ensure that all terms, conditions, assurances and certifications set forth in this Agreement are included in any and all client services Subcontracts.

d. Subcontractors are prohibited from subcontracting for direct client services without the prior written approval from DSHS.

e. When the nature of the service the subcontractor is to provide requires a certification, license or
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approval, the AAA may only subcontract with such contractors that have and agree to maintain the appropriate license, certification or accrediting requirements/standards.

f. In any contract or subcontract awarded to or by the AAA in which the authority to determine service recipient eligibility is delegated to the AAA or to a subcontractor, such contract or subcontract shall include a provision acceptable to DSHS that specifies how client eligibility will be determined and how service applicants and recipients will be informed of their right to a fair hearing in case of denial or termination of a service, or failure to act upon a request for services with reasonable promptness.

g. If DSHS, the AAA, and a subcontractor of the AAA are found by a jury or trier of fact to be jointly and severally liable for damages rising from any act or omission from the contract, then DSHS shall be responsible for its proportionate share, and the AAA shall be responsible for its proportionate share. Should the subcontractor be unable to satisfy its joint and several liability, DSHS and the AAA shall share in the subcontractor's unsatisfied proportionate share in direct proportion to the respective percentage of their fault as found by the jury or trier of fact. Nothing in this term shall be construed as creating a right or remedy of any kind or nature in any person or party other than DSHS and the AAA. This term shall not apply in the event of a settlement by either DSHS or the AAA.

h. Any subcontract shall designate subcontractor as AAA's Business Associate, as defined by HIPAA, and shall include provisions as required by HIPAA for Business Associate contract. AAA shall ensure that all client records and other PHI in possession of subcontractor are returned to AAA at the termination or expiration of the subcontract.

27. Subrecipients.

a. General. If the AAA is a subrecipient of federal awards as defined by 2 CFR Part 200 and this Agreement, the AAA shall:

(1) Maintain records that identify, in its accounts, all federal awards received and expended and the federal programs under which they were received, by Catalog of Federal Domestic Assistance (CFDA) title and number, award number and year, name of the federal agency, and name of the pass-through entity;

(2) Maintain internal controls that provide reasonable assurance that the AAA is managing federal awards in compliance with laws, regulations, and provisions of contracts or grant agreements that could have a material effect on each of its federal programs;

(3) Prepare appropriate financial statements, including a schedule of expenditures of federal awards;

(4) Incorporate 2 CFR Part 200, Subpart F audit requirements into all agreements between the Contractor and its Subcontractors who are subrecipients;

(5) Comply with the applicable requirements of 2 CFR Part 200, including any future amendments to 2 CFR Part 200, and any successor or replacement Office of Management and Budget (OMB) Circular or regulation; and

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Subparts C.D.E. and G, and 28 C.F.R. Part 35 and 39. (Go to www.ojp.usdoj.gov/ocr/ for additional information and access to the aforementioned Federal laws and regulations.)

b. Single Audit Act Compliance. If the AAA is a subrecipient and expends $750,000 or more in federal awards from all sources in any fiscal year, the AAA shall procure and pay for a single audit or a program-specific audit for that fiscal year. Upon completion of each audit, the AAA shall:

(1) Submit to the DSHS contact person the data collection form and reporting package specified in 2 CFR Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor;

(2) Follow-up and develop corrective action for all audit findings; in accordance with 2 CFR Part 200, Subpart F; prepare a “Summary Schedule of Prior Audit Findings” reporting the status of all audit findings included in the prior audit's schedule of findings and questioned costs.

c. Overpayments. If it is determined by DSHS, or during the course of the required audit, that the AAA has been paid unallowable costs under this Agreement, DSHS may require the AAA to reimburse DSHS in accordance with 2 CFR Part 200.

(1) For any identified overpayment involving a subcontract between the AAA and a tribe, DSHS agrees it will not seek reimbursement from the AAA, if the identified overpayment was not due to any failure by the AAA.

28. Survivability. The terms and conditions contained in this Agreement, which by their sense and context, are intended to survive the expiration of the particular agreement shall survive. Surviving terms include, but are not limited to: Confidentiality, Disputes, Inspection, Maintenance of Records, Ownership of Material, Responsibility, Termination for Default, Termination Procedure, and Title to Property.

29. Contract Renegotiation, Suspension, or Termination Due to Change in Funding. If the funds DSHS relied upon to establish this Contract or Program Agreement are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, after the effective date of this contract but prior to the normal completion of this Contract or Program Agreement:

a. At DSHS’s discretion, the Contract or Program Agreement may be renegotiated under the revised funding conditions.

b. At DSHS’s discretion, DSHS may give notice to the AAA to suspend performance when DSHS determines that there is reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow Contractor’s performance to be resumed prior to the normal completion date of this contract.

(1) During the period of suspension of performance, each party will inform the other of any conditions that may reasonably affect the potential for resumption of performance.

(2) When DSHS determines that the funding insufficiency is resolved, it will give Contractor written notice to resume performance. Upon the receipt of this notice, Contractor will provide written notice to DSHS informing DSHS whether it can resume performance and, if so, the date of resumption. For purposes of this subsubsection, “written notice” may include email.

(3) If the AAA’s proposed resumption date is not acceptable to DSHS and an acceptable date cannot be negotiated, DSHS may terminate the contract by giving written notice to Contractor.

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The parties agree that the Contract will be terminated retroactive to the date of the notice of suspension. DSHS shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the retroactive date of termination.

c. DSHS may immediately terminate this Contract by providing written notice to the AAA. The termination shall be effective on the date specified in the termination notice. DSHS shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. No penalty shall accrue to DSHS in the event the termination option in this section is exercised.

30. Termination for Convenience. The Contracts Administrator may terminate this Agreement or any in whole or in part for convenience by giving the AAA at least thirty (30) calendar days' written notice. The AAA may terminate this Agreement for convenience by giving DSHS at least thirty (30) calendar days' written notice addressed to: Central Contract Services, PO Box 45811, Olympia, Washington 98504-5811.

31. Termination for Default.

a. The Contracts Administrator may terminate this Agreement for default, in whole or in part, by written notice to the AAA, if DSHS has a reasonable basis to believe that the AAA has:

(1) Failed to meet or maintain any requirement for contracting with DSHS;
(2) Failed to perform under any provision of this Agreement;
(3) Violated any law, regulation, rule, or ordinance applicable to this Agreement; and/or
(4) Otherwise breached any provision or condition of this Agreement.

b. Before the Contracts Administrator may terminate this Agreement for default, DSHS shall provide the AAA with written notice of the AAA's noncompliance with the agreement and provide the AAA a reasonable opportunity to correct the AAA's noncompliance. If the AAA does not correct the AAA's noncompliance within the period of time specified in the written notice of noncompliance, the Contracts Administrator may then terminate the agreement. The Contracts Administrator may terminate the agreement for default without such written notice and without opportunity for correction if DSHS has a reasonable basis to believe that a client's health or safety is in jeopardy.

c. The AAA may terminate this Agreement for default, in whole or in part, by written notice to DSHS, if the AAA has a reasonable basis to believe that DSHS has:

(1) Failed to meet or maintain any requirement for contracting with the AAA;
(2) Failed to perform under any provision of this Agreement;
(3) Violated any law, regulation, rule, or ordinance applicable to this Agreement; and/or
(4) Otherwise breached any provision or condition of this Agreement.

d. Before the AAA may terminate this Agreement for default, the AAA shall provide DSHS with written notice of DSHS' noncompliance with the Agreement and provide DSHS a reasonable opportunity to correct DSHS' noncompliance. If DSHS does not correct DSHS' noncompliance within the period of time specified in the written notice of noncompliance, the AAA may then terminate the
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32. Termination Procedure. The following provisions apply in the event this Agreement is terminated:

a. The AAA shall cease to perform any services required by this Agreement as of the effective date of termination and shall comply with all reasonable instructions contained in the notice of termination which are related to the transfer of clients, distribution of property, and termination of services.

b. The AAA shall promptly deliver to the DSHS contact person (or to his or her successor) listed on the first page this Agreement, all DSHS assets (property) in the AAA's possession, including any material created under this Agreement. Upon failure to return DSHS property within ten (10) working days of the Agreement termination, the AAA shall be charged with all reasonable costs of recovery, including transportation. The AAA shall take reasonable steps to protect and preserve any property of DSHS that is in the possession of the AAA pending return to DSHS.

c. DSHS shall be liable for and shall pay for only those services authorized and provided through the effective date of termination. DSHS may pay an amount mutually agreed by the parties for partially completed work and services, if work products are useful to or usable by DSHS.

d. If the Contracts Administrator terminates this Agreement for default, DSHS may withhold a sum from the final payment to the AAA that DSHS determines is necessary to protect DSHS against loss or additional liability. DSHS shall be entitled to all remedies available at law, in equity, or under this Agreement. If it is later determined that the AAA was not in default, or if the AAA terminated this Agreement for default, the AAA shall be entitled to all remedies available at law, in equity, or under this Agreement.

33. Treatment of Client Property. Unless otherwise provided in the applicable Agreement, the AAA shall ensure that any adult client receiving services from the AAA under this Agreement has unrestricted access to the client's personal property. The AAA shall not interfere with any adult client's ownership, possession, or use of the client's property. The AAA shall provide clients under age eighteen (18) with reasonable access to their personal property that is appropriate to the client's age, development, and needs. Upon termination or completion of this Agreement, the AAA shall promptly release to the client and/or the client's guardian or custodian all of the client's personal property. This section does not prohibit the AAA from implementing such lawful and reasonable policies, procedures and practices as the AAA deems necessary for safe, appropriate, and effective service delivery (for example, appropriately restricting clients' access to, or possession or use of, lawful or unlawful weapons and drugs).

34. Waiver. Waiver of any breach or default on any occasion shall not be deemed to be a waiver of any subsequent breach or default. Any waiver shall not be construed to be a modification of the terms and conditions of this Agreement unless amended as set forth in Section 1, Amendment. Only the Contracts Administrator or designee has the authority to waive any term or condition of this Agreement on behalf of DSHS.

HIPAA Compliance

Preamble: This section of the Contract is the Business Associate Agreement as required by HIPAA.

35. Definitions.

a. "Business Associate," as used in this Contract, means the "Contractor" and generally has the same...
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meaning as the term "business associate" at 45 CFR 160.103. Any reference to Business Associate in this Contract includes Business Associate's employees, agents, officers, Subcontractors, third party contractors, volunteers, or directors.

b. "Business Associate Agreement" means this HIPAA Compliance section of the Contract and includes the Business Associate provisions required by the U.S. Department of Health and Human Services, Office for Civil Rights.

c. "Breach" means the acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the Protected Health Information, with the exclusions and exceptions listed in 45 CFR 164.402.

d. "Covered Entity" means DSHS, a Covered Entity as defined at 45 CFR 160.103, in its conduct of covered functions by its health care components.

e. "Designated Record Set" means a group of records maintained by or for a Covered Entity, that is: the medical and billing records about Individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or Used in whole or part by or for the Covered Entity to make decisions about Individuals.

f. "Electronic Protected Health Information (EPHI)" means Protected Health Information that is transmitted by electronic media or maintained in any medium described in the definition of electronic media at 45 CFR 160.103.


i. "Individual(s)" means the person(s) who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

j. "Minimum Necessary" means the least amount of PHI necessary to accomplish the purpose for which the PHI is needed.

k. "Protected Health Information (PHI)" means individually identifiable health information created, received, maintained or transmitted by Business Associate on behalf of a health care component of the Covered Entity that relates to the provision of health care to an Individual; the past, present, or future physical or mental health or condition of an Individual; or the past, present, or future payment for provision of health care to an Individual. 45 CFR 160.103. PHI includes demographic information that identifies the Individual or about which there is reasonable basis to believe can be used to identify the Individual. 45 CFR 160.103. PHI is information transmitted or held in any form or medium and includes EPHI. 45 CFR 160.103. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USC 1232g(a)(4)(B)(iv) or employment records held by a Covered Entity in its role as employer.

l. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system.

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m. "Subcontractor" as used in this HIPAA Compliance section of the Contract (in addition to its definition in the General Terms and Conditions) means a Business Associate that creates, receives, maintains, or transmits Protected Health Information on behalf of another Business Associate.

n. "Use" includes the sharing, employment, application, utilization, examination, or analysis, of PHI within an entity that maintains such information.

36. Compliance. Business Associate shall perform all Contract duties, activities and tasks in compliance with HIPAA, the HIPAA Rules, and all attendant regulations as promulgated by the U.S. Department of Health and Human Services, Office of Civil Rights.

37. Use and Disclosure of PHI. Business Associate is limited to the following permitted and required uses or disclosures of PHI:

a. Duty to Protect PHI. Business Associate shall protect PHI from, and shall use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to EPHI, to prevent the unauthorized Use or disclosure of PHI other than as provided for in this Contract or as required by law, for as long as the PHI is within its possession and control, even after the termination or expiration of this Contract.

b. Minimum Necessary Standard. Business Associate shall apply the HIPAA Minimum Necessary standard to any Use or disclosure of PHI necessary to achieve the purposes of this Contract. See 45 CFR 164.514 (d)(2) through (d)(5).

c. Disclosure as Part of the Provision of Services. Business Associate shall only Use or disclose PHI as necessary to perform the services specified in this Contract or as required by law, and shall not Use or disclose such PHI in any manner that would violate Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information) if done by Covered Entity, except for the specific uses and disclosures set forth below.

d. Use for Proper Management and Administration. Business Associate may Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

e. Disclosure for Proper Management and Administration. Business Associate may disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been Breached.

f. Impermissible Use or Disclosure of PHI. Business Associate shall report to DSHS in writing all Uses or disclosures of PHI not provided for by this Contract within one (1) business day of becoming aware of the unauthorized Use or disclosure of PHI, including Breaches of unsecured PHI as required at 45 CFR 164.410 (Notification by a Business Associate), as well as any Security Incident of which it becomes aware. Upon request by DSHS, Business Associate shall mitigate, to the extent practicable, any harmful effect resulting from the impermissible Use or disclosure.

g. Failure to Cure. If DSHS learns of a pattern or practice of the Business Associate that constitutes a violation of the Business Associate's obligations under the terms of this Contract and reasonable
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steps by DSHS do not end the violation, DSHS shall terminate this Contract, if feasible. In addition, if Business Associate learns of a pattern or practice of its Subcontractors that constitutes a violation of the Business Associate’s obligations under the terms of their contract and reasonable steps by the Business Associate do not end the violation, Business Associate shall terminate the Subcontract, if feasible.

h. Termination for Cause. Business Associate authorizes immediate termination of this Contract by DSHS, if DSHS determines that Business Associate has violated a material term of this Business Associate Agreement. DSHS may, at its sole option, offer Business Associate an opportunity to cure a violation of this Business Associate Agreement before exercising a termination for cause.

i. Consent to Audit. Business Associate shall give reasonable access to PHI, its internal practices, records, books, documents, electronic data and/or all other business information received from, or created or received by Business Associate on behalf of DSHS, to the Secretary of DHHS and/or to DSHS for use in determining compliance with HIPAA privacy requirements.

j. Obligations of Business Associate Upon Expiration or Termination. Upon expiration or termination of this Contract for any reason, with respect to PHI received from DSHS, or created, maintained, or received by Business Associate, or any Subcontractors, on behalf of DSHS, Business Associate shall:

(1) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(2) Return to DSHS or destroy the remaining PHI that the Business Associate or any Subcontractors still maintain in any form;

(3) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to Electronic Protected Health Information to prevent Use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate or any Subcontractors retain the PHI;

(4) Not Use or disclose the PHI retained by Business Associate or any Subcontractors other than for the purposes for which such PHI was retained and subject to the same conditions set out in the "Use and Disclosure of PHI" section of this Contract which applied prior to termination; and

(5) Return to DSHS or destroy the PHI retained by Business Associate, or any Subcontractors, when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

k. Survival. The obligations of the Business Associate under this section shall survive the termination or expiration of this Contract.

38. Individual Rights.

a. Accounting of Disclosures.

(1) Business Associate shall document all disclosures, except those disclosures that are exempt under 45 CFR 164.528, of PHI and information related to such disclosures.

(2) Within ten (10) business days of a request from DSHS, Business Associate shall make available
AAA GENERAL TERMS & CONDITIONS

to DSHS the information in Business Associate's possession that is necessary for DSHS to respond in a timely manner to a request for an accounting of disclosures of PHI by the Business Associate. See 45 CFR 164.504(e)(2)(ii)(G) and 164.528(b)(1).

(3) At the request of DSHS or in response to a request made directly to the Business Associate by an individual, Business Associate shall respond, in a timely manner and in accordance with HIPAA and the HIPAA Rules, to requests by Individuals for an accounting of disclosures of PHI.

(4) Business Associate record keeping procedures shall be sufficient to respond to a request for an accounting under this section for the six (6) years prior to the date on which the accounting was requested.

b. Access

(1) Business Associate shall make available PHI that it holds that is part of a Designated Record Set when requested by DSHS or the Individual as necessary to satisfy DSHS's obligations under 45 CFR 164.524 (Access of Individuals to Protected Health Information).

(2) When the request is made by the Individual to the Business Associate or if DSHS asks the Business Associate to respond to a request, the Business Associate shall comply with requirements in 45 CFR 164.524 (Access of Individuals to Protected Health Information) on form, time and manner of access. When the request is made by DSHS, the Business Associate shall provide the records to DSHS within ten (10) business days.

c. Amendment

(1) If DSHS amends, in whole or in part, a record or PHI contained in an Individual's Designated Record Set and DSHS has previously provided the PHI or record that is the subject of the amendment to Business Associate, then DSHS will inform Business Associate of the amendment pursuant to 45 CFR 164.526(c)(3) (Amendment of Protected Health Information).

(2) Business Associate shall make any amendments to PHI in a Designated Record Set as directed by DSHS or as necessary to satisfy DSHS's obligations under 45 CFR 164.526 (Amendment of Protected Health Information).

39. Subcontracts and other Third Party Agreements. In accordance with 45 CFR 164.502(e)(1)(ii), 164.504(e)(1)(i), and 164.308(b)(2), Business Associate shall ensure that any agents, Subcontractors, independent contractors or other third parties that create, receive, maintain, or transmit PHI on Business Associate's behalf, enter into a written contract that contains the same terms, restrictions, requirements, and conditions as the HIPAA compliance provisions in this Contract with respect to such PHI. The same provisions must also be included in any contracts by a Business Associate's Subcontractor with its own business associate as required by 45 CFR 164.314(a)(2)(b) and 164.504(e)(5).

40. Obligations. To the extent the Business Associate is to carry out one or more of DSHS's obligation(s) under Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information), Business Associate shall comply with all requirements that would apply to DSHS in the performance of such obligation(s).

41. Liability. Within ten (10) business days, Business Associate must notify DSHS of any complaint, enforcement or compliance action initiated by the Office for Civil Rights based on an allegation of violation of the HIPAA Rules and must inform DSHS of the outcome of that action. Business Associate
AAA GENERAL TERMS & CONDITIONS

bears all responsibility for any penalties, fines or sanctions imposed against the Business Associate for violations of the HIPAA Rules and for any imposed against its Subcontractors or agents for which it is found liable.

42. **Breach Notification.**

   a. In the event of a Breach of unsecured PHI or disclosure that compromises the privacy or security of PHI obtained from DSHS or involving DSHS clients, Business Associate will take all measures required by state or federal law.

   b. Business Associate will notify DSHS within one (1) business day by telephone and in writing of any acquisition, access, Use or disclosure of PHI not allowed by the provisions of this Contract or not authorized by HIPAA Rules or required by law of which it becomes aware which potentially compromises the security or privacy of the Protected Health Information as defined in 45 CFR 164.402 (Definitions).

   c. Business Associate will notify the DSHS Contact shown on the cover page of this Contract within one (1) business day by telephone or e-mail of any potential Breach of security or privacy of PHI by the Business Associate or its Subcontractors or agents. Business Associate will follow telephone or e-mail notification with a faxed or other written explanation of the Breach, to include the following: date and time of the Breach, date Breach was discovered, location and nature of the PHI, type of Breach, origination and destination of PHI, Business Associate unit and personnel associated with the Breach, detailed description of the Breach, anticipated mitigation steps, and the name, address, telephone number, fax number, and e-mail of the individual who is responsible as the primary point of contact. Business Associate will address communications to the DSHS Contact. Business Associate will coordinate and cooperate with DSHS to provide a copy of its investigation and other information requested by DSHS, including advance copies of any notifications required for DSHS review before disseminating and verification of the dates notifications were sent.

   d. If DSHS determines that Business Associate or its Subcontractor(s) or agent(s) is responsible for a Breach of unsecured PHI:

      (1) requiring notification of Individuals under 45 CFR § 164.404 (Notification to Individuals), Business Associate bears the responsibility and costs for notifying the affected Individuals and receiving and responding to those Individuals' questions or requests for additional information;

      (2) requiring notification of the media under 45 CFR § 164.406 (Notification to the media), Business Associate bears the responsibility and costs for notifying the media and receiving and responding to media questions or requests for additional information;

      (3) requiring notification of the U.S. Department of Health and Human Services Secretary under 45 CFR § 164.408 (Notification to the Secretary), Business Associate bears the responsibility and costs for notifying the Secretary and receiving and responding to the Secretary's questions or requests for additional information; and

      (4) DSHS will take appropriate remedial measures up to termination of this Contract.

43. **Miscellaneous Provisions.**

   a. Regulatory References. A reference in this Contract to a section in the HIPAA Rules means the section as in effect or amended.

DSHS Central Contract Services
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AAA GENERAL TERMS & CONDITIONS

b. Interpretation. Any ambiguity in this Contract shall be interpreted to permit compliance with the HIPAA Rules.
SPECIAL TERMS AND CONDITIONS

1. Definitions.

a. "AAA" or "Contractor" shall mean the Area Agency on Aging that is a party to this agreement, and includes the AAA's officers, directors, trustees, employees and/or agents unless otherwise stated in this Agreement. For purposes of this Agreement, the AAA or agent shall not be considered an employee of DSHS.

b. "Agreement" means this Agreement, including all documents attached or incorporated by reference.

c. " Allocable costs" are those costs which are chargeable or assignable to a particular cost objective in accordance with the relative benefits received by those costs.

d. "Allowable costs" are those costs necessary and reasonable for proper and efficient performance of this Agreement and in conformance with this Agreement. Allowable costs under federal awards to local or tribal governments must be in conformance with Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local and Indian Tribal Governments; allowable costs under federal awards to non-profit organizations must be in conformance with OMB Circular A-122, Cost Principles for Non-Profit Organizations.

e. "Area Plan" means the document submitted by the AAA to DSHS for approval every four years, with updates every two years, which sets forth goals, measurable objectives, outcomes, units of service, and identifies the planning, coordination, administration, social services and evaluation of activities to be undertaken by the AAA to carry out the purposes of the Older Americans Act, the Social Security Act, the Senior Citizens Services Act, or any other statute for which the AAA receives funds.

f. "Assignment" means the act of transferring to another the rights and obligations under this Agreement.

g. "Business Associate" means a Business Associate as defined in 45 CFR 160.103, who performs or assists in the performance of an activity for or on behalf of the Covered Entity that involves the use or disclosure of protected health information (PHI). Any reference to Business Associate under this Agreement includes Business Associate's employees, agents, officers, subcontractors, third party contractors, volunteers, or directors.

h. "CFR" means Code of Federal Regulations. All references in this Agreement to the CFR shall include any successor, amended, or replacement regulation.

i. "Client" means an individual that is eligible for or receiving services provided by the AAA in connection with this Agreement.

j. "Covered Entity" means DSHS, a Covered Entity as defined in 45 CFR 160.103.

k. "Contracts Administrator" means the manager, or successor, of Central Contract Services or successor section or office.

l. "Debarment" means an action taken by a Federal official to exclude a person or business entity from participating in transactions involving certain federal funds.

m. "Designated Record Set" means a group of records maintained by or for the Covered Entity that is the medical and billing records about the individuals or the enrollment, payment, claims adjudication, and case or medical management records, used in whole or part by or for the Covered Entity to make decisions about individuals.
SPECIAL TERMS AND CONDITIONS

n. "DSHS" or "the Department" means the state of Washington Department of Social and Health Services and its employees and authorized agents.

o. "Data Universal Number System (DUNS) Number" means a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It is used by the Federal government to identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

p. "Equipment" means tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5000 or more per unit.

q. "HIPAA" means the Health Information Portability and Accountability Act of 1996, as codified at 42 USCA 1320d-d8.

r. "Individual" means the person who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

s. "Older Americans Act" refers to P.L. 106-501, 106th Congress, and any subsequent amendments or replacement statutes thereto.

t. "Personal Information" means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.

u. "PHI" means protected health information and is information created or received by Business Associate from or on behalf of Covered Entity that relates to the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or past, present or future payment for provision of health care to an individual. 45 CFR 160 and 14. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual. 45 CFR 160.103. PHI is information transmitted, maintained, or stored in any form or medium. 45 CFR 164.501. PHI does not include education records covered by the Family Educational Right and Privacy Act, as amended, 20 USCA 1232g(a)(4)(b)(iv).

v. "RCW" means the Revised Code of Washington. All references in this Agreement to RCW chapters or sections shall include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at http://slc.leg.wa.gov/

w. "Real Property" means land, including land improvements, structures, and appurtenances thereto, excluding movable machinery and equipment.

x. "Regulation" means any federal, state, or local regulation, rule, or ordinance.

y. "Subcontract" means any separate agreement or contract between the AAA and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Agreement.

z. "Subcontractor" means an individual or entity (including its officers, directors, trustees, employees, and/or agents) with whom the AAA contracts to provide services that are specifically defined in the Area Plan or are otherwise approved by DSHS in accordance with this Agreement.

aa. "Subrecipient" means a non-federal entity that expends federal awards received from a pass-
SPECIAL TERMS AND CONDITIONS

through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.

bb. "Supplies" means all tangible personal property other than equipment as defined herein.

cc. "WAC" means the Washington Administrative Code. All references in this Agreement to WAC chapters or sections shall include any successor, amended, or replacement regulation. Pertinent WAC chapters or sections can be accessed at http://slc.leg.wa.gov

2. Statement of Work. The AAA shall perform the services as set forth in the attached Statement of Work (Exhibit A).

3. Billing Procedure. DSHS shall pay to the AAA all allowable and allocable costs incurred as evidenced by proper invoice by the AAA submitted to DSHS on a monthly basis in accordance with the Budget (Exhibit B), which is attached hereto and incorporated herein. The AAA shall request payment using forms as designated by DSHS.

Funds shown in the NSIP 10/17 – 12/17 column on Exhibit B cannot be spent prior to 10/1/17.

4. Payment. DSHS shall pay the AAA upon acceptance by DSHS of properly-completed invoices and approval of required reports. DSHS shall pay the AAA an amount not to exceed the maximum consideration specified on Page 1 of this Agreement for the satisfactory performance of all work set forth in the Statement of Work. If this Agreement is terminated, DSHS shall only pay for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

If the AAA claims and is reimbursed for costs under this Agreement which DSHS later finds were claimed in error or not allowable costs under the terms of this Agreement, DSHS shall recover those costs and the AAA shall fully cooperate during the recovery.

DSHS shall not make any payments in advance or anticipation of the delivery of services to be provided pursuant to this Agreement. Unless otherwise specified in this Agreement, DSHS shall not pay any claims for payment for services submitted more than forty-five (45) days after completion of the contract period. The AAA shall not bill DSHS for services performed under this Agreement, and DSHS shall not pay the AAA, if the AAA has charged or will charge the State of Washington or any other party under any other contract or agreement for the same services.

The AAA shall complete and submit the attached Local Match Certification Form (Exhibit C) with their final billing. Final payment will not be made without the completed form.

5. Confidentiality. In addition to General Terms and Conditions Confidentiality language, the AAA or its Subcontractors may disclose information to each other, to DSHS, or to appropriate authorities, for purposes directly connected with the services provided to the client. This includes, but is not limited to, determining eligibility, providing services, and participation in disputes, fair hearings or audits. The AAA and its Subcontractors shall disclose information for research, statistical, monitoring and evaluation purposes conducted by appropriate federal agencies and DSHS.

6. DUNS Number. In accordance with the Federal Funding Accountability and Transparency Act (FFATA, Public Law 109-282) implemented on October 1, 2010, the Contractor must provide their DUNS Number for this Agreement. The Contractor's DUNS Number is listed on Page 1 of this Agreement. If the DUNS Number listed on Page 1 of this Agreement changes, the Contractor must immediately notify the DSHS Contract listed on Page 1 of this Agreement and provide the correct DUNS Number.
7. **Amendment Clause Exception.** The only exception to the General Term and Condition Amendment clause (clause 1.) is when an amendment must be processed to distribute federal funds to the Contractor and the funds must be obligated in a Short Timeframe. Short Timeframe means the Contractor is unable to follow their standard contract execution procedures in order to timely obligate the federal funds. By execution of this Contract, the Contractor prospectively agrees to the terms of the federal fund distribution amendment, which shall be limited to only adding funds to the Contractor’s Budget. The Contractor’s designated point-of-contact shall also email DSHS its acceptance of the amendment prior to final signing of the amendment.

8. **Background Checks.** The AAA shall ensure that hiring practices for staff who will have unsupervised access to clients are in accordance with RCW 43.20A.710.

9. Per grant requirements, Contractor shall adhere to the following in carrying out requirements of this Contract:

   a. **CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)**

      (1) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 228 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

      (2) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

      (3) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold of $150,000 as described in 48 CFR 2.101.

   b. Recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," family," "household member" or similar references to familial relationships to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein. United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC §7.

10. **Area Plan.** Outstanding Area Plan issues will be resolved by January 31, 2017.

11. **Grant Award Documents.** Exhibit D, Grant Award Documents, is attached here to and incorporated herein.
SPECIAL TERMS AND CONDITIONS

Exhibit A

Statement of Work

The AAA shall comply with the Older Americans Act, (Public Law 106-501), the Policies and Procedures for Area Agency on Aging Operations Manual, the Aging Network Program Guidelines and Standards, the DSHS Aging and Long-Term Support Administration (ALTSA) Long Term Care Manual, Management Bulletins and all other applicable state and federal laws and regulations, in carrying out the following obligations under this Agreement:

1. **Area Plan.** The AAA shall develop, submit to DSHS for approval, and implement an area plan in accordance with DSHS guidelines. The area plan shall provide for a comprehensive and coordinated community-based system of services for older individuals living in the AAA planning and service area, in accordance with the requirements and assurances in the Older Americans Act. A budget supporting the area plan services, goals and objectives shall be developed and submitted to DSHS/ALTSA annually for the period January 1 – December 31.

2. **Services provided by the AAA.** The AAA shall provide services according to its approved Area Plan and the Older Americans Act to target populations in its planning and service area.

3. **Sub-recipient Requirements.** As a sub-recipient of federal funds from the Department of Health and Human Services, the AAA shall comply with federal grant sub-recipient requirements contained in 45 CFR 92.
# SPECIAL TERMS AND CONDITIONS

## EXHIBIT C

### Local Match Certification

(This form must be submitted with final contract billing.)

1. ____________________________________________________________________________ certify that local funds and/or in-kind items
   PRINT NAME
   TYPE AND SOURCE OF FUNDS/ITEMS
   ____________________________________________________________________________ were provided in the amount of
   $________________ and were used to match federal funds paid during the time period
   of ______________ through ______________ for
   ____________________________________________________________________________
   TYPE OF SERVICE/CONTRACT

| NAME OF ENTITY | | |
|----------------|-----------------|
| NAME OF AUTHORIZED AGENT | CONTRACT/VENDOR NUMBER |
| AUTHORIZED REPRESENTATIVE'S SIGNATURE | DATE | TITLE OR POSITION |
| PRINTED NAME OF AUTHORIZED REPRESENTATIVE | TELEPHONE NUMBER |

### Instructions

Name: Printed name of the local entity's agent authorized to complete certification form.

Type and source of funds: The type and source of local funds used. In-kind sources need specific identification showing who donated the item(s) (e.g., volunteers, building use, etc.).

Dollar amount: Dollars that were used to match federal funds paid during the time period. Dollars reported must agree with amount on the final billing.

Time frame: Period of time the services were provided.

Type of service/contract: Services eligible for FFP.

Name of entity: Name of local entity that is providing the local funding match.

Name of authorized agent: Name of local entity that is authorized to act in behalf of local entity.

Contract/vendor number: The contract or vendor number of the local entity.

Authorized representative's signature: The signature of the local entity authorized representative.

Date: Date when form was completed.

Title or position: Title or position of local entity authorized representative

Printed name: Printed name of authorized representative.

Telephone number: Telephone number of authorized representative. Include the area code.
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To be completed by ALTSA

This amendment change: 625,325  311,586  304,786  24,248  183,870  4,215  1,454,150
Current award title: 625,325  311,586  304,786  24,248  183,870  4,215  1,454,150
Prior amendment title: 625,325  311,586  304,786  24,248  183,870  4,215  1,454,150
Net Change: 625,325  311,586  304,786  24,248  183,870  4,215  1,454,150
| BARS CODE | NSIP NSIP | NSIP OTHER NSIP OTHER | NSIP OTHER TOTAL | ALTA ALTA OTHER ALTA ALTA OTHER | ALTA ALTA OTHER TOTAL |
|-----------|---------|----------------------|-----------------|-------------------------------|-----------------------|-----------------------|
| 555 10    | ADMINISTRATION | 0 | 0 | 0 | 0 | 0 | 0 |
| 555 21    | COORDINATION | 0 | 0 | 0 | 0 | 0 | 0 |
| 555 31    | LEGAL ASSISTANCE | 0 | 0 | 0 | 0 | 0 | 0 |
| 555 40    | ACCESS SERVICES | 0 | 0 | 0 | 0 | 0 | 0 |
| 555 51    | IN-HOME SERVICES | 0 | 0 | 0 | 0 | 0 | 0 |
| 555 60    | SOCIAL & HEALTH SERVICES | 0 | 0 | 0 | 0 | 0 | 0 |
| 555 90    | OTHER ACTIVITIES | 0 | 0 | 0 | 0 | 0 | 0 |

### NUTRITION SERVICES
- Congregate Meals: 0
- Nutrition Education and Outreach: 0
- Home Delivered Meals: 0
- Shopping Assistance: 0
- Registered Dietician: 0
- Senior Farmers Market (SFMP): Food Checks: 0

### SOCIAL & HEALTH SERVICES
- Adult Day Health Services: 0
- Geriatric Health Screening: 0
- Medication Management: 0
- Senior Drug Education: 0
- Disease Prevention/Health Promotion: 0
- Elder Abuse Prevention: 0
- Mental Health: 0
- Kinship Care: 0
- Kinship Caregiver Support Program: 0
- Consumer Advisory: 0
- Good and Services: 0
- Family Caregiver Support Program: 0
- Assessor Support Services: 0
- Assessor Coordination: 0
- Resource Care Services: 0
- Supplemental Services: 0
- Services to Grandparents: 0
- Senior Community Service Employment (SCSEP): 0
- Program SWF: 0
- Program SWF: 0
- Health Promotion/Health Care: 0
- Long Term Care Ombudsman: 0
- Newsletters: 0

### OTHER ACTIVITIES
- Disease Relief: 0
- Foot Care: 0
- Peer Counseling: 0
- Outreach: 0
- Other: 0
- Total Services: 0

### GRAND TOTAL
- Total Services: 0
- 102,802
- 34,267
- 137,069
- 0
- 1,291,179
- 0
- 0
- 1,513,179

### Revenue Total
- 102,802
- 34,267
- 137,069
- 0
- 1,291,179
- 0
- 0
- 1,513,179

To be completed by ALTA

This amendment changes
Current amendment
Prior amendment awarded
Net Change

Working Copy

Page 3 of 3

Southwest CYT OA Initial APPROVED

Appendices-27
### AREA AGENCIES ON AGING
OLDER AMERICANS ACT BUDGET
EXPENDITURE/REVENUE DETAIL BY FUNDING SOURCE
AAA, Sophornia
BUDGET PERIOD: JANUARY 1 - DECEMBER 31, 2017

<table>
<thead>
<tr>
<th>CFDA #</th>
<th>Description</th>
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<td>555.51</td>
<td>NUTRITION SERVICES</td>
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<td>555.70-79</td>
<td>SOCIAL &amp; HEALTH SERVICES</td>
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<td>555.80</td>
<td>OTHER ACTIVITIES</td>
</tr>
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</table>

#### GRAND TOTAL

---

To be completed by AI TSA

**This amendment changed: Current line**

**Prior amendment awarded**

Net Change

---

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Page 3 of 8

Sophornia CV17 OAA Initial APPROVED

Appendices-28
Notice of Award

Older Americans Act Title III – Grants for State and Community Programs on Aging

Grantee:
Washington
Washington Aging and Adult Services Administration
Department of Social and Health Services
Secretary
P.O. Box 45050
Olympia, WA 98504

Date:
October 19, 2016

Grant No.: [See Below]  Seq. No.: 2017 / 1
Award Instrument: Grant (Formula)
Budget Period: 10/01/2016 - 09/30/2017
Award Authority: P.L. 114-144

EIN: 1-91086842-A7
DUNS: 127347115

CFDA Program Title  Grant No.†   Award This  Cumulative Grant  Appropriation  Object Class  
                     Action       Award to Date               Code
93.044 IIIB: Supportive Services  17AAWAT3SS $1,210,368 $1,210,368 75-7-0142  41.15
93.045 IIIC1: Congregate Meals  17AAWAT3CM $1,744,388 $1,744,388 75-7-0142  41.15
93.045 IIIC2: Home-Delivered Meals  17AAWAT3HD $903,005 $903,005 75-7-0142  41.15
93.043 IIID: Preventive Health  17AAWAT3PH $70,931 $70,931* 75-7-0142  41.15
93.052 IIIE: NFCSP  17AAWAT3FC $572,775 $572,775 75-7-0142  41.15

Total  $4,501,467  $4,501,467

Terms and Conditions:

1. The terms and conditions of this Notice of Award and other requirements have the following order of precedence: (1) the Older Americans Act of 1965, as amended through P.L. 114-144, Enacted April 19, 2016; (2) other applicable Federal statutes and their implementing regulations; (3) program regulations; and (4) terms and conditions of award.

2. By requesting or receiving funds under this award, the recipient assures that it will carry out the project/program described in its approved state plan(s) and will comply with the terms and conditions and other requirements of this award.

3. This grant is subject to the requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards under Title 45 CFR Part 75. These requirements and additional terms and conditions that are applicable to this award can be found on the ACL website: http://www.acl.gov/Funding_Opportunities/Grantee_Info/Terms.aspx. HHS terms and conditions can be found in Part II of the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsps107.pdf). Information for ACL's current grants can be found here: http://acl.gov/Funding_Opportunities/Grantee_Info/Index.aspx.

4. † The Federal Funding Accountability Transparency Act (FFATA) requires all prime grantees to report on sub-awards in FFATA Sub-award Reporting System (FSRS). Information entered in FSRS will then be displayed on USA Spending.gov associated with the prime award furthering Federal spending transparency. Additional FFATA information and terms and conditions can be found here: http://www.access.gpo.gov/fdsys/pkg/FR-2013-12-12/pdf/2013-30895.pdf. Each individual Part of Title III is awarded as a separate unique award number under this single award letter. They are listed above along with funding amounts. Grantee is required to submit a separate SF-425 and the AoA Title III supplemental form to the SF-425 on a semi-annual basis. Reports are due within 30 days for the periods ending March 31 and September 30 (i.e., due April 30 and October 30), through September 30, 2017, and a final PMSS drawdown and a final SF-425 are due within 90 days after September 30, 2017 (i.e., due December 30, 2017). Download the forms from http://acl.gov/Funding_Opportunities/Grantee_Info/Reporting.aspx and

Page 1
submit the completed forms to the fiscal award administrator identified in the award. Complete all lines, as appropriate, including lines 10, a through c.

5. Federal participation cannot exceed 75% of the total State and Area plan administration costs. The remaining 25% represents the State and local matching share. Federal participation cannot exceed 85% of the total III-B, C-1 and C-2 service costs. Of the remaining 15% matching share, one third (5%) must come from State sources. Federal participation cannot exceed 75% of the total III-E costs. The remaining 25% represents the State and local matching share.

6. * Funding amount of $70,931 for Title III Part D section 361 of the Older Americans Act for Disease Prevention and Health Promotion may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective. Further guidance may be found at the ACL website: http://www.aoa.aoa.gov/AoA_Programs/HPW/Title_111D/index.aspx.

7. Grantees are hereby given notice that the 46 CFR section 3.908, implementing section 828, entitled “Pilot Program for Enhancement of Contractor Whistleblower Protections.” of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award. The effective date is for all grants and contracts issued on or after July 1, 2013, through January 1, 2017.

8. United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC § 7. All grantees are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as “marriage,” “spouse,” family,” “household member” or similar references to familial relationships to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

Remarks:

1. The Title III grant award to your state under the approved plan of the state agency has been approved for the current period of the fiscal year in the amount shown above. Award levels represent FY 2017 funding under the current Continuing Resolution (PL 114-223) through December 9, 2016.

2. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/DFM), DHHS; Post Office Box 6221; Rockville, MD 20852; 1-877-616-5533; PMSSupport@psc.gov.

3. Federal Cash Reporting: On the SF-425 form, lines 10 a through c are reported on a quarterly calendar year basis (for the periods ending 12/31, 3/31, 6/30, 9/30) at the HHS Departmental Payment Management System (PMS). PMS website is located at: http://www.dpm.psc.gov. Reconciliation of advances and disbursements is required for each quarter and the report must be completed within 30 days of the end of each quarter (i.e., by 1/30, 4/30, 7/30, 10/30). This reporting requirement is separate from completing the entire SF-425 as denoted in the financial reporting term.

ACL Contact Information:
ACL Regional Administrator
Name: David Ishida
Telephone: (415) 437-8790
E-mail: david.ishida@acl.hhs.gov

ACL Fiscal Award Administrator
Name: Fong Yee
Telephone: (415) 437-8784
E-mail: fong.ys@acl.hhs.gov

ACL Authorizing Official Funds Certifying Official ACL Grants Officer

Page 2

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Appendices-30
Notice of Award

Older Americans Act Section 311 – Nutrition Services Incentive Program

Grantee: Washington
Washington Aging and Adult Services Administration
Department of Social and Health Services
Secretary
P.O. Box 45050
Olympia, WA 98504

Date: October 19, 2016
Grant No.: 17AAWANSIP Seq. No.: 2017 / 1
Award Instrument: Grant (Formula)
Budget Period: 10/01/2016 – 09/30/2017
Award Authority: P.L. 114-144

EIN: 1-910906842-A7
DUNS: 127347115

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<thead>
<tr>
<th>CFDA Program Title</th>
<th>Award This Action</th>
<th>Cumulative Grant Award to Date</th>
<th>Appropriation</th>
<th>Object Class Code</th>
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<tr>
<td>33.053 Nutrition Services Incentive Program</td>
<td>$411,103</td>
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<td>75-7-0142</td>
<td>41.15</td>
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<tr>
<td>Total</td>
<td>$411,103</td>
<td>$411,103</td>
<td></td>
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</table>

Terms and Conditions:

1. The terms and conditions of this Notice of Award and other requirements have the following order of precedence: (1) the Older Americans Act of 1965, as amended through P.L. 114-144, Enacted April 19, 2016; (2) other applicable Federal statutes and their implementing regulations; (3) program regulations; and (4) terms and conditions of award.

2. By requesting or receiving funds under this award, the recipient assures that it will carry out the project/program described in its approved state plan(s) and will comply with the terms and conditions and other requirements of this award.

3. This grant is subject to the requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards under Title 45 CFR Part 75. These requirements and additional terms and conditions that are applicable to this award can be found on the ACL website: http://www.acl.gov/Funding_Opportunities/Grantee_Info/Terms.aspx. HHS terms and conditions can be found in Part II of the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/gpstmt.pdf). Information for ACL’s current grants can be found here: http://acl.gov/Funding_Opportunities/Grantee_Info/index.aspx.

4. Withdrawals of funds are not to exceed the total grant award shown above under provisions of Treasury Circular No. 1075. Failure to adhere to these requirements may cause the suspension of grant funds.

5. The Federal Financial Report (SF-425) is due semi-annually. Reports are due within 30 days for the periods ending March 31 and September 30 (i.e., due April 30 and October 30), through September 30, 2019, a final report is due 90 days after September 30, 2019 (i.e., due December 30, 2019). Download the forms from http://acl.gov/Funding_Opportunities/Grantee_InfReport.aspx and submit the completed forms to the fiscal award administrator identified in the award. Complete all lines, as appropriate, including lines 10. a through c.

6. Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled “Pilot Program for Enhanced Contract Whistleblower Protections,” of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award. The effective date is for all grants and contracts issued on or after July 1, 2013, through January 1, 2017.
7. United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC § 7. All grantees are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, the above do not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," family," "household member" or similar references to familial relationships to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy statements will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

8. NSIP provides additional funding to States, Territories, and eligible Tribal organizations that is used exclusively to purchase food, not meal preparation and may not be used to pay for other nutrition-related services such as nutrition education or for state or local administrative costs.

9. Performance requirements:
   a. A meal reported for the Nutrition Services Incentive Program (NSIP) is required to meet the Older Americans Act (OAA) nutrition requirements of complying with the most recent Dietary Guidelines for Americans and having a nutrient content that meets one third of the Dietary Reference Intakes.
   b. A meal reported for NSIP is to be served to individuals who meet the service criteria in the OAA and regulations, including not being means-tested for participation and being provided the opportunity to voluntarily contribute to the cost of service.
   c. A meal can only be reported once, either by State Units on Aging on the State Program Report or by Indian Tribal Organizations on the Program Performance Report.
   d. Reports for NSIP are to meet the timelines and data quality standards established by the Administration on Aging.

10. The Federal Funding Accountability Transparency Act (FFATA) requires all prime grantees to report on sub-awards in FFATA Sub-award Reporting System (FSRS). Information entered in FSRS will then be displayed on USA Spending.gov associated with the prime award furthuring Federal spending transparency. Additional FFATA information and terms and conditions can be found here:

Remarks:

1. This cash award represents FY 2017 funding under the current Continuing Resolution (PL 114-223) through December 9, 2016 and does not include the amount if the grantee elected to be used for US Foods (commodities).

2. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/CPM), DHHS, Post Office Box 6021, Rockville, MD 20852; 1-877-614-5533; PMSSupport@psc.gov.

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ACL Contact Information:
ACL Regional Administrator
Name: David Ishida
Telephone: (415) 457-8790
E-mail: david.ishida@acl.hhs.gov

ACL Fiscal Specialist
Name: Fong Yee
Telephone: (415) 457-8734
E-mail: fong.yee@acl.hhs.gov

ACL Authorizing Official: [Signature]
Funds Certifying Official: [Signature]
ACL Grants Officer: [Signature]
Notice of Award

Older Americans Act Section 311 – Nutrition Services Incentive Program

Grantee: Washington
Washington Aging and Adult Services Administration
Department of Social and Health Services
Secretary
P.O. Box 45050
Olympia, WA 98504

Date: October 19, 2016
Grant No.: 17AAWANSIP Seq. No.: 2017 / 1
Award Instrument: Grant (Formula)
Budget Period: 10/01/2016 – 09/30/2017
Award Authority: P.L. 114-144

EIN: 1-10896642-A7
DUNS: 127347115

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<th>Cumulative Grant Award to Date</th>
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3. This grant is subject to the requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards under Title 45 CFR Part 75. These requirements and additional terms and conditions that are applicable to this award can be found on the ACL website: [http://www.acl.gov/Funding_Opportunities/Grantee_Info/Terms.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/Terms.aspx). HHS terms and conditions can be found in Part II of the HHS Grants Policy Statement [http://www.hhs.gov/sites/default/files/grants/regs/policies-regulations/hhsps007.pdf](http://www.hhs.gov/sites/default/files/grants/regs/policies-regulations/hhsps007.pdf). Information for ACL’s current grantees can be found here: [http://acl.gov/Funding_Opportunities/Grantee_Info/Index.aspx](http://acl.gov/Funding_Opportunities/Grantee_Info/Index.aspx).

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5. The Federal Financial Report (SF-425) is due semi-annually. Reports are due within 30 days for the periods ending March 31 and September 30 (i.e., due April 30 and October 30), through September 30, 2019; a final report is due 60 days after September 30, 2019 (i.e., due December 30, 2019). Download the forms from [http://acl.gov/Funding_Opportunities/Grantee_Info/Reporting.aspx](http://acl.gov/Funding_Opportunities/Grantee_Info/Reporting.aspx) and submit the completed forms to the fiscal award administrator identified in the award. Complete all lines, as appropriate, including lines 10 a through c.

6. Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award. The effective date is for all grants and contracts issued on or after July 1, 2013, through January 1, 2017.

WORKING COPY
7. United States v. Windsor, 133 S.Ct. 2675 (June 26, 2013); section 3 of the Defense of Marriage Act, codified at 1 USC § 7. All grantees are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as “marriage,” “spouse,” “family,” “household member” or similar references to familial relationships to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

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10. The Federal Funding Accountability Transparency Act (FFATA) requires all prime grantees to report on sub-awards in FFATA Sub-award Reporting System (FSRS). Information entered in FSRS will then be displayed on USAspending.gov associated with the prime award furthering Federal spending transparency. Additional FFATA information and terms and conditions can be found here: http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx.

Remarks:

1. This cash award represents FY 2017 funding under the current Continuing Resolution (PL 114-223) through December 9, 2016 and does not include the amount if the grantee elected to be used for US Foods (commodities).

2. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/DPM), DHHS; Post Office Box 6021; Rockville, MD 20852; 1-877-814-5533; PMSupport@dpm.hhs.gov.

3. Federal Cash Reporting: On the SF-425 form, lines 10 a through c are reported on a quarterly calendar year basis (for the periods ending 12/31, 3/31, 6/30, 9/30) at the HHS Departmental Payment Management System (PMS). PMS website is located at: http://www.dpm.hhs.gov. Reconciliation of advances and disbursements is required for each quarter and the report must be completed within 30 days of the end of each quarter (i.e., by 1/30, 4/30, 7/30, 10/30). This reporting requirement is separate from completing the entire SF-425 as denoted in the financial reporting term.

ACL Contact Information:

ACL Regional Administrator
Name: David Ishida
Telephone: (415) 437-8700
E-mail: david.ishida@acl.hhs.gov

ACL Fiscal Specialist
Name: Fong Yee
Telephone: (415) 437-8784
E-mail: fong.yee@acl.hhs.gov

ACL Authorizing Official
Funds Certifying Official
ACL Grants Officer

Page 2 of 2

WORKING COPY

Appendices-34
Chapter 2.400
DEPARTMENT OF HUMAN SERVICES

Sections:

2.400.005 Purpose of chapter.

2.400.010 Creation of department of human services and purpose.

2.400.020 Definitions.

2.400.030 Authority and functions.

2.400.040 Director.

2.400.050 Appointment of director.

2.400.060 Organization by director.

2.400.062 Repealed.

2.400.065 Approval of contracts.

2.400.067 Contracting policies for certain home care services, chemical dependency or mental health treatment services, and therapeutic court services.

2.400.070 Severability.

2.400.075 Effective date.

2.400.005 Purpose of chapter.

The purpose of this chapter is to establish and set forth the authority and functions of the department of human services.

(Added Amended Ord. 05-107, November 21, 2005, Eff date July 1, 2006)

2.400.010 Creation of department of human services and purpose.

The department of human services is hereby created. It shall be included within the purpose of this department to integrate and coordinate all programs within the county's jurisdiction that provide services to individuals who, as a result of their health, or economic or social condition, require financial assistance, institutional care, rehabilitation, training, education, or other human services. The department will concern itself with changing social needs and will expedite the development and implementation of programs designed to meet those needs.

(Ord. 82-111 § 1, adopted October 26, 1982; Amended Ord. 05-107, November 21, 2005, Eff date July 1, 2006).

2.400.020 Definitions.

The following definitions shall apply to terms used in this chapter:

(1) "Department" means the Snohomish county department of human services.

(2) "Director" means the director of the department of human services.

(3) "County personnel system" means those statements of policy and procedure contained in Title 3A, SCC or its successor.

(4) "Exempt employee system" means the conditions of employment under the provisions of the chapter 3.68, SCC and amendments thereto.
(5) "Home care services" means in-home personal care and other services provided to assist eligible individuals with activities of daily living under a program administered by the department of human services, including but not limited to the Community Options Program Entry System (COPES) and Medicaid Personal Care (MPC) programs.

(6) "Chemical dependency or mental health treatment services, or therapeutic court services," means services provided under a program administered by the department of human services with revenues from the tax imposed by SCC 4.25.010.

(7) "Labor harmony plan" means a plan to prevent or mitigate service disruptions and related adverse impacts of labor unrest.

(8) "Labor organization" means a labor union that is, or is actively seeking to become, the exclusive bargaining representative for employees that provide or will provide home care services, chemical dependency or mental health treatment services, or therapeutic court services, under a program administered by the department.

(9) "Labor unrest" means a dispute between management and labor within a private sector provider of home care services, chemical dependency or mental health treatment services, or therapeutic court services, that are provided under a program administered by the department.

(Ord. 62-111 § 1, adopted October 26, 1982; Amended by Ord. 09-011, Mar. 25, 2009, Eff date Apr. 13, 2009).

2.400.030 Authority and functions.

(1) The department shall have the authority to administer and coordinate county programs and projects relating to human services in accordance with county, state and federal laws or regulations. All applications for federal or state grants or loans to such county programs or projects shall be submitted to the department for review and recommendation as to their consistency with state, regional, local or other plans or policies and their potential duplication or conflict with other application, all for the purpose of maximizing federal or state benefits available to the county.

(2) The department's scope of authority shall include, but not be limited to the following functional areas:

   (a) Programs providing employment, training, and other supportive services designed to minimize the barriers to employment encountered by economically disadvantaged persons and to enable such persons to secure and retain unsubsidized employment in the public and private sectors of the economy;

   (b) Programs providing financial and social and health services to the elderly designed to remove or reduce any barrier that interferes with the elderly's ability to live independently;

   (c) Programs designed to ensure that the needs of developmentally disabled persons are met;

   (d) Programs that provide any of the services mandated by the State Involuntary Treatment Act chapter 71.05, RCW;

   (e) Programs designed to ensure that the needs of the mentally ill are met;

   (f) Programs related to the problems of alcohol and other drug abuse;

   (g) Energy assistance and weatherization programs for low-income populations;

   (h) Programs that provide technical assistance and education for the agricultural industry;

   (i) Program that develop and support healthy youth, families and community development;
Appendices

(j) Early Childhood Education and Assistance programs;

(k) Programs that provide relief for indigent veterans in need of food, rental assistance, medical care or transportation; and

(l) Programs related to housing, including but not limited to low and moderate-income housing, emergency shelter, and affordable housing.

(3) Separate advisory boards required by state or federal funding sources or created under state and/or county code will continue to act in an advisory capacity for the separate program areas relating to aging, employment and training, mental health, alcohol and other drug abuse, developmental disabilities, veterans, children, youth, families, housing and other program areas. These advisory boards will make recommendations to the director of the department of human services on the separate county program areas.

(Ord. 82-111 § 1, adopted October 26, 1982; Amended Ord. 05-107, November 21, 2005, Eff date July 1, 2006).

2.400.040 Director.

The director shall supervise and administer the activities of the department and shall advise the executive and the council with respect to matters affecting human services and the extent to which the county should participate in various human services programs and projects. The director may, upon approval by the executive, enter into and amend contracts on behalf of the county where the executive is authorized to do so under SCC 2.400.065. The director may act for the county in initiating or participating in any multi-governmental agency program relative to the purposes of this chapter and may accept, on behalf of the county, gifts and grants of every kind and nature. The director shall prepare and submit to the executive annual budget estimates for the department as provided in SCC 4.26.030. The director shall appoint all officers and employees of the department in accordance with the rules of the county personnel system. The director may delegate functions, powers and duties to other officers and employees of the department as (s)he deems expedient to further the purposes of this chapter.

(Ord. 82-111 § 1, adopted Oct. 26, 1982; Amended Ord. 92-067, July 8, 1992; Amended Ord. 07-015, March 21, 2007, Eff date April 7, 2007).

2.400.050 Appointment of director.

The director shall be appointed by the executive subject to confirmation by the county council. The director shall serve at the pleasure of the executive and shall be subject to the county exempt employee system, chapter 3.68 SCC.

(Ord. 82-111 § 1, adopted October 26, 1982).

2.400.060 Organization by director.

The director may create divisions and reassign positions and functions within the department; PROVIDED, That any budget transfers required by such actions shall first be approved by the council; and PROVIDED FURTHER, That personnel changes shall be made in conformance with the requirements of the county personnel system.

(Ord. 82-111 § 1, adopted October 26, 1982).

2.400.063 Grant work plan.


2.400.065 Approval of Contracts.
(1) The county executive is authorized to approve and execute any contracts and contract amendments to implement a program administered by the department; PROVIDED, agreements, if any, with state, federal or other sources of funds that are necessary to provide funding for such contracts or contract amendments have been previously approved and the county council has appropriated funds for such programs; PROVIDED FURTHER, that the county executive shall submit to the county council an annual report, not later than February 15th of each year, showing the parties, contract amount, and purposes of each contract and contract amendment approved and executed by the county executive under this section.

(2) This section does not authorize the county executive to approve contracts with state or other sources of county funds for programs administered by the department, when the state or other source of funds requires that such contracts must be approved by the county council. The county executive may approve and sign amendments to such contracts as authorized by SCC 2.10.010(24), (25) or (28) or by specific county council action.

(3) Contracts and contract amendments with private sector providers of home care services, chemical dependency or mental health treatment services, or therapeutic court services, that are approved by the county executive under this section must be awarded in a manner consistent with contracting policies adopted under SCC 2.400.067, if applicable.


2.400.067 Contracting policies for certain home care services, chemical dependency or mental health treatment services, and therapeutic court services.

(1) The county executive shall adopt such written contracting policies as may be necessary, as determined by the executive, to prevent or mitigate service disruptions caused by labor unrest within private sector providers of home care services, chemical dependency or mental health treatment services, or therapeutic court services, that would harm vulnerable members of the community, compromise the efficient delivery of county services, or adversely impact law enforcement services provided by the county.

(2) In considering adoption of contracting policies under subsection (1) of this section, the executive shall consider whether to include at least the following policy elements:

(a) A requirement that providers submit labor harmony plans at the time of application for a county contract;

(b) A requirement that labor harmony plans submitted with an application include:

   (i) if at the time of application a labor organization exists within the meaning of SCC 2.400.020(6), a written agreement between the provider and labor organization that contains a procedure the parties will use or have used to prevent or mitigate adverse impacts of labor unrest on recipients of services, or

   (ii) if at the time of application a labor organization does not exist within the meaning of SCC 2.400.020(8), a written statement by the provider of what measures it will take or has taken to prevent or mitigate adverse impacts of labor unrest on recipients of services;

(c) Procedures that providers and labor organizations may use to develop labor harmony plans or resolve disputes relating to development or implementation of labor harmony plans;

(d) Procedures for evaluation of labor harmony plans by the county;
(e) Procedures for rejection of labor harmony plans by the county;

(f) Procedures for administrative review of decisions by the county to reject labor harmony plans; and

(g) Exceptions to labor harmony plan requirements.

(3) All contracting policies adopted under this section must be based on and consistent with the county’s proprietary interest in preventing or mitigating service disruptions and related adverse impacts of labor unrest.

(Added by Ord. 08-011, Mar. 25, 2009, Eff date Apr. 13, 2009)

2.400.070 Severability.

If any provision of this chapter is held invalid, the remainder of the chapter shall not be affected.

(Ord. 82-111 § 1, adopted October 26, 1982).

2.400.075 Effective date.

The effective date of the ordinance codified in this chapter shall be January 1, 1983.

(Ord. 82-111 § 1, adopted October 26, 1982).
Chapter 2.450
SNOHOMISH COUNTY COUNCIL ON AGING

Sections:

2.450.010 Purpose.
2.450.020 Duties and functions.
2.450.030 Membership and qualifications.
2.450.040 Terms and compensation.
2.450.050 Severability.

2.450.010 Purpose.

The Snohomish county council on aging as established under the Older Americans Act of 1965 is hereby recognized as having authority to advise the executive, department of human services and the division of aging on all matters related to the administration of aging programs.

(Added Ord. 84-158, § 1, Jan. 2, 1985).

2.450.020 Duties and functions.

The Snohomish county council on aging shall have the following duties and functions:

(1) Conduct public hearings and other investigations to determine the needs and priorities of county senior citizens;

(2) Review and recommend plans, policies, budgets, and funding applications;

(3) Evaluate the performance of the county aging programs at least annually;

(4) Advise the department of human services on matters relating to the priorities, objectives and tasks to be performed by the department;

(5) Submit to the county executive names of nominees for appointment to the council on aging; and

(6) Such other duties as may be assigned.

(Added Ord. 84-158, § 1, Jan. 2, 1985).

2.450.030 Membership and qualifications.

The board shall be composed of no more than 30 members. The membership shall include representatives of senior citizen organizations, local elected officials, and members of the general public; PROVIDED, That at least 51 percent of the members shall be 60 years or older. Members of the board shall be recommended and appointed according to the provisions of chapter 2.03 SCC.

(Added Ord. 84-158, § 1, Jan. 2, 1985).

2.450.040 Terms and compensation.

Members of the board shall serve three year terms. They shall not be compensated for the performance of their duties, but may be reimbursed in accordance with chapter 2.03 SCC.
2.450.900 Severability.

If any provision of this chapter is held invalid, the remainder of the chapter shall not be affected.

(Added Ord. 84-156, § 1, Jan. 2, 1985.)
PUBLIC FINANCIAL SUPPORT
OF
MULTI-PURPOSE SENIOR CENTERS

PREPARED BY

The Senior Center Study Group
Paul Fauquet, Chairman
May 28, 1985
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EXECUTIVE SUMMARY

In late 1984, Willis Tucker, Snohomish County Executive, called for the creation of a Senior Center Study Group to examine the long-range financial needs of senior centers and to recommend how public entities, such as cities and the County, could address some of these needs. The Study Group addressed the following questions:

Does public support of senior centers comply with the Area Plan on Aging Priority List of Services?

Should local government entities provide financial support to senior centers?

What standards should a senior center meet in order to qualify for local government funding?

What components of a senior center's operations should be financed, in whole or part, by local governments?

What must senior centers do in exchange for local government funding?

What systems must be in place at a center in order to qualify for such funding?

How should public funds be allocated to senior centers?

Though senior centers are not included as a service type in the Area Plan's Priority List of Services, senior centers are recognized as playing an important role in the service delivery system. Senior centers serve as sites for a variety of health, social and recreation services provided by other agencies. Senior centers are also service providers in their own right, though the services centers offer focus on enabling older persons who are relatively well off physically, mentally and economically to remain that way. These services prevent some older persons from declining to the state of "frail and vulnerable" and in need of more expensive services supported by federal and state funds.

The Study Group concluded that local governments are legally able and well justified in providing financial support to multi-purpose senior centers. This support should constitute a portion of local governments' responsibility to provide social and recreation services to the total age span of their constituent population.

In order to qualify for financial support from local governments, senior centers must comply with the Multi-Purpose Senior Center Guidelines published by the State Bureau of Aging and Adult Services. These centers also should be United Way member agencies or meet the entrance criteria to become a United Way agency. Each qualified senior center must provide at least one service from each of the three service categories specified in the Bureau of Aging Guidelines. Each senior center must provide a total of at least five (5) services.

All multi-purpose senior centers which receive funds from the County and municipalities should demonstrate the capability to use those...
funds to provide effective services in an efficient manner. This capability can be demonstrated by the existence of systems which perform management, program development and resource development functions in each senior center.

The report provides data to indicate the "revenue constrained" cost of operating senior centers in 1985. The Study Group concluded that each senior center needs to retain sufficient staff to perform the following functions:

- administration/fundraising
- program development and coordination
- secretarial/receptionist
- bookkeeping
- custodial/maintenance

The Study Group adopted the following resolution:

The County and municipalities should provide funds necessary to cover 100 percent (100%) of the basic costs associated with operation of multi-purpose senior centers—that level of support needed to keep the center "open".

The Study Group defined "basic costs associated with operation" as the 1985 projected costs of operating the four senior centers under study. The total "basic costs" of operating the four senior centers in 1985 is approximately $500,000. Another approach to the issue of total costs is to calculate the costs of the centers performing the basic staff functions listed above (e.g. administration, program coordination, fiscal and clerical, and custodial/maintenance). Using this approach yields result that each senior center need approximately $125,000 to function properly.

The Study Group recommends that all municipalities and County share equitably in the task of funding the basic costs of operating senior centers. To distribute the public funds, a committee comprised of senior center and local government representatives should be established to accomplish two tasks:

- to establish the level of support due from each municipality and County to provide sufficient funds to finance the basic costs of operating the multi-purpose senior centers;

- to establish a formula for distributing the public funds among the NFSC's.
SENIOR CENTER STUDY GROUP

MEMBERSHIP

1. Paul Fauquet, Chairman
   Planning Committee
   Snohomish County Council on Aging

2. David Bennett, Resource Developer
   Camwood Senior Center

3. Russell Berg, Executive Director
   South County Senior Center

4. Margaret Bruland, Executive Director
   Stillaguamish Senior Center

5. Jerry Carter, President
   Board of Directors
   East County Senior Center

6. Cordice Dinger, Member
   Board of Directors
   Stillaguamish Senior Center

7. Steve Dwyer, Councilman
   City of Edmonds

8. Eleanor Fortson, President
   Board of Directors
   Camwood Senior Center

9. Jane Jones, Member
   Board of Directors
   South County Senior Center

10. Rita Matheny, Councilwoman
    City of Marysville

11. Robert Noack, Finance Director
    City of Lynnwood

12. Kelly Robinson, City Manager
    City of Snohomish

13. Jeanette Wood, Chairperson
    Evaluation Committee
    Snohomish County Council on Aging

14. Mary Yohnka, Director
    East County Senior Center
BACKGROUND

The network of senior centers existing in Snohomish County was established in the early 1970's. Individual senior centers were the successful outcome of the efforts of local groups of older persons who organized themselves to raise funds and create the organizational structure necessary to build and operate a senior center. These groups were successful in capturing Community Development Block Grant and other funds in order to build new structures or to refurbish existing structures to make them suitable as centers. Senior centers were established and staffed in the following locations:

Camwood Senior Center in Stanwood
Stillaguamish Senior Center in Smokey Point
East County Senior Center in Monroe
South County Senior Center in Edmonds
Lake Stevens Senior Center in Lake Stevens
Granite Falls Senior Center in Granite Falls
Rosehill Senior Center in Mukilteo

The City of Everett established a senior center and financed the construction and operation of the facility with city revenues. The center operates as a department of city government.

Five senior centers - Camwood, Stillaguamish, East County, South County and Everett - all established themselves as multi-purpose senior centers. This status implied that the centers comply with State Bureau of Aging Guidelines which defined the services and activities and, by implication, the staffing level each center had to maintain (see Attachment 1, Standards). The remaining centers - Lake Stevens, Granite Falls, and Rosehill - focused on serving as activity centers with little or no paid staff.

With the exception of Everett Senior Center, the multi-purpose senior centers (MPSC) are private non-profit corporations. As such, they faced the challenge of generating revenues to pay ongoing operating costs, such as personnel, utilities, maintenance and upkeep, etc. The centers resorted to ambitious fundraising projects, including Bingo and pulltabs, boutiques and thrift shops, bake sales, and other strategies. Three of the centers succeeded in becoming United Way agencies and received a portion of their support from that source. Certain activities at senior centers also produced revenues as participants paid a portion or all of the cost of these activities. In general, senior centers became as successful fundraisers as any organizations in the county.

These revenue sources, though adequate in the early years, eventually lost ground to inflation and other forces which drove center operating costs upward. By 1982, senior centers were facing increased difficulty in paying operating expenses. Centers experienced year-end deficits which forced them to engage in emergency fundraising projects to secure funds to cover these deficits.
In 1984, senior centers approached the Snohomish County Council on Aging and requested a study of the feasibility of centers receiving funds from the County Division of Aging. The Council on Aging appointed a Senior Center Task Force to study the current fiscal status of senior centers and to determine what senior centers must do to secure funding support from the Council on Aging. Copies of the Task Force's report are available from the County Division of Aging.

The Task Force study produced certain major findings:

1) the level of financial support of senior centers from all sources in 1984 was remaining constant while operating costs were increasing;
2) senior center fundraising efforts in 1984 produced 73% of their revenue, United Way supplied 18% of revenues, while public sources provided 9% of center revenues; and
3) senior center staff time (both paid and volunteer) devoted to fundraising was so extensive that there were insufficient resources devoted to program development, management and marketing of senior center services.

One of the major recommendations of the Task Force was that the senior centers should strive to establish a balanced three-legged funding base with revenues derived from senior center fundraising, United Way and public entities (e.g., the County and cities).

The multi-purpose senior centers again approached the Council on Aging in 1984 for financial assistance. This time, the centers asked the Council on Aging to advocate on their behalf to County elected officials to allocate County general revenues to the centers in 1985. The Council on Aging was successful and the County appropriated $50,000 to senior center "operations" in the 1985 budget.
MISSION AND TASKS OF THE SENIOR CENTER STUDY GROUP

In late 1984, Willis Tucker, Snohomish County Executive, instructed the County Division of Aging to create a Senior Center Study Group. This Study Group was charged with examining the long-range financial needs of senior centers and recommending how public entities, such as cities and the County, could address some of these needs. The Study Group was formed and began its deliberations in January 1985. Meetings of the Study Group occurred twice each month through May, 1985.

The Senior Center Study Group addressed the following questions:

1. Does public support of senior centers comply with the Area Plan on Aging Priority List of Services?
2. Should local government entities provide financial support to senior centers?
3. What standards should a senior center meet in order to qualify for local government funding?
4. What components of a senior center's operations should be financed, in whole or part, by local governments?
5. What must senior centers do in exchange for local government funding? What systems must be in place at a center in order to qualify for such funding?
6. How should public funds be allocated to senior centers?
AREA PLAN ON AGING SERVICE PRIORITIES

The 1984-1987 Area Plan on Aging is the planning document which determines the priorities of staff time and fund allocations implemented by the Snohomish County Division of Aging. The Division of Aging and the Snohomish County Council on Aging, a citizens advisory group, are charged with the responsibility of developing a multi-year plan. This plan outlines the needs and resources of this county's elderly population and defines methods for addressing unmet needs of the elderly population. The plan includes a priority listing of services which acts as a guide for determining how federal, state and local aging funds should be allocated among types of services.

Senior centers are direct service providers in their own right. They commonly provide a wide range of education, recreation, health and socialization services to their clientele. These services tend not to be at the top of the List of Services in Priority Order (Attachment 2). That List places greatest emphasis on services directed to the more frail and vulnerable sector of the older population.

Services provided by senior centers are of significant value in that they can prevent older persons from declining in health to the status of "frail and vulnerable". Services in senior centers enable recipients to remain intellectually challenged, physically active and socially involved. To the extent these services are successful, they reduce the size of the portion of the older population needing the more expensive health and long-term care services designed for frail and vulnerable persons.

Senior centers, as a service, are not included on the Priority List of Services contained in the Area Plan. This is because senior centers are regarded primarily as service sites, or facilities, wherein services are rendered. Congregate meals, legal services, community college classes, and transportation are commonly provided in and through senior centers.

If local governments determine that senior centers should receive funds to assist them to operate as service sites, such a determination would not be in conflict with the service priorities contained in the Area Plan. By enhancing the financial stability of senior centers, local governments would indirectly enhance the effectiveness of services delivered at senior centers. Some service providers pay for a portion of the senior center's overhead costs associated with serving as a site for that service. If senior centers receive substantial support from local governments, then the centers could offer their facilities as a service site with no charges levied against the direct service agencies. Direct service agencies would then have more resources available to invest in direct services.
JUSTIFICATION OF LOCAL GOVERNMENT SUPPORT FOR SENIOR CENTERS

Senior centers provide health, social and recreational services to older persons. Both the County and cities are empowered to provide recreational and social services to citizens of all ages. Social and recreational services usually take the form of parks, community centers and other such facilities. For a variety of reasons older persons cannot, or choose not to, make use of facilities available to the general public. Older persons are minority users of tennis courts, swimming pools, jogging tracks, etc.

Senior centers cater to the specific social and recreational needs and desires of older persons. Local governments should provide financial support to senior centers as a component of the social/recreational service responsibilities of local governments. Such support will insure the availability of social/recreational services to the total age span of the population. Such support will represent a relatively small investment of funds for a substantial return of benefits to large numbers of older persons.

In this regard, the Senior Center Study Group adopted the following resolution:

RESOLVED THAT: it is good fiscal policy for the county and the municipalities to provide a portion of the funds necessary to keep multi-purpose senior centers open and operating. Public funds should provide a solid basis from which additional revenue generating activities can develop.
MINIMUM STANDARDS FOR LOCAL GOVERNMENT SUPPORT OF MULTI-PURPOSE SENIOR CENTERS

The Senior Center Study Group determined that a senior center should meet two criteria in order to receive local government funding:

1. meet Bureau of Aging and Adult Services "Multipurpose Senior Center Guidelines"; and
2. be a United Way funded agency, or meet the entrance criteria for becoming a United Way agency.

The State Bureau of Aging and Adult Services has established Guidelines which create a minimum level of program management and fiscal accountability for multi-purpose senior centers to qualify as a multi-purpose senior center. The Guidelines also dictate a minimum service package which a qualifying center must offer (see Attachment 1).

The Guidelines specify three categories of services. To receive support from cities and the County, a multi-purpose senior center should include five services in its service package with at least one service from each of the categories specified in the standards (i.e. 1) Health and Nutrition; 2) Social; and 3) Training/Education/Personal Growth).

The Study Group recognized that a mid-day meal is a program which any senior center will probably need to offer in order to attract sufficient numbers of participants to become and remain a viable operation. Senior centers may choose from several resource options for offering a mid-day meal, including federal funds, potluck meals supplied by the participants, surplus foods, etc. With the meal program serving as the "hub" of its service package, senior centers may then add health, educational and social/recreational activities to create a service package which attracts a large number of older persons.

The multi-purpose senior center guidelines offer local governments a degree of assurance that senior centers receiving public support are viable organizations which provide substantial services and properly account for the use of funds they receive. By the same token, the guidelines limit the number of, and therefore the level of competition among, organizations seeking this type of financial support from local governments.

All multi-purpose senior centers which receive funds from the County and municipalities should demonstrate the capability to use those funds to provide effective services in an efficient manner. This capability can be demonstrated by the existence of systems which perform management, program development and resource development functions in each senior center.
Management Systems

Each senior center must have, in writing, the following mechanisms:

1. personnel procedures;
2. job descriptions for all salaried staff;
3. description of the organizational structure of the center;
4. emergency procedures; (e.g., evacuation of clients experiencing medical emergency, fire evacuation, etc.)
5. bylaws of the governing or advisory board of the senior center;
6. a fiscal system which contains the following elements:
   - annual audits by an independent certified public accountant with the financial statements presented in format and terminology consistent with the Industry Audit Guide;
   - a formal senior center budget plan which is approved by the center's board prior to the beginning of each financial reporting period, with the board approving major changes in the budget.

Program Development Systems

A qualifying senior center must create a committee structure within its governing or advisory board, supported by adequate staff resources, to assess service needs of the center's participants and to determine which service needs the senior center could address. The center must have written procedures and demonstrable capability for developing a plan to address service needs which the center determines to be within its purview. There must be adequate staff capability, either paid or volunteer, to implement services as envisioned by this planning process.

Resource Development

Senior centers receiving funds from public sources must develop and/or update regularly a long-range plan, defined as 5 years or more, for capturing sufficient resources to maintain the senior center as a viable service provider organization. The plan must address how the center intends to capture funds from non-public sources to supplement its operating budget. This plan should contain specific information concerning the following resource development issues:

1. maintaining the center's physical plant and/or expanding the physical plant if service demands so dictate;
2. maintaining status as a United Way agency, if applicable;
3. conducting center-based fundraising activities, (e.g., Bingo, sales, rental income, etc.).
Three of the four senior centers under study are United Way agencies. The Study Group stresses the importance of maintaining their status as United Way agencies. The group also encourages the fourth senior center to achieve that status. **It was the consensus of the Study Group that a senior center must be a United Way agency or meet the entrance criteria of a United Way funded organization in order to receive financial support from local governments.**

The Study Group recognizes that United Way allocates funds to its member agencies on the basis of "deficit financing". That is, a member agency submits a budget to United Way indicating projected revenues and expenditures with an indication of the extent to which expenditures will exceed revenues. United Way allocations attempt to eliminate that deficit.

If senior centers are successful in obtaining a significant increase in support from local government, then that support must translate into significant expansion of senior center service activities. The expansion in service activities will increase the revenue needs of the centers. If revenues from the public sector and the private fundraising programs operated by the centers fail to cover the costs of the expanded program activities, then the centers will be able to demonstrate to United Way a deficit budget which could be alleviated by United Way funds. If senior centers receive increased contributions from the public sector with no commensurate expansion of programs and services, then centers will be hard pressed to demonstrate a deficit budget to United Way. Without deficit budgets, senior centers cannot argue effectively for continued support from United Way.
OPERATING COSTS OF MULTI-PURPOSE SENIOR CENTERS

Table 1 presents projected 1985 cost data for four multi-purpose senior centers. The data is broken into major cost categories. Total costs for these centers range from $61,336 to $178,703.

Table 2 provides data concerning the size of each center's physical facilities, the size of the target population within each center's service area, and the extent of services offered through each center. A comparison of the data in Tables 1 and 2 indicates that operating costs at each center are not proportionally related to the size of the center or the extent of its service offerings. There appears to be a basic or platform, cost associated with operating any senior center which meets the standards of the Multi-Purpose Senior Center Guidelines. Beyond this platform, the costs of the various centers vary according to the size of the physical facilities and the extent of programs each center offers.

The Study Group examined the staffing patterns at each of the four centers. This analysis lead the Study Group to conclude that each center needs to retain sufficient staff to perform the following functions:

1. Administration/fundraising
2. Program development and coordination
3. Secretarial/receptionist
4. Bookkeeping
5. Custodial/maintenance

All of the centers perform each of these functions to varying degrees. The viability of a center becomes compromised when these responsibilities are delegated to too few paid or volunteer staff, such that no single responsibility is performed adequately. The report of the Senior Center Task Force pointed up an example of this situation. In 1984 senior centers generated 73% of their total revenue through local fundraising activities (e.g., Bingo, boutiques, etc.) Center directors spent such large portions of their working hours raising money for center operations that they had insufficient time or energy to devote to program development, management and participant outreach. Insufficient attention to these issues caused the center's program and service activities to be well below the center's potential. Insufficient programming decreased the center's ability to attract new and increased funding support, thereby creating a "vicious circle".

This circle can be "broken" only by reducing the pressure on senior center staff to raise funds to pay ongoing operating expenses. With a relatively solid base of public funding to pay the minimum operating costs, senior center staff could devote the majority of their energy to developing and managing service activities at the centers. Center staff should continue fundraising activities. With enhanced programming resulting from more and better management, the ability of the center to conduct successful fundraising activities should be similarly enhanced.
When reviewing the cost data in Table 1, the reader should keep in mind that this data presents "revenue constrained" costs. There is no intent to imply that budget allocations for personnel are sufficient to pay adequate salaries, or that maintenance allocations are sufficient to keep the centers' physical facilities in good working order. In fact, there was considerable evidence presented to the Study Group that these allocations were not sufficient. The costs presented in Table 1 are the basic costs of "keeping the doors open" on a year-to-year, sometimes month-to-month, basis. With increased revenues, centers could become viable operations and move beyond the stage of mere survival.

**TABLE 1** Projected 1985 Expenditures for Four Multipurpose Senior Centers

<table>
<thead>
<tr>
<th>1985 EXPENSES</th>
<th>East County</th>
<th>Stillaguamish</th>
<th>South County</th>
<th>Camwood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>76,016</td>
<td>95,489</td>
<td>81,615</td>
<td>30,012</td>
</tr>
<tr>
<td>Utilities (+ Telephone)</td>
<td>4,016</td>
<td>21,114</td>
<td>12,100</td>
<td>4,164</td>
</tr>
<tr>
<td>Communications</td>
<td>1,811</td>
<td>6,410</td>
<td>5,650</td>
<td>1,520</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,000</td>
<td>2,307</td>
<td>2,000</td>
<td>1,500</td>
</tr>
<tr>
<td>Consumable Supplies</td>
<td>13,559</td>
<td>19,149</td>
<td>3,600</td>
<td>600</td>
</tr>
<tr>
<td>Rent/Mortgage/Taxes/Ins.</td>
<td>6,744</td>
<td>13,232</td>
<td>34,309</td>
<td>6,540</td>
</tr>
<tr>
<td>Repairs and Maintenance</td>
<td></td>
<td></td>
<td>4,200</td>
<td>2,000</td>
</tr>
<tr>
<td>Building Supplies</td>
<td>11,198</td>
<td>6,254</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>972</td>
<td>14,748</td>
<td>14,494</td>
<td>15,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>120,359</td>
<td>178,703</td>
<td>157,968</td>
<td>67,336</td>
</tr>
</tbody>
</table>

Includes:

1. Travel, Conferences
2. Advisory Board members, Travel, Miscellaneous, SELF, Conferences
3. Miscellaneous, Travel, Excise Tax, Conferences in 1985: $10,000 from County
4. Bingo, Publ Tabs, Van, Travel, Etc.
5. Includes janitor, supplies
6. Does not include 11 unit housing project or Elderscreen

**Projected 1985 Revenues by Source for Four Multipurpose Senior Centers**

<table>
<thead>
<tr>
<th>1985 Revenue Source</th>
<th>East County</th>
<th>Stillaguamish</th>
<th>South County</th>
<th>Camwood</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Fundraising</td>
<td>78,085</td>
<td>129,441</td>
<td>57,004</td>
<td>53,536</td>
<td>311,066</td>
</tr>
<tr>
<td>United Way</td>
<td>28,800</td>
<td>31,262</td>
<td>23,548</td>
<td>-0-</td>
<td>83,610</td>
</tr>
<tr>
<td>Public Funding</td>
<td>13,474</td>
<td>18,000</td>
<td>77,416</td>
<td>14,800</td>
<td>123,690</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>120,359</td>
<td>178,703</td>
<td>157,968</td>
<td>67,336</td>
<td>518,366</td>
</tr>
</tbody>
</table>

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### Table 2

**Population by Service Area**

(See Attachment 3 for Map of Service Area Boundaries)

<table>
<thead>
<tr>
<th>1984 Estimates</th>
<th>East County</th>
<th>Stillaguamish</th>
<th>South County</th>
<th>Camwood</th>
<th>Total (Excl) Evt. Serv. Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>57,482</td>
<td>73,864</td>
<td>155,535</td>
<td>5,432</td>
<td>292,313</td>
</tr>
<tr>
<td>60 and Over</td>
<td>6,553</td>
<td>9,676</td>
<td>16,020</td>
<td>1,081</td>
<td>33,330</td>
</tr>
<tr>
<td>Ratio 60+ Total Pop.</td>
<td>11.4</td>
<td>13.1</td>
<td>10.3</td>
<td>19.9</td>
<td>11.4</td>
</tr>
</tbody>
</table>

**Other Information**

| Volunteer Hours         | 7,348       | 16,696        | 26,885       | 2,445   | 53,424                        |
| Facility Floor Space    | 10,000      | 16,000        | 27,476       | 3,500   |                               |
| Hours of Operation per month | 236        | 171           | 174          | 216     |                               |

**Health and Social Services Offered at Centers**

<table>
<thead>
<tr>
<th>Programs</th>
<th>East County</th>
<th>Stillaguamish</th>
<th>South County</th>
<th>Camwood</th>
<th>Total (Excl) Evt. Serv. Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Boutique</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Health Screening</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Health Counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Health Care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Food Bank</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Information and Referral</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Legal Assistance</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Oppor.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Referral</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Meals</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
PROPOSED LEVEL OF LOCAL GOVERNMENT SUPPORT

The Study Group adopted the following resolution:

The County and municipalities should provide funds necessary to cover 100 percent (100%) of the basic costs associated with operation of multi-purpose senior centers - that level of support needed to keep the center "open". The public funds should be sufficient to cover utilities, insurance, janitorial service, upkeep and repair, maintenance and replacement of equipment and supplies, and salaries of basic staff necessary to provide the five services which make a facility a multi-purpose senior center. Basic staff would include persons to perform the following functions: director, program coordinator, fiscal, clerical, and custodial/maintenance.

The Study Group defined "basic costs associated with operation" as the 1985 projected costs of operating the four senior centers under study (see Table 1). If the Study Group's recommendation were implemented, local governments (the County and cities combined) would be called upon to contribute to the centers an amount equal to the total figures listed in Table 1.

To operate viable programs, centers would still be required to engage in local fundraising programs. Funds from local governments would be sufficient to "keep the doors open", to meet the minimum requirements of a multi-purpose senior center. Since all of the senior centers exceed the minimum standards to qualify as multi-purpose senior centers, these centers will need to seek additional funds from private sources to finance their enhanced programs. Funds from local governments would act as a base of support which would enable centers to maintain themselves as "going concerns" while they seek additional support from non-public sources.

Another approach to this issue is to calculate the costs of performing the basic staff functions listed above (e.g. director, program coordinator, fiscal and clerical, and custodial/maintenance) and the other basic costs associated with center operation, without associating these costs with a particular senior center. Using this approach yields a result that each senior center needs approximately $125,000 to function properly.

Senior centers in the aggregate, therefore, require approximately $500,000 in public funds under the funding plan recommended here. Already cities and the County are providing financial and in-kind support to senior centers. The County allocated $50,000 to senior centers in 1985. Cities are providing cash or in-kind support to Camwood, Stillaguamish and South County Senior Centers. The amount of additional public funds to be allocated to senior centers under this funding plan is, therefore, significantly less than $500,000.

This study does not recommend that the $500,000 be distributed equally among the existing multi-purpose senior centers. There is considerable variance among these centers concerning the extent of services offered, the number of people served, the number of people living in each center's service area, the size of each center's
physical facilities, etc. Each of these factors significantly impacts the basic cost of operating a particular senior center. The allocation of public funds should reflect the variation among these factors.

With a combination of support from public and private sectors, senior centers will be able to develop long term financial stability. The rest of the aging network service system will benefit from this stability since senior centers serve as sites for the delivery of many services. Senior centers will also be able to enhance their ability to assist older persons, thereby reducing service demands on agencies relying on federal and state funding sources.
MECHANISM FOR DISTRIBUTING PUBLIC FUNDS TO SENIOR CENTERS

The Study Group recommends that all municipalities and the County equitably share in the task of funding the basic costs of operating multi-purpose senior centers. The Study Group further recommends that the County serve as the collection and distribution agency for public funds flowing to the senior centers.

To implement this system, the County should establish a committee comprised of senior center and local government representatives. This committee would have two tasks:

1. to establish the level of support due from each municipality and the County to provide sufficient funds to finance the basic costs of operating the multi-purpose senior centers.

2. to establish a formula for distributing the public funds among the MPSC's.

A municipality could contribute its share of support, either financial or in-kind, to the County which would then provide matching funds and distribute these combined monies to the centers. Another option would be for municipalities to contribute directly to the center in their vicinity, with the County acknowledging that support and again providing matching funds to be distributed to the centers county-wide.

Although there are now four MPSC's which qualify for public funds, more centers may develop in the future. As new centers are created, as they establish themselves as multi-purpose senior centers and meet the criteria for United Way agencies, the formula for distributing the public funds would have to be adjusted to accommodate the additional centers.

The funds derived from local governments could be disseminated by means of contracts between the County and the recipient centers. These contracts would provide assurance that the public funds would be utilized by the centers to provide high quality client services, and would assure fiscal accountability. The County possesses the necessary capability to monitor the provision of services in the centers in compliance with their contracts and to insure that centers properly use and account for the public funds they receive.
WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF AGING AND ADULT SERVICES
MULTIPURPOSE SENIOR CENTER PROGRAM GUIDELINES

PROGRAM DEFINITION

A multipurpose senior center is a community facility where older persons can meet together, receive services and participate in activities that will enhance their dignity, support their independence and encourage their involvement in the life and affairs of the community. Such a center also acts to promote community awareness of the needs of older people and support the development of community resources which serve older people.

TARGET POPULATION

The target population served by multipurpose senior centers is persons age 60 and over who need the services provided by a multipurpose senior center to increase their interaction with others and/or their involvement with the community.

All persons served should be members of the target population.

To the degree feasible, persons served should meet the vulnerability criteria listed in Attachment I.

AVAILABLE FUNDING

This program may be funded by Title III of the Older Americans Act. Refer to Attachment I for eligibility requirements and the contribution policy.

ORGANIZATIONAL STRUCTURE

A multipurpose senior center must be a legally constituted public or private nonprofit agency. It may be a single facility, a network of neighborhood sites, a mobile unit or any combination of these that best meets the requirements of its service area.

If feasible, a multipurpose senior center should establish an advisory body to make recommendations on policy formulation and general program operation. The advisory body should be broadly representative of the community where the center is located and include a significant number of participants as members.
PHYSICAL FACILITY AND EQUIPMENT

To the degree possible, multipurpose senior centers should be located in areas central to the target population and be easily accessible by public or other means of transportation, including specialized transportation for older people with mobility problems.

The physical facility, premises and equipment should be maintained in a clean and sanitary condition, free of hazards and in good repair. Periodic fire/safety inspections should be made and reports kept on file at the center.

Furniture and equipment used by participants should be comfortable and safe and compensate for visual and mobility limitations.

Heating, ventilation and lighting should be adequate to protect the health of participants and staff.

There should be adequate space to allow participants to engage in group activities without overcrowding, ensure the availability of private areas for counseling and other individual services, provide sufficient office space where staff can work without undue interruption and provide adequate storage space for program and operating supplies.

There should be sufficient toilet facilities which are accessible to and equipped for use by the mobility impaired.

Basic first aid supplies should be available and located in a safe place.

PROGRAM PLANNING

The basic goal of a multipurpose senior center is to provide the means to develop the potential inherent in older people. To achieve this goal, the center should develop a planned program dedicated to meeting the interrelated needs of the total individual and helping older people to help themselves. The following suggestions are made to help centers plan an effective program.

1. Program goals and objectives should be clearly stated and understood by the governing and/or advisory body, funding sources, staff, participants and the community at large. Objectives should be specific, verifiable and achievable and actual program activities and services should be consistent with stated goals and objectives.

2. The governing and/or advisory body, representatives of funding sources, staff, participants, professionals in the community and community leaders should be included in the process of establishing goals and objectives and in program planning.

3. The program developed should meet the needs, interests and abilities of all participants. Options and choices should include active and passive participation and group and individual activities.
4. In addition to providing a recreational/social outlet for participants, program activities should meet their service needs and promote personal growth. Participants should also be provided with opportunities to maintain or increase their independence and contribute to their communities.

COMMUNITY RELATIONS

An important characteristic of a multipurpose senior center is its involvement with the community it serves. A multipurpose senior center should make a strong effort to link with other community planning and service agencies and thereby contribute to the overall planning of services for older people. It should become an integral part of the community's service delivery system by providing services, providing a site for the delivery of other agency's services, informing participants about the services of other agencies and facilitating participant's access to other services.

A multipurpose senior center should also serve as a community resource for information and training about older people. It can bring older people's skills, talents and experiences to the broader community through such techniques as encouraging participants to serve on community planning bodies and take an active role in educating the community about issues and problems which affect older people.

PROGRAM SERVICES

A multipurpose senior center may provide services within its own facility or may arrange for participants to have access to services provided elsewhere in the community. Services provided at the center may be provided by center staff, center volunteers, staff from other community agencies or individuals in the community who have expertise in a given area. Each center must prepare a written description of services that will be provided at the center and services the center has access to and can arrange for a participant to receive. A current monthly calendar of services and activities available to participants should be conspicuously posted by the beginning of the month.

A minimum of five (5) services or programs from the Social, Health and Nutrition, and/or Training/Education/Personal Growth categories below should be available to center participants. The number and types of services or programs will vary according to center size and the community where the center is located. The center should provide or arrange for participants to have access to as many of the following services as feasible:

<table>
<thead>
<tr>
<th>HEALTH AND NUTRITION</th>
<th>SOCIAL</th>
<th>TRAINING/EDUCATION/PERSONAL GROWTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritionally Balanced Meal</td>
<td>Information &amp; Assistance or Case Management</td>
<td>Special Courses and Classes</td>
</tr>
<tr>
<td>Nutrition/Health Education &amp; Counseling</td>
<td>- Referral to community resources</td>
<td>- Problem Solving Groups</td>
</tr>
<tr>
<td></td>
<td>- Helping participants obtain needed services</td>
<td></td>
</tr>
</tbody>
</table>

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(Continued)

HEALTH AND NUTRITION

Shopping Assistance
Well Adult Clinics or Health Screening Services
Preventive Community Health Services (Blood Pressure and Immunizations, Foot-care, etc.)
Exercise Program

SOCIAL

- Provision of service coordination

Transportation
Home Repair Application
Housing Assistance

Employment Counseling and Referral
Legal Aid
- Helping participants determine their legal status
- Preparing legal documents
- Providing information about legal issues

Planned Social and Recreational Activities

Information about Public Benefit Programs
- Food stamps
- Medicare
- Medicaid
- SSI
- Emergency Assistance

Financial Counseling
- Budgeting
- Estate planning
- Tax Counseling

Individual and Group Counseling

TRAINING/EDUCATION/PERSONAL GROWTH

- Guest Lecturers
- Telephone Reassurance Program for
  - Shut-ins
  - Persons Living Alone
- Friendly Visiting Program for
  - Shut-ins
  - Persons Living Alone
  - Nursing Home Residents
- Volunteer Programs
  - Retired Senior Volunteer
  - Senior Companion
  - Foster Grandparent
  - Other Supervised Volunteer Activities

Leadership Development Programs

Planned Activities designed to involve participants in solving special problems or promote the well-being of older people

Multipurpose senior centers should be open a sufficient number of days a week and a sufficient number of hours a day to provide the services required by older persons who utilize center services. The number of days per week and number of hours per day may vary according to the size and the goals and objectives of the center.
STAFF/VOLUNTEER GUIDELINES

A multipurpose senior center should be managed by a qualified individual, either paid or volunteer. The manager or his/her designee should be on the premises during all operating hours. The manager should be responsible for planning and coordinating all center activities and maintaining liaison with the Area Agency and other community agencies and organizations.

A volunteer program should be formally established as an integral part of the center structure. Volunteer assignments should reflect a proper assessment of the volunteer’s unique personal experiences, abilities and interests while remaining compatible with the needs of the center. Responsibility for the recruitment, selection, orientation, training, coordination and supervision of volunteers should be assigned to a designated person.

There should be a sufficient number of qualified staff and/or volunteers to effectively conduct the center’s programs and services.

There should be written job descriptions for staff and key volunteers which define the skills, experience and training necessary for each position and list the duties and responsibilities of each position.

Staff and volunteers should have the opportunity to participate in ongoing training that will improve their skills and foster the development of positive attitudes towards older people. To the degree possible, training should be tailored to the individual needs of staff and volunteers and should include training related to the needs of center participants whose functioning is impaired. Staff and volunteers should be encouraged to participate in conferences, seminars and training sessions available in the community.

Regularly scheduled meetings should be held for staff and key volunteers.

The performance of each staff member should be periodically evaluated and the results of this evaluation must be documented and kept on file.

ADMINISTRATIVE GUIDELINES

Basic operational policies and procedures should be in writing and available to the governing/advisory body, funding sources, staff, volunteers and participants.

A record which contains the following information should be maintained for each participant:

1. Name, birthdate, home address and phone number of participant
2. Name, address and phone number of participant’s physician
3. Name, address and phone number of person(s) to contact in case of emergency
4. Known medical conditions or disabilities which would limit participation in certain activities or be important in case of illness or emergency

Attendance should be kept of the number of older persons who regularly participate in center activities.

A record which contains the following information should be maintained for each staff member and regular volunteer:

1. Name, home address and phone number of staff member or volunteer
2. Name, address and phone number of staff member's or volunteer's physician
3. Name, address and phone number of person(s) to contact in case of emergency
4. Record of attendance (number of hours worked on behalf of the center)
5. Date staff member was employed or volunteer began serving
6. Date staff member or volunteer terminated services
7. Date and content of performance evaluation (staff only)

The center should carry appropriate and sufficient insurance to provide adequate protection to staff, volunteers and participants.

The center should conduct an annual evaluation to determine whether the program is complying with the guidelines for a multipurpose senior center, achieving its goals and objectives and meeting the needs of participants. The results of this evaluation should be documented and kept on file.

REFERRAL TO INFORMATION AND ASSISTANCE/CASE MANAGEMENT (I&A/CM)

Subject to participant consent, all participants who appear to meet the vulnerability criteria listed in Attachment I should be referred to the I&A component of the I&A/CM program for screening to determine the need for case management services.
Services Listed in Priority Order

1. Case Management
2. Chore Service
   Respite Care
3. Housing
   In-Home Nutrition
4. Information and Assistance
5. Home Health Care
   Hospice
6. Adult Day Health
7. Health Maintenance/Personal Care
   Mental Health
   Minor Home Repair
8. Congregate Nutrition
   Legal Services
   Ombudsman
   Transportation
   Volunteer Chore Service
9. Health Screening
   Newspapers
   Senior Centers
   Foster Grandparent
10. Aural Rehabilitation
    Education
    Health Appliances
    Recreation
    Volunteer Services
    Senior Companion
    Well Adult Services
Senior Center Funding Study Report

Senior Center
Funding Study Report
2006
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<thead>
<tr>
<th>Section</th>
<th>Pages</th>
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</thead>
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<td>Executive Summary</td>
<td>3 – 6</td>
</tr>
<tr>
<td>Introduction</td>
<td>7 – 8</td>
</tr>
<tr>
<td>Task Force Report</td>
<td>9 – 20</td>
</tr>
<tr>
<td>Exhibit 1 - Senior Center Standards</td>
<td>21 – 23</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY
SENIOR CENTER FUNDING STUDY TASK FORCE RECOMMENDATIONS

Snohomish County Executive Aaron Reardon requested the Snohomish County Council on Aging prepare a series of policy recommendations to guide the County’s decisions concerning its appropriations of General Revenues for senior centers. This report responds to Executive Reardon’s request with a series of recommendations concerning how local governments in general, and the County in particular, should respond to senior center requests for financial support.

SHOULD LOCAL GOVERNMENTS PROVIDE FINANCIAL SUPPORT TO SENIOR CENTERS?

POLICY RECOMMENDATION
The Senior Center Funding Task Force recommends local governments continue to recognize senior centers as worthy recipients of taxpayer funds to finance a portion of the basic operating costs of such centers. Senior centers enhance the capacity of local governments and private service provider organizations to deliver services close to the homes of people receiving services. Centers also generate substantial volunteer resources that augment the community’s capacity to deliver services to older persons.

The County and some cities have established a long standing policy of providing financial support to senior centers. The Task Force strongly recommends those Centers, and their constituents, continue their advocacy efforts to increase the number of cities providing financial support to senior centers that serve their citizens, or to increase the level of financial support.

WHAT MULTI-PURPOSE SENIOR CENTER COSTS SHOULD LOCAL GOVERNMENT FUNDS FINANCE?

POLICY RECOMMENDATION
Multi-Purpose senior centers should continue to look to local governments - cities and the County - as a major source of support to finance the "basic costs" associated with operating such centers. The public funds should contribute to covering utilities, insurance, janitorial service, upkeep and repair, maintenance and replacement of equipment and supplies, and salaries of staff that perform the following functions: center director, program coordinator, fiscal, clerical and custodial/maintenance.

Centers must continue to rely on the "multi-legged stool" approach combining financial support from private sources (such as United Way and other granting sources); Center-based fund raising through retail operations, gambling revenues, facility rentals, fundraising, program and service fees; and revenues from local government sources. The combination of these and other revenue sources may provide sufficient financial support to cover the "costs of keeping the doors open" and finance the health and social services Centers provide to their constituencies.
WHAT STANDARDS SHOULD SENIOR CENTERS MEET TO RECEIVE FINANCIAL SUPPORT FROM SNOHOMISH COUNTY?

HOW SHOULD SENIOR CENTERS DEMONSTRATE THEIR ABILITY TO MEET THE SELECTED STANDARDS?

POLICY RECOMMENDATION

The Task Force recommends all senior centers seeking funds from the County demonstrate their fiscal management capacity to make proper use of, and properly account for the use of, County funds. Standards United Way of Snohomish County employs for its applicant agencies serve as an adequate measurement of the capacity of those agencies to manage properly the funds they receive.

The Task Force recommends all senior centers receiving funds from the County comply with the standards United Way of Snohomish County employs for its applicant agencies including the following:

- Qualified as a tax exempt non-profit organization under 501(c) 3 of the Internal Revenue code for at least two years at the time of application
- Incorporated as a non-profit corporation in the State of Washington
- Currently registered with the State for the Charitable Solicitation Act
- Compliant with United Way’s Non-Discrimination Policy
- Fiscally and administratively sound
  - If an agency has an annual budget of less than $500,000, they may submit financial statements. More than $500,000 requires an audit
  - Audits and financial statements are reviewed annually by an independent committee of auditors
- Appropriately sized Board of Directors

The Task Force recommends the County provide financial support to senior centers that meet the criteria described below either as a regional multi-purpose senior center or as a multi-purpose senior center. Regional multi-purpose senior centers should receive the highest level of County support, while multi-purpose senior centers should receive a lesser level of financial support.

Regional multi-purpose senior centers:

To receive financial support from the County at this level, a senior center must:

1) Comply with the United Way standards described above;
2) Demonstrate compliance with Snohomish County’s senior center standards derived from the National Institute of Senior Centers (NISC) accreditation standards;
3) Provide services to a minimum of 1000 unduplicated participants age 55 or over per year; a participant is defined as an individual who completes a center registration information form and who attends or receives at least one (1) senior center activity/service/event during the year;
4) Document that a minimum of 35% of Center participants/service recipients reside outside the incorporated area in which the senior center is located.
Multi-purpose Senior Centers:
To receive financial support from the County at this level, a senior center must:

1) Comply with the United Way standards described above;

2) Demonstrate compliance with Snohomish County’s senior center standards derived from the NISC accreditation standards;

3) Provide services to a minimum of 500 unduplicated participants age 55 or over per year; a participant is defined as an individual who completes a center registration information form and who attends or receives at least one (1) senior center activity/service/event during the year;

4) Document that a minimum of 10% of center participants/service recipients reside outside the incorporated area in which the senior center is located.

Community Senior Centers:
Senior centers whose mission it is to serve older persons within a defined and limited area, and provide a range of services addressing primarily social and recreational needs of their constituency, should rely on private fundraising and support from the city in which they are located to finance their operations.

WHAT “FORMULA” SHOULD THE COUNTY USE TO ALLOCATE ITS FUNDS TO SENIOR CENTERS?

POLICY RECOMMENDATION
The Task Force recommends the County maintain its current method of allocating General Revenue funds to senior centers for the 2007 County Budget. This allocation method, or “formula,” distinguishes between senior centers providing regional services versus those senior centers catering to more locally-based clientele. The allocation method also acknowledges that Northshore Senior Center serves the needs of a sizeable number of Snohomish County residents, even though that Center is located in King County.

If County elected officials wish to establish an allocation formula that distributes County General Funds according to the size of each center’s service population and/or the scope of services a senior center offers, then County officials should appoint a Task Force with the assignment to create an allocation formula. The 1985 Report calls for local elected officials to establish such a formula, and the need for a formula is more urgent today than it was at the writing of the 1985 Report.

WHAT PROCESS SHOULD DICTATE HOW THE COUNTY CONSIDERS A REQUEST(S) FROM A NON-COUNTY FUNDED SENIOR CENTER TO RECEIVE COUNTY FUNDS?

POLICY RECOMMENDATION
The Task Force recommends the County establish the following procedure in response to senior centers requesting County financial support:

- The County arranges for an evaluation of the senior center applicant to determine whether or not it meets the following standards:

  o Financial management standards equivalent to those United Way of Snohomish County requires of applicant agencies (2 years compliance);
Programmatic standards as described earlier in this report that are similar to standards from the National Institute of Senior Centers (compliance at time of application);

Service delivery standards demonstrating the center is rendering services to the required number of unduplicated individuals, and a sufficient portion of those individuals receiving services reside outside the incorporated area in which the center is located;

This evaluation will result in a report concluding whether or not the applicant center meets the standards listed above. County staff would provide the report to Snohomish County elected officials and the city in which the applicant center is located.
INTRODUCTION

Snohomish County Executive Aaron Reardon requested the Snohomish County Council on Aging prepare a series of policy recommendations to guide the County’s decisions concerning its appropriations of General Revenues for senior centers. This report responds to Executive Reardon’s request with a series of recommendations concerning how local governments in general, and the County in particular, should respond to requests for financial support from senior centers.

A steady growth in the number and scale of senior centers providing services to older persons has occurred since the mid-1970’s. Snohomish County has a long established leadership role in providing financial support to senior centers, initially in the form of funds for financing construction and remodeling of existing buildings to house senior centers. In the early 1980’s, some senior centers experienced financial distress to the extent they could not pay for ongoing maintenance and utility costs. The County responded to this distress with short-term financial assistance, enabling senior centers to remain in operation.

Rather than continue to allocate funds in response to sporadic requests, the County convened a Task Force in 1985 to address the questions of whether or not and how local governments should provide ongoing financial support to senior centers. The Task Force produced a report (hereafter the 1985 Report) containing policy recommendations to guide the County as it responded to requests from senior centers for financial support.

Since 1985, the level of financial support the County provides to large multi-purpose senior centers has steadily increased. Initially, total County support to all of the large senior centers amounted to $50,000. Today, each of the four multi-purpose senior centers receives $60,500 per year from the County; a fifth center (Northshore Senior Center) receives $33,000. Three years ago County Council responded to requests from smaller senior centers and appropriated $60,000 on a one-time basis to enable eight of the centers to expand their service capacity and funding base. The County has reinstated this appropriation for two additional years to assist between five and eight senior centers/year to pay a portion of their operating costs. In 2006, the County appropriated a total of $336,000 in General Revenue funds to support senior centers.

Much has changed and grown in this county’s network of services addressing the needs of our elder citizens. The County’s population of elder citizens has grown dramatically in size and diversity in the 20 years since the 1985 Report was written. Instead of five large senior centers (including Everett Senior Center) and a similar number of small community centers. Snohomish County now has at least twenty large and small senior centers serving older persons. The cost of maintaining and operating a senior center has also increased dramatically. At the same time, financial pressures on Snohomish County from increasing criminal justice costs and a decreasing tax base create a growing challenge for the County to sustain, much less expand, its financial support of senior centers.
The combination of environmental changes and intensifying fiscal pressures caused County Executive Reardon to request a review of the policy recommendations contained in the 1985 Report. The Council on Aging appointed a Task Force that convened a series of three well attended public forums to receive public comment on the following questions:

- Should local governments (e.g. the County and cities) provide financial support to multi-purpose senior centers?
- What standards should senior centers meet to receive financial support from Snohomish County? How should senior centers demonstrate their ability to meet the selected standards?
- What costs of senior center operations should local government funds cover?
- What “formula” should the County use to allocate its funds to senior centers?
- What process should dictate how the County considers a request from a non-County funded senior center to receive County funds?

The Task Force produced a draft Report and convened a fourth public forum to receive comments concerning the draft. Comments from the public were generally positive. The Task Force Report is divided into five sections addressing each of the questions listed above. Each section contains a background discussion regarding the recommendations contained in the 1985 Report and how the service environment has changed since the writing of the 1985 Report. Included is a section summarizing the public forum comments received on each of the questions. Finally, each section contains the Task Force’s policy recommendations concerning County financial support for senior centers.

The success of this Task Force and the Report it produced is due to the expertise and work of volunteers who devoted considerable hours to study, public forums, and discussion. Task Force members included the following:

- Kathleen Anderson, Senior Center Funding Task Force Chair, and Chair of the Council on Aging Senior Center Committee
- Steve Ahern, Chair, Council on Aging
- Bernie Busch, Council on Aging member and former Chair
- Monica Dodd, former Council on Aging member and Chair of the Council’s Senior Center Committee
- Marianna LoGerfo, former Director of the Northshore Senior Center
Task Force Report

Should Local Governments Provide Financial Support to Senior Centers?

1985 Report
The 1985 Report notes that local governments (e.g., cities and the County) have historically, and currently, assumed responsibility for providing social and recreational services to the general public. Senior Centers serve as a type of social/recreational facility, specifically tailored to the needs of older persons. Many older persons rely on the special accommodations senior centers provide as a way to remain physically active and socially engaged, despite mobility and sensory limitations.

Current Status
The Area Agency on Aging (AAA) relies on the capabilities of senior centers to enhance the service delivery capacity of the entire Aging Service Network. The Network encompasses a variety of agencies, both public and private, that render direct services to older persons. Services include nutrition services, information and referral, health screening, education, transportation, legal assistance, volunteer opportunities and employment. Services such as Congregate Nutrition look to senior centers as delivery sites. Other services rely on senior centers as places to disseminate information about the availability of their services. Senior centers offer the additional capacity to recruit and use volunteers from their constituency to enhance the centers’ service delivery capacity.

A senior center is a community facility where Snohomish County residents age 55 and over meet, receive services, and participate in activities that enhance their dignity and support their involvement in the life and affairs of the community. They provide an array of services including: 1) Social; 2) Health and Nutrition; and 3) Training, Education and Personal Growth.

Local government's financial support of senior centers produces benefits to older persons, agencies serving senior citizens and the County. Such financial support has a well-established history and is allowable under state statute.

Public Forum Comments
The Senior Center Funding Task Force held a Public Forum to receive comments from the general public regarding the above stated question. Below is a summary of their comments:

- Physical, mental and social needs, necessary to one’s well-being, are met at senior centers. Many senior citizens live on mid- to low-level incomes and cannot privately pay for the services senior centers offer. Without the support of the County, the centers could not survive financially.
- Senior citizens have paid taxes into the system the longest (and continue to pay as long as they are alive) and deserve to have the services senior centers provide.
- Cities need to be encouraged to contribute financially to the support of senior centers.

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• Senior Centers provide a broad range of services (health, social, education, etc.) enabling people to stay active and engaged.

POLICY RECOMMENDATION

The Senior Center Funding Task Force recommends local governments continue to recognize senior centers as worthy recipients of taxpayer funds to finance the basic operating costs of such centers. Senior centers enhance the capacity of local governments and private service provider organizations to deliver services close to the homes of people receiving services. Such centers also generate substantial volunteer resources which augment the community’s capacity to deliver services to older persons.

The County and some cities have established a long standing policy of providing financial support to senior centers. The Task Force recommends that those centers and their constituents continue their advocacy efforts to increase the number of cities which provide financial support to senior centers serving their citizens, or to increase their level of providing financial support.

Justifications for the policy recommendation are as follows:

• The older citizens of Snohomish County built the economy that all of the county’s citizens enjoy today. Older persons have paid taxes all of their adult lives - taxes that financed the roads, schools, parks and emergency services on which we all rely. Snohomish County should provide resources assisting older citizens in maintaining their levels of high functioning despite the prevalence of disabling conditions.

• Local governments—cities and the County—have a responsibility to finance social/recreational/health services meeting the needs of their citizens. Senior Centers are particularly well suited to deliver these services in ways that meet the special needs and preferences of many older persons.

• Senior centers represent a strong effort to maintain high functioning of older persons, despite increasing prevalence of disabling conditions. Services that senior centers provide prevent and/or delay the need for more expensive medical and custodial care that is often financed with public funds.

• The dramatic expansion of the senior citizen population as a component of the general population creates a requirement for all levels of government to maintain and expand services that sustain older persons as active and productive members of society.

WHAT MULTI-PURPOSE SENIOR CENTER COSTS SHOULD LOCAL GOVERNMENT FUNDS FINANCE?

1985 REPORT

An important conclusion of the 1985 Report is that local government financial support of multi-purpose senior centers ought to be sufficient to “cover 100 percent (100%) of the basic costs associated with operation of multi-purpose senior centers—that level of support needed to ‘keep the [center’s] doors open.’ Public funds should be sufficient to cover utilities, insurance,
janitorial service, upkeep and repair, maintenance and replacement of equipment and supplies, and salaries of basic staff...” Basic staff was defined as persons performing the following functions: “director, program coordinator, fiscal, clerical and custodial/maintenance.” The policy assumption of this recommendation is that funds from local governments should provide “the base” that enables multi-purpose senior centers to operate as “going concerns” thereby enabling them to seek funds to finance much of their programs and services from private sources.

The 1985 Report notes a wide variance in the operating costs of the four existing multi-purpose senior centers. There was a 3-fold “spread” between the lowest and highest cost centers. Regardless of the variances in costs, the 1985 Report notes that all of the Centers must perform certain basic operational functions in order to remain viable. The basic operational functions included the following:

- Administration/fundraising
- Program development and coordination
- Secretarial/receptionist
- Bookkeeping
- Custodial/maintenance

Beyond the costs of “basic operations”, Centers also incur costs for other activities and services. Some multi-purpose senior centers operate subsidized housing programs; all Centers provide health, education and social services. Centers providing such services raise additional funds to finance these services.

**CURRENT STATUS**

Local governments have not been able to meet the funding support standard proposed in the 1985 Report. Multi-Purpose Senior Centers continue to look to local governments—cities and the County—as a major financial source to support the “basic costs” associated with operating such Centers. Additional senior centers may achieve the status of multi-purpose senior center and seek financial support from local governments to finance their basic operations costs.

Centers continue to rely on the “multi-legged stool” approach combining financial support from private sources such as United Way and other granting sources, Center-based fund raising through retail operations, gambling operations, facility rentals and other practices, fundraising, program and service fees, and revenues from local government sources. The combination of these and other revenue sources may provide sufficient financial support to cover the “costs of keeping the doors open” and finance the health and social services that Centers provide to their constituencies.

**PUBLIC FORUM COMMENTS**

The Task Force received the following comments in response to the above question:

- Financing specific operational areas should not be identified. Each organization has a different way they will need the funds. Specificity should be up to the individual board of directors based on need.
• We need to show local governments that healthy seniors impact the local level. Seniors who are not sitting at home depressed will likely get out, go to stores, and generate sales and tax revenues.

• Show measurable outcomes: socialization, health and fitness, etc. It is not always about numbers. Saying every senior will use a senior center is unrealistic.

• Senior centers increase the quality of life, and in some cases, longevity for citizens. This is hard to quantify, but is enormously real.

• Doors have to be open to offer programs. A way must be found to verbalize the fact operations funding is the ‘rock’.

• Advocates must be at every candidate forum asking candidates their position on funding, and supporting senior issues/programs in their communities, cities, and county.

• The economy of the county is growing. The county’s tax base on one hand is shrinking (due to more land being incorporated into cities), and on the other the economy is beginning to expand. If it expands significantly and there are additional revenues, the whole sense of what is fair to the population ought to be part of this.

• A major challenge is education on the value of senior centers and their complexities. Statistics and outcomes AND personal stories regarding quality of life are needed. Putting it all together, the County Council will better understand the true depth of senior centers and can send the same message to cities.

POLICY RECOMMENDATION

Multi-Purpose Senior Centers should continue to look to local governments—cities and the County—as a major source of support to finance the “basic costs” associated with operating such Centers. Public funds should contribute to covering utilities, insurance, janitorial service, upkeep and repair, maintenance and replacement of equipment and supplies and salaries of staff that perform the following functions: center director, program coordinator, fiscal, clerical and custodial/maintenance.

Centers must continue to rely on the “multi-legged stool” approach combining financial support from private sources such as United Way and other granting sources; Center-based fund raising through retail operations, gambling operations and facility rentals, fundraising, program and service fees; and revenues from local government sources. The combination of these and other revenue sources may provide sufficient financial support to cover the “costs of keeping the doors open” and to finance the health and social services Centers provide to their constituencies.
WHAT STANDARDS SHOULD SENIOR CENTERS MEET TO RECEIVE FINANCIAL SUPPORT FROM SNOHOMISH COUNTY?

HOW SHOULD SENIOR CENTERS DEMONSTRATE THEIR ABILITY TO MEET THE SELECTED STANDARDS?

1985 REPORT
At the time the 1985 Report was published, the only known standards that described multi-purpose senior centers were contained in the Multi-Purpose Senior Center Program Guidelines published by the State Bureau of Aging and Adult Services (now the Aging and Disabilities Services Administration). The Guidelines provided a fair degree of latitude to organizations seeking to meet these standards. An organization claiming to be a multi-purpose senior center could select from a lengthy list of services to provide to its participants. While the Guidelines required the Center be a legally constituted organization (public or private), the center could be located at one site or dispersed to a number of sites. Much of the Guidelines stated their expectations in terms of adequacy of facilities, staff, governance structure, and the like.

In addition to meeting the criteria contained in the Guidelines, the 1985 Report required a multi-purpose senior center either to be a United Way member agency, or meet the “entry criteria” to become a United Way Agency. This requirement primarily focused on the financial management capability of the multi-purpose senior center. United Way required each of its member agencies to obtain an annual audit and submit an annual budget to justify their request for United Way financial support.

At the time of the 1985 Report, three of the four multi-purpose senior centers were member agencies of United Way of Snohomish County. The fourth Center presented evidence that it met entry criteria to become a United Way of Snohomish County member agency, and in fact became a member agency soon after the 1985 Report was written.

The 1985 Report was written in an environment in which five Centers, over a period of years, demonstrated the capacity to operate in compliance with the Multi-Purpose Senior Center standards. One of these, Everett Senior Center, is a City of Everett owned and operated program. Each of the remaining four centers demonstrated through monitoring reports and other forms of verification they met the criteria specified in the Multi-Purpose Senior Center Program Guidelines. Similarly, each of the four free-standing Centers was a United Way member agency, or met the entry criteria to become a member agency.

CURRENT STATUS
Several factors in the senior center environment have changed since the writing of the 1985 Report. The 1985 Report actually anticipated several of these changes. With the addition of the Northshore Senior Center, the County gained a sixth multi-purpose senior center serving its elder population. The number of smaller senior centers also increased. Currently there are a total of twenty senior centers, large and small, doing business in Snohomish County. Some of the smaller senior centers believe they are able to function as multi-purpose senior centers. Snohomish County General Funds have assisted some of these centers in enhancing their capacity to meet MPSC standards. The State Guidelines defining the criteria for becoming a Multi-Purpose Senior Center have remained unchanged since 1990.

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Since the creation of the State’s Multi-Purpose Senior Center Guidelines, the National Council on Aging/National Institute of Senior Centers (NISC) produced a set of standards and procedures to enable centers to demonstrate their compliance with those standards. Senior Centers that complete a self-assessment process and undergo an on-site review may demonstrate their qualifications to become a “certified” senior center under the NISC standards. These standards are fairly rigorous. There is significant cost associated with completing the self-assessment and on-site review processes to demonstrate compliance with the NISC standards.

Four Multi-Purpose Senior Centers in this county requested the Area Agency on Aging (AAA)—the County’s Long Term Care/Aging Division—review each of the centers to determine whether they met the eligibility standards to become a “certified” senior center according to the National Institute of Senior Centers (NISC) standards. In 1995 and 1996, staff from the AAA conducted on-site reviews at the four non-profit Multi-Purpose Senior Centers in the county and found them to meet the NISC standards for certification.

United Way of Snohomish County has substantially changed their method of financial support. No longer are organizations identified as United Way member agencies. Rather, United Way has shifted the emphasis of its financial support from agencies to programs and activities within agencies. Any organization seeking United Way support for a service or activity must meet organizational and financial criteria to receive that support.

**Public Forum Comments**
A representative of United Way of Snohomish County described the standards which that agency applies to organizations seeking United Way funding. Those standards include the following:

- Qualified as a tax exempt non-profit organization under 501(c) 3 of the Internal Revenue code for at least two years at the time of application
- Incorporated as a non-profit corporation in the State of Washington
- Currently registered with the State for the Charitable Solicitation Act
- Compliant with United Way’s Non-Discrimination Policy
- Must be fiscally and administratively sound
  - If an agency has an annual budget of less than $500,000, they may submit financial statements. More than $500,000 requires an audit.
  - Audits and financial statements are reviewed annually by an independent committee of auditors. (Even on a three-year grant)
- Appropriately sized board of directors

The following comments were received regarding programmatic requirements senior centers should meet to receive local government financial support:

- In determining standards, different stages of development need to be taken into account. Participants suggested that we define three stages of development for senior centers, the highest stage of which would be multi-purpose or “regional” senior centers.
- Senior Centers require responsible management and a broad range of programs.
• Frustration was voiced regarding the fact standards need to be met in order to receive funds, yet funds are necessary to meet the standards. Each community has problems unique to them.

• The 20-year-old policy (1985 Report) doesn’t take into account annexations affecting a decreasing county/increasing city tax base. Cities provide youth with funds/facilities (baseball fields, etc.), and need to hear from seniors advocating for seniors.
  o Collaboration/partnerships between senior centers in presenting to cities/county.
  o Collaboration/partnerships between senior centers and cities/county should be examined.

• There could be a special category of Start-Up funding in the form of low interest loans that could be paid off by municipalities or agencies.

POLICY RECOMMENDATION

The Task Force recommends all senior centers seeking funds from the County demonstrate their fiscal management capacity to make proper use of, and properly account for the use of, County funds. Standards which United Way of Snohomish County employs for its applicant agencies serve as an adequate measurement of the capacity of those agencies to properly manage the funds they receive from United Way.

The Task Force recommends all senior centers receiving funds from the County comply with the standards which United Way of Snohomish County employs for its applicant agencies:

• Qualified as a tax exempt non-profit organization under 501(c) 3 of the Internal Revenue code for at least two years at the time of application

• Incorporated as a non-profit corporation in the State of Washington

• Currently registered with the State for the Charitable Solicitation Act

• Compliant with United Way’s Non-Discrimination Policy

• Must be fiscally and administratively sound
  o If an agency has an annual budget of less than $500,000, they may submit financial statements. More than $500,000 requires an audit.
  o Audits and financial statements are reviewed annually by an independent committee of auditors. (Even on a three-year grant)

• Appropriately sized board of directors

The Task Force recommends that the County provide financial support to senior centers which meet the criteria described below either as a regional multi-purpose senior center or as a multi-purpose senior center. Regional multi-purpose senior centers should receive the highest level of County support while multi-purpose senior centers should receive a lesser level of financial support.

Regional multi-purpose Senior Centers:
To receive financial support from the County at this level, a senior center must:

1) Comply with the United Way standards described above;

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2) Demonstrate compliance with Snohomish County’s senior center standards derived from the NISC accreditation standards (Exhibit 1);

3) Provide services to a minimum of 1000 unduplicated participants per year; a participant is defined as an individual who completes a center registration information form and who attends at least one (1) senior center activity/service/event during the year.

4) Provide services to a minimum of 35% of participants who reside outside the incorporated area in which the senior center is located.

**Multi-purpose Senior Centers:**
To receive financial support from the County at this level, a senior center must:

1) Comply with the United Way standards described above;

2) Demonstrate compliance with Snohomish County’s senior center standards derived from the NISC accreditation standards (Exhibit 1);

3) Provide services to a minimum of 500 unduplicated participants per year; a participant is defined as an individual who completes a center registration information form and who attends at least one (1) senior center activity/service/event during the year.

4) Provide services to a minimum of 10% of participants who reside outside the incorporated area in which the senior center is located.

**Community Senior Centers:**
Senior Centers whose mission it is to serve older persons within a defined and limited area, and provide a range of services addressing primarily social and recreational needs of their participants, should rely on private fund raising and support from the city in which they are located to finance their operations.

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**WHAT “FORMULA” SHOULD THE COUNTY USE TO ALLOCATE ITS FUNDS TO SENIOR CENTERS?**

**1985 REPORT**

The 1985 Report was clear in its recommendation that financial support from local governments not be equally allocated among the multi-purpose senior centers. The Report stated: “There is considerable variance among these centers concerning the extent of services offered, the number of people served, the number of people living in each center’s service area, the size of each center’s physical facilities, etc. Each of these factors significantly impacts the basic cost of operating a particular senior center. The allocation of public funds should reflect the variation among these factors.” (emphasis added).

**BACKGROUND AND CURRENT STATUS**

The 1985 Report calculated the amount of local (municipal and County) funds which the four non-profit Centers required to cover their “basic costs associated with operation” to be approximately $500,000 annually in the aggregate. At the time of this calculation (1985), total County support to the four multi-purpose senior centers in the aggregate was $50,000. Several cities also provided ongoing support to the Centers, though that support often took the form of in-kind contributions instead of financial backing.

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Later, the County received a request from Northshore Senior Center to receive County General Revenues to assist that center in covering its cost of basic operations. Northshore Senior Center is located in Bothell, close to the King-Snohomish County boundary. The request from Northshore Senior Center was predicated on data that demonstrated a substantial number of their participants (several hundred persons) were Snohomish County residents. Snohomish County responded to this request by appropriating to Northshore approximately one-half the funds appropriated for the other four non-profit centers. For the past three years other senior centers located throughout the county have received allocations of less than $10,000 each to assist them in establishing a financial and service development plan to expand their overall scope of services.

Since 1999, and in the current County Budget, the County Council appropriated $60,500 to each of the four non-profit senior centers in Snohomish County, and $33,000 to Northshore Senior Center. The County Council also appropriated $60,000 to assist smaller senior centers to establish a financial base and a program plan that will enable such centers to expand their service delivery capacity.

Though the 1985 Report recommends there be a formula that allocates local government support to senior centers based upon their size and service capacity, there has been no attempt to devise such a formula. Research into other counties in Washington and other communities in the nation revealed several versions of allocation formulae. Often the formulae rely on census data to determine the size and composition of the service population within a particular center’s service area. Allocation formulae also rely on the size of the senior center’s physical plant, and the number of people who receive center services. The task of creating and adopting such a formula, complete with formula factors and weights assigned to each of those factors, would constitute a formidable task, which is beyond the scope of this Task Force.

**Public Forum Comments**

The Task Force received the following comments in response to the question of formula distribution of local government funds for senior centers:

- With the existing collaboration and cooperation within the county around the current formula, there is a need to keep the same even split of funding for centers. A different process may cause competition between the centers. This, however, would leave the question of what to do with new and developing centers unanswered.

- A formula doesn’t imply competition. Other parts of the country have come to the conclusion that centers of different sizes need different levels of support/funds. A formula allocating funds in recognition of the different size/cost of centers makes sense. A formula could mandate centers receive funds based on the following size elements: population base, size of building, package of programming, and number of people coming through the doors. In terms of population size, the ‘catchment’ areas would need to be defined. The only competition would be within each center where they would decide, as individual sites, whether or not they wanted to evolve or stay the same.

- A three-tiered system of centers meeting accountability standards could define: different levels of centers (small, medium and multi-purpose regional centers); different levels of responsibility (administrative support, executive functions and mentorship); and specific funding attached to each level. Accountability would need to be standardized. Funding
criteria could include the mandate of larger centers assisting other centers with specific functions.

- Forum participants agreed they weren’t ready to talk about formulae resulting in various amounts of money going to different scales of operation of senior centers. However, a readiness to venture into discussions exists. There is a great deal the centers can discuss/determine among themselves regarding cooperation and collaboration.

POLICY RECOMMENDATION

The Task Force recommends the County maintain its current method of allocating General Revenue funds to senior centers for the 2007 County Budget. This allocation method, or “formula,” distinguishes between senior centers providing regional services versus senior centers catering to more locally based clientele. The allocation method also acknowledges the role Northshore Senior Center plays in serving the needs of a substantial number of Snohomish County residents, though that Center is located in King County.

If County elected officials wish to establish an allocation formula that distributes County General Funds according to the size of each center’s service population and/or the scope of services a senior center offers, then County officials should appoint a Task Force with that specific assignment. The 1985 Report calls for local elected officials to establish such a formula. The need for such a formula is every bit as urgent today as it was at the writing of the 1985 Report.

WHAT PROCESS SHOULD GUIDE THE COUNTY AS IT CONSIDERS A REQUEST(S) FROM A NON-COUNTY FUNDED SENIOR CENTER TO RECEIVE COUNTY FUNDS?

1985 REPORT

At the completion of the 1985 Report, there were four (4) private non-profit multi-purpose senior centers (MPSC’s) in Snohomish County. The Everett Senior Center, a department of the Everett city government, served as the fifth MPSC. The 1985 Report acknowledged the contribution of smaller senior centers—Lake Stevens, Granite Falls, and Rosehill—serving as activity centers “with little or no paid staff.”

The Study anticipated senior centers not functioning as MPSC’s in 1985 might achieve that status in future years. As they did so, the Report predicted the new MPSC’s may seek financial support from the County similar to that which the original multi-purpose senior centers received. To accommodate these new MPSC’s, the report predicted “the formula for distributing the public funds would have to be adjusted…”

CURRENT STATUS

Today, there are approximately twenty (20) senior centers serving older persons in Snohomish County. Six of these centers—Stillaguamish, Stanwood, Everett, East County, South County and Northshore—have functioned as multi-purpose senior centers. Some of the smaller centers have aggressively pursued plans to expand their membership, their program offerings, and their physical plant in order to meet the criteria as a multi-purpose senior center.

In 2004, the Snohomish County Council appropriated County General Funds to assist smaller senior centers to expand their funding base and service offerings. The Council repeated this
appropriation in 2005 and 2006. Between five and eight centers have received these funds and expended them either to finance current operating costs or to build their capacity to become a larger full-service senior center.

If one or more senior centers that are not now receiving County funds for general operations requests such funding, County elected officials will need to decide either to expand the amount of County funds appropriated to senior centers to accommodate the new request or divide among more Centers the total funds now allocated to the five multi-purpose senior centers for general operations. Such a situation may also demonstrate the need to create a formula dictating how public funds are allocated among Centers differing significantly in size of membership, physical plant, and service offerings.

PUBLIC FORUM COMMENTS
The Task Force received the following comments in response to the above stated question:

- A policy/process is necessary for the County to evaluate requests of accredited/established senior centers wanting the same funding other centers receive, as well as a policy for smaller centers requesting start-up dollars or to grow to a larger level.
- If formulae are applied to the centers in order to obtain funding, the centers have the right to apply formulae to the County dictating centers meeting standards would receive additional funding. It’s all a matter of politics and voter’s leverage and 1) the needs being expressed; 2) the process available; and 3) credibility acceded to.
- Need an expandable county treasury with a formula based on the reality of the budget. The County needs to come up with their formula, and then change the budget to meet the needs of centers that demonstrate they serve more people and have an increase in need of more funds. County policy would mandate covering senior center costs based on centers reaching different levels (in the form of applications).
- Need to put in place the ideal system that will address the needs of increasing numbers of seniors in the centers.
- With the shrinking revenue/tax base, the formula should include both the different size and type of centers.
- Each of the centers could contribute a percentage of their funds to create a centralized corporation or holding company where all of the independent centers come under an entity that does the budgeting, paperwork, administrative/computer, health care, etc. and apply to insurance companies.
- Because of the importance of a final report to the future of senior centers, the issue of funding should be addressed in detail and the report should have different stages.
- If a newly established senior center demonstrates it achieves the scope of a large regional center, the County should reallocate the funds it appropriates for senior centers to include that center, even if it means the current recipients of such funds realize a reduction in their allocation of County funds.

POLICY RECOMMENDATION

The Task Force approached the recommendations for this question with the realization that County tax revenue base is no longer expanding, and may be contracting. The Task Force also
recognized County elected officials need to work aggressively with city elected officials to encourage cities to expand their level of financial support for centers that serve residents of their incorporated areas.

The Task Force recommends that the County establish the following procedure to respond to senior centers requesting County financial support:

- The County arranges for an evaluation of the applicant senior center to determine whether it meets the following standards:
  - Financial management standards equivalent to those United Way of Snohomish County requires of applicant agencies (2 years compliance);
  - Programmatic standards as described earlier in this report that are similar to standards from the National Institute of Senior Centers (compliance at time of application);
  - Service delivery standards that demonstrate the center is rendering services to the required number of unduplicated individuals, and a sufficient portion of those individuals receiving services reside outside the incorporated area in which the center is located.
  - This evaluation will result in a report concluding whether or not the applicant center meets the standards listed above. County staff would provide the report to Snohomish County elected officials and the city in which the applicant center is located. These elected officials would assume the responsibility of deciding whether to fund the applicant center.

It will be the task of these elected officials to determine the feasibility of providing financial support to the applicant senior center. These elected officials will need to make the political decision whether financial support for the applicant senior center represents an expansion of their support for centers, or their financial support of the applicant center comes at the expense of allocations which existing senior centers currently receive from these local governments.
EXHIBIT 1

Snohomish County
Multi-Purpose Senior Center Standards

1 Purpose

STANDARDS REQUIRED FOR ACCREDITATION
- Presents a mission statement consistent with the NCOA/NISC senior center definition and philosophy.
- Uses a written planning document.

2 Community

STANDARDS REQUIRED FOR ACCREDITATION
- Collaborates with at least two community resources to offer senior services.
- Collaborates with other senior centers located in or near their service area to design and deliver services and to enhance financial support for those services.
- Provides information and referral at the senior center.

3 Governance

STANDARDS THAT ARE REQUIRED TO RECEIVE ACCREDITATION
- Written documents must define and establish at least eight items as described in #2 below.

Governing Structure
1. A senior center’s governing structure shall be organized to operate efficiently and effectively.
2. The governing structure shall have written documents that define and establish procedures for the following: (Must have at least eight (8) for accreditation.)
   a) Qualifications for membership in the governing structure.
   b) Election and tenure of office.
   c) Specification of officers’ duties.
   d) Regular and special meetings.
   e) Committees.
   f) Parliamentary procedures for the conduct of meetings.
   g) Quorums.
   h) Recording of minutes.
   i) Amending of written documents.
   j) Securing of funds.
   k) Dissolution of the organization (if ever needed, it’ll be there).
3. The governing structure shall perform or delegate the following responsibilities:
   a) Hold regular meetings and make minutes available to interested individuals.
   b) Formulate, and regularly review, senior center mission, goals, and objectives.
   c) Establish policies and procedures and maintain standards of operation.
   d) Regularly evaluate senior center’s activities and services.
   e) Adopt and implement an annual budget, receive financial reports, make contracts, and arrange for an annual independent audit.
f) Employ a chief administrative person and delegate authority to that person for management of daily affairs in accordance with center policies and procedures.

g) Secure physical facilities.

h) Coordinate senior center’s program with other agencies’ to ensure provision of adequate services for older adults in the community.

i) Plan and carry out public information activities.

j) Consider establishing a participant organization, and, if possible, arrange for its representation on the governing structure.

4. Committees have clearly defined responsibilities. They consist of designated members who regularly meet, document minutes, and make them available to the governing structure and other members of the senior center.

4 Administration and Human Resources

STANDARDS REQUIRED FOR ACCREDITATION

- Does the director have the minimal skills, training, and experience required by the job description?
- Written personnel policies that have been distributed to all staff.
- Written volunteer program policies.

5 Program Planning

STANDARDS REQUIRED FOR ACCREDITATION

- Examples of twelve programs in seven areas (A minimum of two programs required in six of the following areas. The same program may not be used twice.)
- Programs that address social, intellectual, cultural, economic, emotional, and physical needs and interests of older people.
- Programs that promote personal growth, leadership potential, and/or improve self image of older people.
- Programs that relate to special needs of older persons in the community. (Frail elders, caregivers, those unable to access programs, caregivers, special populations, etc.)
- Services which are provided for older persons.
- Intergenerational programs.
- Programs offered off site.

6 Evaluation

ITEMS THAT ARE REQUIRED FOR ACCREDITATION

- Arrangements to evaluate and report on operations and programs on a regular basis.
- Evaluations to seek outcome-based measurements.

7 Fiscal Management

REQUIRED ITEMS FOR ACCREDITATION

- Preparation and publishing of an annual budget document.
- The center’s budget, accounting, and financial reporting practices conform to an appropriate and accepted accounting standard.
- Liability insurance coverage for assets, staff, participants, volunteers, and governing structure.
8 Records and Reports

STANDARDS REQUIRED FOR ACCREDITATION
- Standardized participant records.
- Program records and reports on services and activities.
- Confidentiality policy limiting access to certain records and files.

9 Facility

STANDARDS REQUIRED FOR ACCREDITATION
- Senior center provides barrier-free access in accordance with applicable laws.
### Appendix J: Senior Center Tiers and Proposed Allocations

<table>
<thead>
<tr>
<th>Senior Center</th>
<th>Center Type</th>
<th>Center Size</th>
<th>All Unduplicated (#)</th>
<th>Individual Proj &amp; Svcs (#)</th>
<th>Svs Category (#)</th>
<th>2016</th>
<th>2017</th>
<th>Revised Tier</th>
<th>2018 Proposed Allocation</th>
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<td>Cascade (Darrington)</td>
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<td>&gt;6 Pgm</td>
<td>429</td>
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**KEY**

| Tier 1          | Minimum of 12 services in 6 service areas; 1,000 unduplicated participants |
| Tier 2          | Minimum of 6 services in 6 service areas; 600 unduplicated participants |
| Tier 3          | Minimum of 4 services in 4 service areas |

*City-owned/operated (lighter shade) 50% of Tier funds or $15,000 (base-funding), whichever is greater

NR = Nothing Reported to County

2018 Funding Recommendation