STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
LOCAL ASSISTANCE CONTRACT CHECKLIST
CDA 9007 (REV 04/2018)

All documents listed in Sections A and B are required to execute your contract unless otherwise noted.

SECTION A

- All documents must identify the Contractor's legal name exactly as shown on the Standard Agreement or Amendment (STD. 213 or 213a)
- Each contract package must stand on its own (e.g., if you have more than one contract with the California Department of Aging (CDA) you may have one Insurance Certificate to cover all contracts, but must include a copy of the Certificate in each contract package you return to CDA)
- Return Section A documents to:

  California Department of Aging
  Attn: Contract Analyst
  1300 National Drive, Suite 200
  Sacramento, CA 95834

☐ **Four Standard Agreements or Amendments (STD. 213 or 213a)** – Print and sign four copies of the Standard Agreement or Amendment (STD. 213 or 213a) with ***original signatures***. Signature stamps will not be accepted.

☐ **Resolution or Meeting Minutes** authorizing execution of this Contract – The contract number(s) must be referenced in the Resolution or Meeting Minutes. If the Resolution or Meeting Minutes do not also authorize the signing of Amendments, another Resolution or Meeting Minutes will be needed to amend this Contract. If Meeting Minutes are submitted they must be signed off as approved or the following month's Meeting Minutes must be submitted indicating the previous Meeting Minutes were approved.

- Public Entity – Resolution from the Board of Supervisors or equivalent governing body is required
- Nonprofit – Resolution from the Board of Directors is required

☐ **Information Integrity and Security Statement (CDA 1024)** – A signed copy must be returned for each different contract number. Resubmission of this document is not required for amendments.

☐ **California Civil Rights Law Certification (CDA 9026)** – A signed copy must be returned for each different contract number. Resubmission of this document is not required for amendments.

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☐ The following documents must reference the contract number(s) or Letter of Self-Insurance. The coverage shall be for the *entire term* of the Contract and must meet the conditions in Exhibit D, Article XI of the Contract.

- ☐ **General Liability Certificate of Insurance***
- ☐ **Automobile Liability Certificate of Insurance***
- ☐ **Professional Liability Certificate of Insurance** (*does not apply to Title V contracts)*

Requires the additional insured statement to name the California Department of Aging and/or the State of California as the additional insured

SECTION B

☐ **Budget form**

- The following budget forms are found on the CDA website:
  - Area Plan Budget (CDA 122)
  - Financial Alignment (FA) Contract Budget (CDA 229FA)
  - Health Insurance Counseling and Advocacy Program (HICAP) Budget (CDA 229)
  - Medicare Improvements for Patients and Providers Act (MIPPA) Budget (CDA 229M)
  - Senior Community Services Employment Program (Title V) Budget (CDA 35)
  - Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Budget is submitted through the California Department of Social Services SharePoint Site
- Submit budget forms to FiscalTeam@aging.ca.gov.
  Use the following email subject line and file naming convention for each budget you prepare and submit: Identify your PSA_## (first), Program, Period, and process. If applicable, specify the original or revision number (e.g., PSA 24 AP FY1617 Original Budget). Incorporate the amounts shown in the Budget Display into the original budget form. Ensure allocation Transfer Requests correspond to the Budget Display requirements.

☐ **Work plan**

- The FA and MIPPA work plans are found on the CDA website
- Submit FA and MIPPA work plans to HICAPTeam2@aging.ca.gov
- SNAP-Ed CDA-approved contract work plans are completed prior to the SNAP-Ed contract release and do not need to be resubmitted
- Work plans are not required to execute Area Plan, HICAP, or Title V contracts