



**All documents listed are required to be submitted and approved in order to execute your Agreement or Amendment (contract).**

**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 Agreement package must be complete by itself. For example, 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  
2880 Gateway Oaks Drive, Suite 200  
Sacramento, CA 95833
- ☐ **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*** (blue ink is preferable). Signature stamps will not be accepted. Scanned signatures will not be accepted.
- ☐ **Board Resolution or Meeting Minutes** authorizing execution of this Standard Agreement (Contract) – The correct contract number(s) must be referenced in the Resolution or signed 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 as approved or the following month's Meeting Minutes must be submitted indicating the previous Meeting Minutes were approved.
- Public Entity – A signed Resolution from the Board of Supervisors or equivalent governing body is required
  - Nonprofit Entity – A signed Resolution from the Board of Directors is required
- ☐ **California Civil Rights Law Certification (CDA 9026)** – A signed copy must be returned. Resubmission of this document is not required for amendments.
- ☐ **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.
- ☐ **Contractor Certification Clauses (CCC 4/2017)** – Print, sign and submit a signed copy of the CCC 4/2017 certification. Resubmission of this document is not required for amendments.

STATE OF CALIFORNIA  
CALIFORNIA DEPARTMENT OF AGING  
**LOCAL ASSISTANCE CONTRACT CHECKLIST**  
CDA 9007A (REV 12/2021)



- ☐ The following documents must reference the contract number(s) or Letter of Self-Insurance. The coverage must begin on or before the start date of the Agreement (and if the end date is sooner, the renewal must be sent upon renewal). The Certificate or Letter must meet the conditions in Exhibit D, Article XI of the Agreement.
- ☐ **General Liability Certificate of Insurance\* (with required endorsements)**
  - ☐ **Automobile Liability Certificate of Insurance\* (with required endorsements)**
  - ☐ **Professional Liability Certificate of Insurance**  
(Professional Liability does not apply to Title V contracts – only)

**SECTION B**

☐ **Budget Form**

- The following budget forms are emailed as part of the corresponding contract package:
  - 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 & Providers Act (MIPPA) Budget (CDA 229M)
  - Senior Community Services Employment Program (Title V) Budget (CDA 35)
  - Fall Prevention Budget (CDA 260) submit to [Fiscal.FallPrevention@aging.ca.gov](mailto:Fiscal.FallPrevention@aging.ca.gov)
- Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Budget is submitted via the California Department of Social Services SharePoint Site
- Use the following email subject line and file naming convention for each budget you prepare and submit: Identify your PSA\_#:f. (first), Program, Period, and process. If applicable, specify the original or revision number (e.g., PSA 24 AP FY1920 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.
  - Submit budget forms for the following programs to [FiscalTeam@aging.ca.gov](mailto:FiscalTeam@aging.ca.gov):
    - Area Plan
    - Title V/SCSEP
    - HICAP, MIPPA, Financial Alignment
  - Submit budget forms for Fall Prevention to [fiscal.fallprevention@aging.ca.gov](mailto:fiscal.fallprevention@aging.ca.gov)

☐ **Work Plan**

- The FA and MIPPA work plan templates are found on the CDA website
- Submit FA and MIPPA work plans to [HICAPTeam2@aging.ca.gov](mailto:HICAPTeam2@aging.ca.gov)
- SNAP-Ed GOA-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, Title V, HICAP, or FallPrevention contracts

**DO NOT RETURN THIS FORM – IT IS FOR AAA USE ONLY**