



# COUNTY OF FRESNO

## DEPARTMENT CONTRIBUTION APPROVAL FORM

|                                                                  |                                                                                       |                                                                               |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Event/Sponsorship/Contribution Date:</b><br><u>08/27/2026</u> | <b>Event/Sponsorship/Contribution Name:</b><br><u>State of the Children Breakfast</u> | <b>Dollar amount proposed to be contributed:</b><br><u>\$ 1,600 - \$3,000</u> |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

**Are the funds going to an entity? If so, please list the names of directors and officers of entity:**  
The Children's Movement of Fresno, Board of Directors, CEO

**Source of funds used and statement that such funds are eligible for such proposed financial expenditure:**  
Generic Funds

|                                               |                                                                                                                                                                                                            |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Number of staff attending:</b><br><u>8</u> | <b>Is there a required fee to attend?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If Yes, what does the Department receive for the fee?</b> <u>8 tickets for seating</u> |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Benefit to the Department or County for Participating?**  
The event highlights children's well-being and education while bringing together local leaders and stakeholders.

**Is there a public purpose for the proposed financial expenditure?**  
The event brings together representatives from education, health, housing, justice, nonprofits, local government, and business.

**How is the proposed financial expenditure connected to the County?**  
Attendance provides opportunities to strengthen partnerships, increase awareness of programs and services in the

|                                                                                                      |                                                                                                                         |
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| <b>Is this a Sponsorship?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Has the Department done this in the past?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

**List of materials to be passed out?**  
N/A

**Is this a required activity?** ☐ Yes ☒ No  
**If so, by which entity?** \_\_\_\_\_

**If participation is denied, is funding or program jeopardized? Explain:**  
No

**Additional justification for this request:**

The event also serves as a networking opportunity, allowing attendees to share ideas, resources, and strategies for improving child outcomes in Fresno County.

**Department head or designee name:** \_\_\_\_\_

|                                                                                               |                                        |
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**Department contact for questions:** \_\_\_\_\_

**County Counsel approval as to legal form:**

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| <u>hkruthers 7/21/2026 9:50:56 AM</u><br><b>County Counsel signature and date</b> | <a href="#">[✉ Sign]</a> Double click! |
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**CAO Review:**

|                                                                             |                                        |
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| <u>afloresbecker 7/26/2026 12:48:26 PM</u><br><b>CAO signature and date</b> | <a href="#">[✉ Sign]</a> Double click! |
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# COUNTY OF FRESNO

## DEPARTMENT CONTRIBUTION APPROVAL FORM

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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Event/Sponsorship/Contribution Date:</b><br><u>09/2026</u> | <b>Event/Sponsorship/Contribution Name:</b><br><u>26<sup>th</sup> Annual CASA Event</u> | <b>Dollar amount proposed to be contributed:</b><br><u>\$ 3,000</u> |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|

**Are the funds going to an entity? If so, please list the names of directors and officers of entity:**  
CASA (Court Appointed Special Advocates) (Please see attached for list of directors.)

**Source of funds used and statement that such funds are eligible for such proposed financial expenditure:**  
Federal and State allocations for promoting/outreach activities that support State and Federal funded programs.

|                                                |                                                                                                                                                                                                         |
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| <b>Number of staff attending:</b><br><u>10</u> | <b>Is there a required fee to attend?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If Yes, what does the Department receive for the fee?</b> <u>Dinner and a table</u> |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Benefit to the Department or County for Participating?**  
Continued partnership and strengthen relationships with volunteer advocates to improve system and individual case gaps.

**Is there a public purpose for the proposed financial expenditure?**  
This event is part of CASA's fundraising efforts to continue their work in the community.

**How is the proposed financial expenditure connected to the County?**  
As DSS and CASA work closely together, CASA is considered a valued partner of the County.

|                                                                                                      |                                                                                                                         |
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| <b>Is this a Sponsorship?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Has the Department done this in the past?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

**List of materials to be passed out?**  
None.

**Is this a required activity?** ☐ Yes ☒ No  
**If so, by which entity?** \_\_\_\_\_

**If participation is denied, is funding or program jeopardized? Explain:**  
Collaboration is hindered as these are judge appointed advocates to support kids going through the Child Welfare System, the event is an opportunity to support and discuss how to best serve and provide our youth with a voice and connections.

Additional justification for this request:

\_\_\_\_\_

Department head or designee name: \_\_\_\_\_

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Department head or designee signature and date

Department contact for questions: \_\_\_\_\_

County Counsel approval as to legal form:

hkruthers 7/21/2026 9:49:42 AM

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County Counsel signature and date

CAO Review:

afloresbecker 7/26/2026 12:47:14 PM

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CAO signature and date

*(Continued from County of Fresno Department Contribution Approval Form)*

**Are the funds going to an entity? If so, list the names of the directors and officers of entity:**

CASA Board of Directors

Ivonne Der Torosian – Ex Officio

Roxanne Braswell – Board Chairperson

Paulo A. Soares, MHA – Vice Chair

Richard Wendt – Treasurer

Daniel Scroggins, RN, BSN, MHA/INF – Secretary

The Children's Movement of Fresno, Board of Directors

Kizzy Lopez – Board Member

Brian King – Board Member

Kendra Devejian – Board Chair

Cathy Huerta – Vice Chair

Coreen Campos – Principal Officer

Michael Espinoza – Chief Executive Officer

Courtney Shapiro – Chief Financial Officer

Mary Ellen Galvan – Secretary



# COUNTY OF FRESNO

## DEPARTMENT CONTRIBUTION APPROVAL FORM

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|------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Event/Sponsorship/Contribution Date:</b><br><u>10/06/2026</u> | <b>Event/Sponsorship/Contribution Name:</b><br><u>National Night Out</u> | <b>Dollar amount proposed to be contributed:</b><br><u>\$ 700.00</u> |
|------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------|

**Are the funds going to an entity? If so, please list the names of directors and officers of entity:**  
No. Fresno Housing will be hosting National Night Out at Sierra Terrace at no charge.

**Source of funds used and statement that such funds are eligible for such proposed financial expenditure:**  
CalWORKs HSP/Bringing Families Home/Interest funds allow the purchase of food/drinks for resident's participation.

|                                               |                                                                                                                                                                                     |
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| <b>Number of staff attending:</b><br><u>5</u> | <b>Is there a required fee to attend?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>If Yes, what does the Department receive for the fee?</b> _____ |
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**Benefit to the Department or County for Participating?**  
The event will take place at the Sierra Terrace and primarily benefit the residents/clients who live there.

**Is there a public purpose for the proposed financial expenditure?**  
No. This event is only open to Sierra Terrace's residents.

**How is the proposed financial expenditure connected to the County?**  
Sierra Terrace is an apartment complex utilized by DSS to house clients experiencing or at risk of homelessness.

|                                                                                                      |                                                                                                                         |
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| <b>Is this a Sponsorship?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Has the Department done this in the past?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

**List of materials to be passed out?**  
DSS materials will provide information on the various services offered to the public.

**Is this a required activity?** ☐ Yes ☒ No  
**If so, by which entity?** \_\_\_\_\_

**If participation is denied, is funding or program jeopardized? Explain:**  
No

**Additional justification for this request:**

Sierra Terrace houses DSS clients who are at risk of or experiencing homelessness. The intent of National Night Out is to foster community-building and strengthening relationships between residents, law enforcement and in this case, DSS as the service provider. This event will promote the residents to view Sierra Terrace as a neighborhood in a sense and will encourage residents to watch out for one another.

**Department head or designee name:** \_\_\_\_\_

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**Department contact for questions:** \_\_\_\_\_

**County Counsel approval as to legal form:**

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**CAO Review:**

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