COUNTY OF FRESNO
DEPARTMENT CONTRIBUTION APPROVAL FORM

Event/Sponsorship/Contribution Date:	Event/Sponsorship/Contribution Name:	Dollar amount proposed to be contributed:
8/8/2026	Back to School Health Fair	$ 100

Are the funds going to an entity? If so, please list the names of directors and officers of entity:
West Fresno Family Resource Center. Board of Directors: Maxie Parks, Kason Jones, Robert Brown. Exec. Dir- Yolanda Randkes

Source of funds used and statement that such funds are eligible for such proposed financial expenditure:
Realignment - reach, identify, and engage individuals, families, and communities in behavioral health system

Number of staff attending:	Is there a required fee to attend? ☒ Yes ☐ No If Yes, what does the Department receive for the fee? Resource table/booth
4	

Benefit to the Department or County for Participating?
Allows the Department reduce stigma, promote early recognition of mental health issues, and increase access to services.

Is there a public purpose for the proposed financial expenditure?
Connects underserved populations to mental health, substance use and suicide prevention supports and resources.

How is the proposed financial expenditure connected to the County?
Expenditure for space for a resource booth.

Is this a Sponsorship?	Has the Department done this in the past?
☐ Yes ☒ No	☒ Yes ☐ No

List of materials to be passed out?
Educational materials on mental health, substance use, and suicide prevention. Promo items: green ribbons,stickers,wristbands

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

If participation is denied, is funding or program jeopardized? Explain:
Without active outreach to bridge the gap, mental health, substance use, and suicide prevention issues often go from manageable concerns to crises.

Additional justification for this request:

_____

Department head or designee name: Susan Holt, Director

sholt 6/26/2026 11:26:50 AM [⌫ Sign] Double click!

Department head or designee signature and date

Department contact for questions: Solomon Vang, 600-9986

County Counsel approval as to legal form:

lteague 6/26/2026 2:29:55 PM [⌫ Sign] Double click!

County Counsel signature and date

CAO Review:

afloresbecker 6/29/2026 2:24:53 PM [⌫ Sign] Double click!

CAO signature and date

FOR ACCOUNTING USE ONLY:

Fund: 0001
Subclass: 10000
ORG: 56302033
Account: 7294