

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
 MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION

FUNDING AGREEMENT PERIOD  
 FY 2019-2023

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are **required to submit information when updates occur** during the fiscal year. Updated submissions do not require certification signatures.

**AGENCY IDENTIFICATION INFORMATION**

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

**Please enter the agreement or contract number for each applicable program**

CHVP #: CHVP 19-10

Update Effective Date: June 9, 2020 (only required when submitting updates)

Federal Employer ID#: 

FISCAL ID#:

Complete Official Agency Name: County of Fresno

Business Address: 1221 Fulton Street, Fresno, CA, 93721

Agency Phone: (559) 600-3330

Agency Fax: (559) 455-4705

Agency Website: [www.co.fresno.ca.us](http://www.co.fresno.ca.us)

**AGREEMENT FUNDING APPLICATION  
POLICY COMPLIANCE AND CERTIFICATION**

Please enter the agreement or contract number for each of the applicable programs


CHVP # CHVP 19-10

Update Effective Date: June 9, 2020 (only required when submitting updates)

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that this Maternal, Child and Adolescent Health (MCAH) program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.

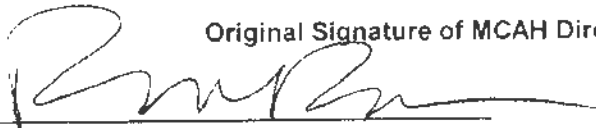
**Original signature of official authorized to commit the Agency to a CHVP Agreement**

Signature line: 

Name (Print) Ernest Buddy Mendes

Title Chairman of the Board of Supervisors of the County of Fresno Date June 9, 2020

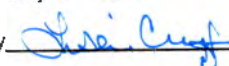
**Original Signature of MCAH Director**

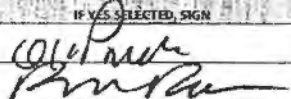
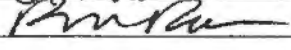

Signature line: 

Name (Print) Rose Mary Rahn *Rose Mary Rahn*

Title Division Manager/MCAH Director Date 2/18/2020

ATTEST:  
BERNICE E. SEIDEL  
Clerk of the Board of Supervisors  
County of Fresno, State of California

By  Deputy

CONTACT	FIRST NAME	LAST NAME	TITLE	AUTHORIZED TO SIGN?			PHONE	EMAIL ADDRESS	PROGRAM
				BUDGETS	INVOICES	IF YES SELECTED, SIGN			
AGENCY EXECUTIVE DIRECTOR	David	Pomaville	Public Health Director	Yes	Yes		(559) 600-3200	dpomaville@fresnocountyca.gov	CHVP
MCAH DIRECTOR	Rose Mary	Rahn	Division Manager	Yes	Yes		(559) 600-3330	rrahn@fresnocountyca.gov	CHVP
PROJECT COORDINATOR	Jennifer	Day	Supervising PHN	No	No		(559) 600-3330	jday@fresnocountyca.gov	CHVP
FISCAL OFFICER	Bruna	Chavez	Public Health Business Officer	Yes	Yes		(559) 600-3200	bchavez@fresnocountyca.gov	CHVP
FISCAL CONTACT	Aphivanh	Xayavath	Staff Analyst	No	No		(559) 600-3330	axayavath@fresnocountyca.gov	CHVP
CLERK OF THE BOARD or	Bernice	Seidel	Clerk of the Board of Supervisors	No	No		(559) 600-1601	bseidel@fresnocountyca.gov	CHVP
CHAIR BOARD OF SUPERVISORS	Ernest	Mendes	Chairman of the Board of Supervisors of the County of Fresno	No	No		(559) 600-4000	District4@fresnocountyca.gov	CHVP
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Ernest	Mendes	Chairman of the Board of Supervisors of the County of Fresno	No	No		(559) 600-4000	District4@fresnocountyca.gov	CHVP

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS:
Federal ID # [REDACTED]
FISCAL ID #:
Contractor: County of Fresno
Attention: DPH Business Manager
Address: PO BOX 11800
Contract Number: CHVP SGF EXP 19-10
Email: dphboap@fresnocountyca.gov

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement, but will require a new STD204 Payee Data Record or CDPH5083 Government Agency Taxpayer Form.

## State General Fund California Home Visiting Program

### Objectives and Measures for July 1, 2019 – June 30, 2020

Objective	Activity	Deliverable
<p>1. Develop and provide leadership and infrastructure for Parents as Teachers (PAT), Healthy Families America (HFA), and/or Nurse Family Partnership (NFP) model implementation of the California Home Visiting Program (CHVP) at the Local Implementing Agency (LIA).</p>	<p>1.1 Develop a CHVP implementation plan that outlines startup activities that will be completed by 6/30/2020.</p> <p>1.2 Initiate recruitment, hiring, and training of staff to support implementation of selected home visiting model.</p> <p>1.3 Begin securing facilities, needed equipment, and other programmatic supplies for successful implementation of selected home visiting model.</p> <p>1.4 Participate in all CHVP meetings, calls, webinars, and conferences, as requested.</p>	<p>Submission of implementation plan within 45 days of receipt of funds.</p>
<p>2. Establish and/or modify data system infrastructure to support implementation of CHVP at the LIA.</p>	<p>2.1.a. NFP LIAs will coordinate data system requirements with the NFP National Service Office.</p> <p>2.1.b. HFA LIAs will coordinate with the CHVP Data Team to establish buildout/modification in Efforts to Outcomes (ETO) data system.</p> <p>2.1.c. PAT LIAs will coordinate data system requirements with the PAT National Office for use of the Penelope data system.</p> <p>2.2 All CHVP State General Fund (SGF) funded home visiting participants are required to sign the CHVP consent form.</p> <p>2.3 LIAs will report to CDPH on the total number of women served.</p>	<p>Submission of implementation plan within 45 days of receipt of funds.</p>

ORIGINAL BUDGET

**BUDGET SUMMARY**


FISCAL YEAR	BUDGET	INVOICE TYPE	BUDGET STATUS	BALANCE
2019-2020	ORIGINAL	QUARTERLY	ACTIVE	583,879

PURPOSE:	CHVP SGF Expansion	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno	CHVP - SGF, 51023							
AGREEMENT #:	19-10	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>		1,101,920		1,101,920					

EXPENSE CATEGORY									
PERSONNEL	\$180,048	100.00%	\$180,048						
FRINGE BENEFITS	\$142,473	100.00%	\$142,473						
OPERATING	\$42,190	100.00%	\$42,190						
EQUIPMENT	\$10,100	100.00%	\$10,100						
TRAVEL	\$22,600	100.00%	\$22,600						
SUBCONTRACTS									
OTHER COSTS	\$40,000	100.00%	\$40,000						
INDIRECT COST	\$80,630	100.00%	\$80,630						
<b>BUDGET TOTALS</b>	\$518,041	100.00%	\$518,041						
	<b>BALANCES</b>	=====>	\$583,879						

<b>Maximum Amount Payable:</b>	<b>\$518,041</b>
--------------------------------	------------------

I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over  \_\_\_\_\_ DATE 3/11/2020

Printed Name Rose Mary Rahn  
Project Director

State Use Only	FUNDING SOURCE	CHVP - SGF						
	PCA CODE		51023					
PERSONNEL			180,048					
FRINGE BENEFITS			142,473					
OPERATING			42,190					
EQUIPMENT			10,100					
TRAVEL			22,600					
SUBCONTRACTS								
OTHER COSTS			40,000					
INDIRECT COST			80,630					
<b>Totals for PCA Codes</b>		518,041	518,041					

PURPOSE:	CHVP SGF Expansion	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno	CHVP - SGF, 51023							
AGREEMENT #:	19-10	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%
<b>FUNDING TOTALS</b>		1,101,920		1,101,920					

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)			
PERSONNEL						100.00%	180,048		
TOTAL PERSONNEL COSTS						100.00%	180,048		
TOTAL WAGES						100.00%	180,048		
INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES					
1 JD	Supervising Public Health Nurse	25%	45,348	11,337	100.00%	11,337			
2 LH	Supervising Public Health Nurse	30%	47,764	14,329	100.00%	14,329			
3 ML	Public Health Nurse II	100%	34,393	34,393	100.00%	34,393			
4 V	Public Health Nurse II	100.0%	34,393	34,393	100.00%	34,393			
5 V	Public Health Nurse II	100%	34,393	34,393	100.00%	34,393			
6 V	Public Health Nurse I	100.00%	29,308	29,308	100.00%	29,308			
7 MB	Office Assistant I / Data Entry Clerk	100.00%	11,860	11,860	100.00%	11,860			
8 CV	Health Education Assistant	50.00%	20,070	10,035	100.00%	10,035			
9									
10									

FRINGE BENEFITS				RECONCILIATION SECTION (Remaining Funds)			
TOTAL FRINGE BENEFITS				100.00%	142,473		
				100.00%	142,473		

OPERATING				RECONCILIATION SECTION (Remaining Funds)			
TOTAL OPERATING EXPENSES				100.00%	42,190		
				100.00%	42,190		
1	Training		20,000	100.00%	20,000		
2	Communications		1,500	100.00%	1,500		
3	Office Supplies		1,500	100.00%	1,500		
4	Postage		50	100.00%	50		
5	Printing		1,200	100.00%	1,200		
6	Medical Supplies		2,940	100.00%	2,940		
7	Rents & Leases, Facilities		15,000	100.00%	15,000		
8							
9							
10							

ORIGINAL BUDGET

PURPOSE:	CHVP SGF Expansion	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno	CHVP - SGF, 51023							
AGREEMENT #:	19-10	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	\$
<b>FUNDING TOTALS</b>		1,101,920		1,101,920					

<b>EXPENSE CATEGORY</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>							
<b>EQUIPMENT</b>			100.00%	10,100					
<b>TOTAL EQUIPMENT EXPENSES:</b>		10,100		10,100					
1	Small Tools & Instruments	10,100	100.00%	10,100					
2									
3									
4									
5									

<b>TRAVEL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>							
<b>TOTAL TRAVEL EXPENSES:</b>		22,600	100.00%	22,600					
1	Travel	22,600	100.00%	22,600					
2									
3									
4									
5									

<b>SUBCONTRACTS</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>							
<b>TOTAL SUBCONTRACT EXPENSES:</b>									
1									
2									
3									
4									
5									

<b>OTHER COSTS</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>							
<b>TOTAL OTHER COSTS:</b>		40,000	100.00%	40,000					
1	Books & Publications	10,000	100.00%	10,000					
2	Client Support Materials	30,000	100.00%	30,000					
3									
4									
5									

<b>INDIRECT COST</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>							
<b>TOTAL INDIRECT COSTS:</b>		80,630	100.00%	80,630					
25.00% of Total Personnel and Benefits		80,630	100.00%	80,630					

**Original Budget Justification Section**

19-10 Fresno

ACTIVE

**PERSONNEL**

		TOTALS	605,00%	267,530	180,048		142,473	
INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT	Justification	
1 JD	Supervising Public Health Nurse	25.000%	45,348	11,337	80.67%	9,145	Located in Selma Regional Center.	
2 LH	Supervising Public Health Nurse	30.00%	47,764	14,329	84.15%	12,058	Located in Fresno DPH Brix.	
3 ML	Public Health Nurse II	100.00%	34,393	34,393	76.36%	26,264	Located in Selma Regional Center.	
4 V	Public Health Nurse II	100.00%	34,393	34,393	76.36%	26,264	Located in Fresno DPH Brix.	
5 V	Public Health Nurse II	100.00%	34,393	34,393	76.36%	26,264	Located in Fresno DPH Brix.	
6 V	Public Health Nurse I	100.00%	29,308	29,308	75.50%	22,128	Located in Selma Regional Center.	
7 MB	Office Assistant I / Data Entry Clerk	100.00%	11,860	11,860	89.73%	10,642	Splits time between Selma Regional Center and Fresno DPH Brix.	
8 CV	Health Education Assistant	50.00%	20,070	10,035	96.75%	9,708	Located in Fresno DPH Brix.	
9								
10								

**FRINGE BENEFITS**

TOTAL FRINGE BENEFITS	Justification
142,473	

**OPERATING**

		TOTAL OPERATING	42,190	Justification
1	Training		20,000	Registration fees for CHVP required and other professional development trainings and CEUs as needed when attending required and related conferences, trainings, workshops & meetings for home visiting staff. NFP requires education for all new Nurse Home Visitors (NHV), Program Supervisors (PS), and Agency Administrators (AA) in Denver, Colorado (fees per person: NHV \$4,808 new staff or \$2,404 for refresher, PS \$868; Materials \$611). All education consists of in-person & distance education. 3 NHV Education needed once Vacant positions are filled: 3 x(\$4,808 + \$611) = \$16,257. 1 PS Education needed \$868. NFP requires NHVs to take the Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) training (\$135 per NHV and \$67 per NHV for annual proficiency certification). \$135 x(3 NHV) + \$67 x1 NHV = \$472. Also includes funding for local trainings for all staff to meet SOW & additional trainings as may be required by CHVP.
2	Communications		1,500	Local & long distance service with hardware. Rate provided by Fresno County IT SD/Communications & is based on the type of device used.
3	Office Supplies		1,500	General office expenses for staff to carry out day to day activities. Client chart binders, shredders, paper, pens, ink, staplers, calendars, thermometers, batteries, sanitizing wipes, disposable measuring tapes, exam gloves, etc.
4	Postage		50	Regular mail postage, Federal Express & overnight mail for correspondence with clients, the public & CDPH.
5	Printing		1,200	Internal Services Department charges for Graphics Printing of chart forms & NFP Facilitator Guides used by home visitors every visit, and contact cards. PHNs have different visit-to-visit facilitator tools & nurse instructional guides every visit. Approximately \$0.15 per 2-part carbon-capable printed set and \$34 per pack of 250 contact cards.
6	Medical Supplies		2,940	Assessment tools such as thermometers (\$50ea), infant scales (\$200ea), adult scales (\$120ea), stethoscopes (\$60ea), pressure cuffs (\$60ea) & protective equipment. PHNs utilize proper clean bag technique and barriers are required for every home visit. Additionally, hand sanitizer and sanitizing wipes are utilized after each use of equipment. Approximately \$735 for each PHN.
7	Rents & Leases, Facilities		15,000	Space rental for Selma Regional Center facility & community events/meetings. Program's share of Selma Regional Center lease and security, and Brix Building facilities. (\$3,000 per person x 5 staff)
8				
9				
10				



**Original Budget Justification Section**

19-10 Fresno

ACTIVE

<b>EQUIPMENT</b>				<b>Justification</b>
		<b>TOTAL EQUIPMENT EXPENSES</b>	<b>10,100</b>	
1	Small Tools & Instruments		10,100	Equipment for electronic medical record system (tablet or handheld device), estimated at \$1,200 each, plus monitors for docking station. Color printer. Office landscaping, cabinets & chairs.
2				
3				
4				
5				

<b>TRAVEL</b>				<b>Justification</b>
		<b>TOTAL TRAVEL EXPENSES</b>	<b>22,600</b>	
1	Travel		22,600	Staff travel to home visits, CHVP required and other professional development trainings, related conferences, workshops & meetings for home visiting staff. Usage, maintenance & gasoline costs for County vehicle assigned to the program (\$4,000 per vehicle annually x 2 vehicles). Reimbursement for private auto mileage (\$0.575/mile) when staff travel to training, home visits, outreach and program related meetings (\$1,000/PHN). County will bill only up to the State's per diem rate. Also includes vehicle rentals when County or private vehicles are not used (\$2,600). Includes expenses for meals & lodging for out of County travel. NFP required trainings include hotel, meals, airfare, shuttles and baggage to Denver, CO (\$2,000/person).
2				
3				
4				
5				

<b>SUBCONTRACTS</b>				<b>Justification</b>
		<b>TOTAL SUBCONTRACT EXPENSES</b>		
1				
2				
3				
4				
5				

<b>OTHER COSTS</b>				<b>Justification</b>
		<b>TOTAL OTHER COSTS</b>	<b>40,000</b>	
1	Books & Publications		10,000	Books in English and Spanish that support CHVP SOW, provided to clients to increase knowledge and skills for parenting and safety, provide cognitive stimulation and support early literacy (\$4-8 each). Some educational materials incorporate extensive graphics to engage target population and have corresponding web apps: Understanding Pregnancy, Birth, Your Newborn, Mother & New Baby Care, What To Do When My Child is Sick. Approximately \$100/family x 25 families/PHN x 4 PHNs.
2	Client Support Materials		30,000	Client support materials include items to assist with achieving program goals during the course of the program. Supplemental materials include toys, infant rattles, infant mirrors, toothbrushes, sorting rings and blocks. Approximately \$300/family x 25 families/PHN x 4 PHNs. The items comply with CHVP Policy 400-30.
3				
4				
5				

<b>INDIRECT COST</b>				<b>Justification</b>
		<b>TOTAL INDIRECT COSTS</b>	<b>80,630</b>	
25.0%	of Total Personnel and Benefits		80,630	Per CDPH approved ICR.

**Agreement Funding Application Between the County of Fresno and the California Department of Public Health**

**Agreement Name:** CDPH California Home Visiting Program Grant Agreement No. CHVP 19-10

Fund/Subclass: 0001/10000  
Organization #: 56201750  
Revenue Account #: 3530



SONIA Y. ANGELL, MD, MPH  
State Public Health Officer & Director

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

March 10, 2020

Rose Mary Rahn  
MCAH Director  
County of Fresno  
1221 Fulton Street  
Fresno, CA 93721

Dear Ms. Rahn

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT  
CHVP SGF EXP 19-10 – FISCAL YEAR 2019-20

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency’s AFA for administration of MCAH related programs.

To carry out the program(s) outlined in your approved SOW(s) and Budget(s), during the period of July 1, 2019 through June 30, 2020 the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program.....\$1,101,920

The availability of State General Funds are based upon funds appropriated in the FY 2019-20 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.

Please ensure that all necessary individuals within your Agency are notified of this approval and that the approved AFA documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in your approved Budget is incorrect or different from that negotiated, please contact your contract manager, Michael Neff or by e-mail at michael.neff@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of your approved AFA documents.



Sincerely,



Romeo Amian  
Assistant Division Chief  
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: Rose Mary Rahn  
MCAH Director

Michael Neff  
Contract Manager

Sosha Marasigan-Quintero  
CHVP Program Consultant

Central File