

1  
FIRST AMENDMENT TO AGREEMENT

2        THIS FIRST AMENDMENT TO AGREEMENT (hereinafter "Amendment") is made and entered  
3 into this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by and between the COUNTY OF FRESNO, a Political  
4 Subdivision of the State of California (hereinafter "COUNTY"), and Fresno Building Healthy  
5 Communities (Fresno BHC), a California non-profit corporation, whose address is 367 North Fresno  
6 Street, Fresno, California, 93702 (hereinafter "CONTRACTOR").

7                          WITNESSETH:

8        WHEREAS, COUNTY and CONTRACTOR entered into Agreement number D-20-524, dated  
9 December 28, 2020 (hereinafter "Agreement"), pursuant to which CONTRACTOR agreed to provide  
10 equity-focused community health outreach and support services to address the needs of COUNTY's  
11 vulnerable populations including immigrants and refugees, agricultural and food process workers,  
12 other essential workers and people of color; and

13      WHEREAS CONTRACTOR has provided such services, including through execution and  
14 oversight of subcontracts with local community benefit organizations skilled in the provision of such  
15 services and possessing unique community ties to vulnerable population groups to advance health  
16 equity throughout the pandemic; and

17      WHEREAS, COUNTY and CONTRACTOR now desire to amend the Agreement in order to  
18 extend the length of the Agreement, add the provision of COVID vaccine support, influenza and/or  
19 other communicable diseases support services, increase the total compensation amount to  
20 accommodate the provision of existing services through December 31, 2021 and the addition of  
21 vaccine support services, and to enact certain required federal funding terms and conditions.

22      NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which  
23 is hereby acknowledged, COUNTY and CONTRACTOR agree as follows:

- 24        1.        That all references to "Exhibit A" in existing COUNTY Agreement number D-20-524  
25 shall be changed to read, "Revised Exhibit A", attached hereto and incorporated herein by reference.
- 26        2.        That all references to "Exhibit B" in existing COUNTY Agreement number D-20-524  
27 shall be changed to read, "Revised Exhibit B", attached hereto and incorporated herein by reference.
- 28        3.        That Section 3 of the Agreement, located on page 3, lines 15 through 20, is deleted in

1 its entirety and replaced with the following:

2           "3. TERM

3           The term of this Agreement shall be effective December 31, 2020 through and including  
4 December 31, 2021."

5           4. That Section 5.B. of the Agreement, located on page 4, line 26 through page 5, line 1 is  
6 deleted in its entirety and replaced with the following:

7           "B. In no event shall services performed under this Agreement by CONTRACTOR  
8 be in excess of \$ 6,090,965 (Six Million Ninety Thousand Nine Hundred and Sixty-Five Dollars)  
9 during the term of this Agreement. It is understood that all expenses incidental to CONTRACTOR's  
10 performance of services under this Agreement shall be borne by CONTRACTOR."

11          5. That the following language be inserted in Section 13, page 9, beginning on line 28:

12          "C. In addition, CONTRACTOR shall cooperate and participate with COUNTY's  
13 fiscal review process and comply with all final determinations rendered by the COUNTY's fiscal review  
14 process. If COUNTY reaches an adverse decision regarding CONTRACTOR's services to consumers,  
15 it may result in the disallowance of payment for services rendered; or in additional controls to the  
16 delivery of services, or in the termination of this Agreement, at the discretion of COUNTY's Director of  
17 Public Health Director or designee. If as a result of COUNTY's fiscal review process a disallowance is  
18 discovered due to CONTRACTOR's deficiency, CONTRACTOR shall be financially liable for the  
19 amount previously paid by COUNTY to CONTRACTOR and this disallowance will be adjusted from  
20 CONTRACTOR's future payments, at the discretion of COUNTY's Director of Public Health or  
21 designee. In addition, COUNTY shall have the sole discretion in the determination of fiscal review  
22 outcomes, decisions and actions."

23          6. That Section 19.A. of the Agreement, located on page 21, lines 13 through 23 is deleted  
24 in its entirety and replaced with the following:

25          "A. COUNTY and CONTRACTOR recognize that CONTRACTOR is a  
26 recipient of Federal funds under the terms of this Agreement. By signing this Agreement,  
27 CONTRACTOR agrees to comply with applicable Federal suspension and debarment  
28 regulations, including but not limited to: 29 CFR 97.35, 29 CFR 1470.35, 41 CFR 105-

1       71.135, and Executive Order 12549. By signing this Agreement, CONTRACTOR attests to  
2       the best of its knowledge and belief, that it and its principals:

- 3           1. Are not presently debarred, suspended, proposed for debarment, declared  
4           ineligible, or voluntarily excluded by any Federal department or agency; and
- 5           2. Shall not knowingly enter into any covered transaction with an entity or person who  
6           is proposed for debarment under Federal regulations, debarred, suspended,  
7           declared ineligible, or voluntarily excluded from participation in such transaction."

8       7.The parties agree that this Amendment may be executed by electronic signature as provided  
9       in this section. An "electronic signature" means any symbol or process intended by an individual  
10      signing this Amendment to represent their signature, including but not limited to (1) a digital signature;  
11      (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and  
12      transmitted (for example by PDF document) of a handwritten signature. Each electronic signature  
13      affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten  
14      signature of the person signing this Amendment for all purposes, including but not limited to  
15      evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as  
16      the valid original handwritten signature of that person. The provisions of this section satisfy the  
17      requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act  
18      (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital  
19      signature represents that it has undertaken and satisfied the requirements of Government Code  
20      section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely  
21      upon that representation. This Amendment is not conditioned upon the parties conducting the  
22      transactions under it by electronic means and either party may sign this Amendment with an original  
23      handwritten signature.

24       COUNTY and CONTRACTOR agree that this Amendment is sufficient to amend the  
25      Agreement and, that upon execution of this Amendment, the Agreement and this Amendment together  
26      shall be considered the Agreement.

27       The Agreement, as hereby amended, is ratified and continued. All provisions, terms,  
28      covenants, conditions and promises contained in the Agreement and not amended herein shall remain

1 in full force and effect.

2 //

3 //

4 IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the day and  
5 year first hereinabove written.

6

7 **FRESNO BUILDING HEALTHY  
COMMUNITIES, INC.**

8 

9 (Authorized Signature)

10 Sandra Celedon, President and CEO

11 Print Name & Title

12 PO BOX 7861

13 Fresno, CA 93747

14 Mailing Address

15 **COUNTY OF FRESNO**

16 Steve Brandau, Chairman of the Board of  
Supervisors of the County of Fresno

17

18 **ATTEST:**

19 Bernice E. Seidel  
Clerk of the Board of Supervisors  
County of Fresno, State of California

20 FOR ACCOUNTING USE ONLY:  
21 Fund:0001  
22 Subclass:10000  
23 ORG:56201019; 56201018  
24 Account:7295

25 By: \_\_\_\_\_  
26 Deputy

## COVID-19 Equity Project: Scope of Work

All Plans submitted for each of the three categories (Health Education and Outreach, Contact Tracing & Medical Investigation, Quarantine Supports) shall be approved by the County of Fresno- Department of Public Health (DPH) prior to implementation. Scope of Work is a continuation from Agreement # D-20-316 with Fresno County EOC thus some planning items have been completed and accepted by DPH.

### **CATEGORY 1: Health Education and Outreach**

Activity	Activity Name	Description	Responsible Party	County or City of Fresno Division Activity	Deliverables / Milestones	Timeframe
1.1.1	Assess: Language & Cultural Needs	Identify language and cultural needs in the community and organizational/staff capacity in terms of education and outreach	All Partners	County/City	Assessment	July - December
1.1.2	Assess: Testing Needs	Identify through data analysis any targeted geographic or demographic population for testing events and outreach.	CVHPI	County	Ongoing reports of identified targeted populations	July- December

				Curriculum	July-September
1.2.1.1	Plan: Training/ Curriculum Development	Develop modules on education and outreach to include information on: <ol style="list-style-type: none"> <li>1. How to be a Promotora</li> <li>2. COVID19 Transmission Prevention</li> <li>3.                <ul style="list-style-type: none"> <li>a. Social distancing</li> <li>b. Sheltering in Place</li> <li>c. Wearing Masks</li> <li>d. Handwashing</li> </ul> </li> <li>4. Testing</li> <li>5. Isolate when positive</li> <li>6. Quarantine</li> <li>7. Glossary of PHD terms</li> <li>8. Ongoing training in technology use for COVID-19 related education and outreach, and quarantine supports</li> </ol>	CVHPI Fresno BHC  Cultiva la Salud	County initially, then city funds as we evolve the type of training needed	
1.2.1.2	Plan: Training/ Adaptations	Prepare training materials and handouts.  Adapt CHW modules for each language/cultural group <ol style="list-style-type: none"> <li>1. Hmong, Lao, Khmer, Arabic, Slavic</li> <li>2. Mixteco, Mam, Tlapaneco, Zapotec, Triqui</li> <li>3. Punjabi</li> <li>4. Spanish</li> <li>5. Swahili (available, but not anticipated)</li> <li>6. AA cultural adaptation</li> </ol>	CVHPI FIRM  CBDIO  Jakara Movement Cultiva La Salud	City and County (50/50 split in overall budget, assumption that County funds will be available first, spent first)	August-September

1.2.2.2	Plan: Outreach/ Testing/ Vaccination Events	<p>Plan how to support Testing &amp; Vaccination Events in the County of Fresno will be determined in consultation with FQHCs, and County-funded testing agencies. This plan is to include one event per week given lab and testing capacity for the County.</p> <p>Finalize plan on logistics for supporting City of Fresno/UCSF mobile testing sites between all agency partners</p>	All Partners  FIRM to coordinate all partners	County  City	Documented agreement and schedule of events  Written plan and agreement	By August 7 <sup>th</sup> , identify county sites with event plan and education materials, all ready to go for the each event. By August 15 <sup>th</sup> conduct first event
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1.2.3	PLAN: Outreach	<b><u>Outreach Plan</u></b> Coalition partners will submit a plan to mobilize and deploy teams of Community Health Workers/ Promotoras and other project staff who will utilize a number of approaches in order to conduct health education and outreach activities under the auspices of the project, and in addition influenza, and/or other communicable diseases . The outreach plan will address the cultural, linguistic and literacy needs of targeted audiences in Fresno and Fresno County.	All Partners  County for July-August	Outreach Plan from each lead agency (EOC and Fresno BHC)  Modifications September - December City	First Draft August 6th  Modifications September- November 15th  Modified scope of work and budget (EOC and Fresno BHC)

1.2.4.1	<b>Plan: Communications</b>	A communications team of Public Health Department staff and communication leads from each partner organization will convene to plan and coordinate communication strategies.	All Partners	City/County (50/50 split for coalition messaging and broad public health info. Actual for targeted events)	Copies of scripts, print messages and collaborative items	July - December
		Plan in-language media campaigns with a communications plan within each target populations <ul style="list-style-type: none"> <li>• Ethnic TV/Radio/Print limited buys</li> </ul> Engage traditional corporate media through: <ul style="list-style-type: none"> <li>• Earned media coverage of testing events</li> <li>• Project staff spokespersons presentations on English and Spanish media programming</li> </ul> Leverage CBO Coverage on Weekly COVID-19 Calls, as well as placement in CBO newsletters and other existing community-based network communication.	Fresno BHC	Cultiva La Salud CVHPI	City/County 50/50	Talking points, messages and developed materials
1.2.4.2	<b>Plan: Health Education Materials &amp; Messages</b>	Plan health education talking points, messages and materials within each target population.				July-August Updated Monthly

1.2.4.3	Plan: Field Testing	Method: Organized as small group sessions once new messages and new materials are developed. The focus will be on the effectiveness of messages and materials in conveying information. Are the messages and materials received well and understood by the target audience? This data is to be collected by each organization that is out on the field and data will be collected by CVHPI	Cultiva La Salud CVHPI  Fresno BHC  FIRM	50/50	Field-testing reports.	Monthly July-December
1.3.1	Implement: Training	CHW/Promotora Initial One Week Training:  Ongoing Continuing Education on at least biweekly basis  Train-the-Trainer support for lead CHWs at each agency	CVHPI with All Partners	50/50	Sign-in sheets/electronic documentation	Late July/ Early August  July-December  Late August

1.3.2	Implement: Health Education & Outreach	<p>Conduct health education to target audiences. Include outreach on COVID-19, Influenza and/or other Communicable Diseases, and promotion of testing/vaccination events.</p> <p>Approach 1: High Volume Direct Health Education on Transmission/Prevention- Coalition partners will engage in direct outreach through numerous platforms with a goal of reaching large segments of the underserved population with consistent messaging. This approach will include:</p> <ul style="list-style-type: none"> <li>• Phonebanking/texting campaigns, direct texting</li> <li>• Robocalls <ul style="list-style-type: none"> <li>◦ Using existing call lists</li> <li>◦ Through City Phonetrees</li> </ul> </li> <li>• WhatsApp</li> <li>• Social Media: Facebook, Instagram, and Twitter</li> <li>• Webinars/Virtual Talks</li> <li>• Grass roots ambassadors</li> </ul>	<p>All Partners</p> <p>Fresno BHC</p> <p>Cultiva La Salud</p> <p>FIRM</p> <p>Jakara Movement</p> <p>Reading &amp; Beyond</p>	<p>Remote Communications: 50% City and 50% County</p> <p>In Person Outreach: Actuals based on location of event sites</p>	<p>Talking points</p> <p>-Messages (Voice and video included)</p> <p>-Contact metrics and tracking by method (number of attempts, contacts, completed conversations by approach)</p> <p>-WhatsApp: Number of members on groups</p> <p>-Social Media: Highest number of shares per month on any post</p>	<p>July - December</p> <p>August- December</p> <p>-Webinars and Virtual talks: number of views after 1 month.</p>
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<p>Approach 2: Direct 1:1 &amp; Small Group Engagement with Residents- When necessary and safe, project staff will engage in one-on-one (1:1) conversations with residents, as well as small group/focus group meetings to disseminate educational content and capture information from the target population related to prevention needs. This is particularly needed in isolated (both linguistically and geographically) communities where a trusted ambassador is best positioned to conduct successful outreach. These will include:</p> <ul style="list-style-type: none"> <li>• In-person outreach</li> <li>• Small group meetings/engage at worksites, community centers, and other community spaces in targeted neighborhoods</li> </ul>	Fresno BHC	Cultiva La Salud	Jakara Movement	FIRM	Reading & Beyond

	<p>Approach 3: Promotion of Clinics and Testing events- Project staff (with PPE) will promote clinic locations in each local area. Coalition partners will also organize, promote and staff testing events in local communities. Considerations for these activities will include:</p> <ul style="list-style-type: none"> <li>• Leveraging media/communications activities (see activity 1.3.4)</li> </ul>	<p>All Partners</p> <p>Remote Communications: 50% City and 50% County</p> <p>Reporting of markets reached</p>	<p>August-December</p>	<p>Contact metrics and tracking by method</p>

	<p><b>Approach 4: Inter-institutional Cooperation &amp; Collaboration with Project Staff &amp; Local School Districts</b></p> <p>- Project staff will utilize existing inter-institutional relationships in order to bolster outreach and education efforts. This will include:</p> <ul style="list-style-type: none"> <li>• School District partnerships in Fresno USD and throughout the county</li> <li>• School-site partnerships, including principal and parent/community engagement staff collaboration and cooperation with project staff</li> <li>• Formalize partnership with Fresno USD's Parent University to conduct phone-bank outreach to FUSD parents.</li> <li>• Coordinate with rural school districts for education and outreach, specifically the quarantine supports the COVID-19 Equity Project is managing</li> <li>• Collaborate with school districts regarding contact tracing and/or testing education and outreach</li> </ul>	<p>Fresno BHC</p> <p>In Person Outreach: Actuals based on location of event sites</p>	<p>Agreements with School Districts and FCOE</p> <p>Agreements with School sites</p>	<p>July- August</p> <p>August</p> <p>August- September</p> <p>Agreements with FUSD Parent University</p> <p>Completed Phone Bank events (# of people reached)</p>

	<p>Approach 5: Inter-institutional Cooperation &amp; Collaboration with Project Staff &amp; African American (AA) owned small businesses (FMBCC)- Project staff will utilize existing inter-institutional relationships with city, county, and state agencies to provide outreach, education, training efforts. This will include:</p> <ul style="list-style-type: none"> <li>• Provide small business education &amp; training to ensure workplace safety, reduce risk to public health, operational stability, local &amp; state compliance, risk mitigation, effectively manage procurement of safety supplies and equipment</li> </ul> <p>Approach 6: Continue collaboration with farm workers, small farmers, and farm labor contractors. Support County DPH rural small businesses and agricultural businesses testing, education and outreach</p> <ul style="list-style-type: none"> <li>• Provide PPE to employees as part of outreach efforts when needed</li> </ul>	<p>County 60 percent City 40 percent</p> <p>Workshops Phone Webinars</p> <p>1:1 TA via Video-conferencing</p>	<p>County 100 percent</p> <p>FIRM Jakarta</p>	<p>July-December</p> <p>August-December</p>
1.3.3	Implement: Testing Events	Testing Events in the City of Fresno in partnership with UCSF will be conducted up to 7 days per week, with onsite responsibilities rotated between partner organizations depending on the targeted languages and neighborhoods.	<p>FIRM</p> <p>Cultiva La Salud Jakara Movement</p>	<p>In Person Outreach: Actuals based on location of event sites</p>

				Number of testing events assisted	July-December
	Testing events in County will be conducted according to plan (activity 1.2.2.2)	Reading & Beyond		# of people contacted to attend event # attendees	July-December
	CHWs will provide information (public health, COVID workers' rights, quarantine supports, other resources) on-site to everyone who comes to test.		City	# of people followed up after event	September-December
	CHWs provide contact investigation information and assist patient with submitting contact information electronically.				
1.3.4	Implement: Communications	FIRM	Remote Communications: 50% City and 50% County	# of interviews, # of publications	July-December
		Jakara Movement	Remote Communications: 50% City and 50% County	# of segments devoted to COVID Outreach	July-December
		CVHPI	Remote Communications: 50% City and 50% County	# of views on website after live airing	August-December
		Fresno BHC	In Person Outreach: Actuals based on location of contact	# of people served by hotline	September-December
	Promote in ethnic/ linguistic communities in culturally relevant ways	Cultiva La Salud			
	• Ethnic Media outreach such as Radio Bilingue, Univision, Punjabi Radio USA, JusPunjabi TV, Hmong Television, KBIF 900 (Hmong, Lao, Khmer and Arabic Radio shows), Newspapers	All Partners			
	• Earned traditional media coverage of testing events				
	• Assess existing response hotline				

	<ul style="list-style-type: none"> <li>• Embed Cultural Brokers into the 211 COVID hotline</li> <li>• Launch outreach efforts for 211 COVID hotline</li> </ul>			
1.3.5	Implement: Field Testing	<p>Each partner organization will organize field testing groups for rapid assessment of newly developed messages and materials.</p> <ol style="list-style-type: none"> <li>1. Plan focus group and Invite participants.</li> <li>2. Conduct field tests</li> <li>3. Compile finding and present to partners.</li> </ol>	<p>CVHPI FIRM</p> <p>Cultiva La Salud</p> <p>Jakara Movement</p> <p>Reading &amp; Beyond</p>	<p>50% City and 50% County</p> <p># of field testing groups monthly</p> <p>Monthly August-December</p>
1.4.1	Evaluate: Training	Effectiveness in training (Is the training we provide to CHWs/CTs building capacity to level needed as demonstrated by need encountered in community?)	<p>CVHPI</p> <p>Cultiva La Salud</p>	<p>50% City and 50% County</p> <p>CHW/Promotor a training evaluations</p> <p>August-December</p>

1.4.2	Evaluate: Communications & Health Education messages and materials	Through a process evaluation, obtain feedback from community members on implementation of dissemination methods of new messages and understanding of messages. This will done through qualitative data. We will use interview guide and surveys after receiving the messages	Fresno BHC CVHPI	50% City and 50% County	Data from Evaluation Meetings with Team leads reported to DPH Ops and UCSF Leadership joint meetings	Monthly August-December
		Two Areas of Evaluation: Understanding of messages (are messages sticking or resulting in impact?)  Which methods are most impactful for which audiences (radio, tv, in person, social media, etc)				
1.4.3	Evaluate: Events/Outreach	Evaluate effectiveness of outreach strategies around: community knowledge of virus, turnout at testing events, follow up	CVHPI FIRM	50% City and 50% County	Focus Groups and Survey Results from invited past participants of outreach	September-December
1.4.4	Evaluate	Evaluate implications for vaccination campaign and develop recommendations for practice	CVHPI	50% City and 50% County	Report to DPH Ops and UCSF Leadership joint meetings	November-December

CATEGORY 2: Contact Tracing & Medical Investigation						
Activity	Activity Name	Description	Responsible Party	County or City of Fresno Division Activity	Deliverables	Timeframe
2.1.1	Assess	Coordinate with County Medical Investigation Team for Contact Tracing efforts <ul style="list-style-type: none"> <li>• Identify Data Management needs</li> <li>• Identify Appropriate Training modules for Contact Tracing by community members</li> <li>• Develop additional qualitative and quantitative data measures for community health workers across CBO's</li> </ul>	CVHPI	County	Meeting minutes Final list of measures to be collected by all CBOs for evaluation purposes	August
2.1.2	Assess	Re-evaluate and modify training for contact tracing modules and testing protocols as they change	CVHPI	County	Updated training modules	Monthly September - December
2.2.1	Plan	Develop basic overview module on <i>Contact Tracing &amp; coordination with Medical Investigation</i> to include information on: <ul style="list-style-type: none"> <li>1. Contact Tracing</li> <li>2. Motivational Interviewing</li> <li>3. Difficult clients</li> <li>4. County HIPAA training</li> <li>5. Infection control and prevention</li> </ul>	CVHPI, Fresno BHC	County	Curriculum 5,5,1,1,1 adaptations	By August 15 September/October

	Adapt modules to 13 languages/cultures to ensure Literacy levels, visuals that are representative of community	FIRM, Jakarta Movement, Cultiva La Salud			
2.3.1.1	Implement CHWs complete internal introductory training to contact tracing (ASTHO, basic customer service/interview skills)  Complete County training for contact tracing ( County data management systems and processes)	All partners with CTs  All partners with CTs	City/County  County	Sign In Sheets  County certification/approval	By September 15  By September 30th
2.3.1.2	Implement Conduct County-referred contact tracing and investigation	All partners with CTs	City/County based on location of patient address	REDCap or CalREDIE	September - December

2.3.1.3	Implement	Conduct ongoing Continuing Education as contact tracing training and protocols adapt	CVHPI with all trained CTs	County	Sign In Sheets	October - December
2.4.1	Evaluate	Monthly evaluations until December to include <ul style="list-style-type: none"> <li>- 1. Number of people reached for contact tracing</li> <li>2. Average time it is taking to conduct investigation</li> <li>3. Questions people are asking beyond contact tracing related questions, including identification of other unmet needs</li> <li>4. Qualitative data about knowledge gaps of CTs</li> </ul>	CVHPI  All Teams provide information to CVHPI	City/County 50/50	Notes from monthly meetings	Monthly

CATEGORY 3: Quarantine Supports				
Activity	Activity Name	Description	Responsible Party	Metropolitan Cities/County Division
				Deliverables
3.1.1	Assess: Needs	<p>Assess needs of presumed or confirmed COVID19 positive community members and their families.</p> <ul style="list-style-type: none"> <li>1. Wage replacement</li> <li>2. Housing/Quarantine site</li> <li>3. Utilities</li> <li>4. Access to healthcare and treatment</li> <li>5. Food Assistance</li> <li>6. Childcare or Eldercare</li> <li>7. Education needs of students in home</li> <li>8. Provide PPE to individuals as needed</li> <li>9. Provide transportation</li> </ul> <p>There will be an ongoing assessment on the total funds allocated and the need between city and county.</p>	All Partners	County – Funds will be distributed to the vulnerable population in Fresno County. Priority for funding will be in the rural cities, unincorporated areas (e.g. Cantua Creek, Del Rey, Five Points, Calwa), and disadvantaged areas within metropolitan cities.
3.2.1	Plan: Payment Arrangements	<p>Develop a standardized process for requests and distribution of quarantine supports for all CBOs. Process must be standardized amongst all agencies distributing funds. All agencies must use the same database tracking for all clients to ensure there is not a duplicate disbursement for the same</p>	Fresno BHC	<p>County</p> <p>Invoices for payments with supporting documentation</p> <p>Monthly map demonstrating location of distributions of patient/household address.</p>

	patient/household. Allow for multiple families living within one household.			
3.2.2	Plan: Referrals	Develop process for referrals to complementary resources and services. Track across all agencies in a single database or comparable that will allow reporting of unique individuals being served.	All Partners	County
3.3.1	Implement: Quarantine Supports	Distribute to index cases and close contacts County will work with Contractors to develop screening form and methodology for distribution of funds	Fresno BHC	County
3.3.2	Implement: Follow-up and Wellness Checks	Assess if index case and contacts have received resources and referrals.	All Partners	County

		Evaluate monthly in terms of equitable distribution, impact, and level of funding utilized out of the whole. We will be re-evaluating need from geographic region, to amounts being distributed, to budget for isolation/quarantine.	CVHPI	County	Monthly Meeting Oral Ops	Report to DPH	Monthly September-December
3.4.1	Evaluate						

**Immigrant Refugee Coalition  
COVID-19 Equity Project Budget  
December 31, 2020 - December 31, 2021**

		Budget
<b>Personnel</b>		
President & CEO		36,546
Chief Learning Officer		29,402
Executive Admin Assistant		17,164
Communications Specialist		21,199
Project Director		24,181
Project Manager		45,451
Project Specialist		44,304
Project Assistant		42,166
Data Manager		52,038
Compliance Manager		46,982
Community Health Worker/Contact Tracer		202,419
	<b>Personnel Sub-Total</b>	<b>561,852</b>
	<b>Fringe</b>	<b>179,793</b>
	<b>Total Personnel</b>	<b>741,645</b>
<b>Operating Costs</b>		
Travel & Mileage		5,480
Communications		6,190
Office Expenses		6,300
Conference, Meeting, Event		92,500
Database, Software & Subscriptions		6,209
Printing & Copying		40,000
Quarantine Supports		937,200
	<b>Total Operating</b>	<b>1,093,879</b>
	<b>Direct Costs</b>	<b>1,835,524</b>
	<b>Indirect Costs @ 10%</b>	<b>183,552</b>
	<b>Total Direct and Indirect</b>	<b>2,019,076</b>
<b>Other Costs (not included in indirect)</b>		
Legal/Professional Services		110,307
Coalition Marketing, Comms, & Graphic Design Services		50,000
CVHPI		548,746
Cultiva La Salud		1,201,311
FIRM		892,414
Jakara Movement		643,820
Reading & Beyond		625,291
	<b>Other Costs Subtotal</b>	<b>4,071,889</b>
	<b>Grand Total</b>	<b>6,090,965</b>