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Agreement Number 14-10712	Amendment Number A03
Registration Number:	

- This Agreement is entered into between the State Agency and Contractor named below:
 State Agency's Name: California Department of Public Health Also known as CDPH or the State
 Contractor's Name: County of Fresno Department of Public Health (Also referred to as Contractor)
- The term of this Agreement is: March 1, 2015 through September 29, 2018
- The maximum amount of this Agreement after this amendment is: \$ 2,497,425.84 Two Million Four Hundred Ninety-Seven Thousand Four Hundred Twenty-Five Dollars and Eighty-Four Cents
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - Purpose of amendment:** This amendment reduces funds by \$23,940.93. Amends Exhibit B, Attachment III, Budget Year 3, Attachment IIIA, Budget Year 3A and Attachment IV, Budget Year 4. Exhibit A, A02 is replaced in its entirety. Exhibit A, A02 is revised to clarify activities to be performed by the contractor and subcontractor to ensure compliance with program strategies as identified.
 - Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
 - Exhibit A, A02, Scope of Work, is hereby replaced in its entirety and now reads Exhibit A, A03, Scope of Work.

ATTEST:
 BERNICE E. SEIDEL
 Clerk of the Board of Supervisors
 County of Fresno, State of California
 By [Signature] Deputy

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only	
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <u>County of Fresno Department of Public Health</u>		<div style="text-align: center;"> <p><i>KAW</i></p> <div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">APPROVED</p> <p style="margin: 0; color: red;">JUL 20 2018</p> <p style="margin: 0; font-size: small;">OFFICE OF LEGAL SERVICES DEPT. OF GENERAL SERVICES</p> </div> <p><i>[Signature]</i></p> <p><input type="checkbox"/> Exempt per:</p> </div>	
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type) <u>6/12/2018</u>		
Printed Name and Title of Person Signing <u>Sal Quintero, Chairperson, Board of Supervisors Fresno, CA 93721</u>			
Address <u>1221 Fulton Street, DPH Admin, 6th Floor - Contracts</u>			
STATE OF CALIFORNIA			
Agency Name <u>California Department of Public Health</u>			
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type) <u>7/3/18</u>		
Printed Name and Title of Person Signing <u>Angela Salas, Chief, CPSS</u>			
Address <u>1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</u>			

IV. Exhibit B, A01, Budget Detail and Payment Provisions, is hereby revised as follows:

Paragraph 1.C) to read as follows:

- C. The Contractor shall submit, an invoice in arrears, not more frequently than once a month, and no less than quarterly. **Budget years cannot be combined and submitted** to CDPH for costs incurred pursuant to this agreement. In addition, each invoice shall contain the following:

14-10712
Lisa Pulido
California Department of Public Health
Chronic Disease Control Branch
MS 7208
P.O. Box 997377
Sacramento, CA 95899-7377

Paragraph 1.D.5) is omitted:

- 5) ~~Be submitted to CDPH within 60 days of invoice period end.~~

Paragraph 1.E. to read as follows:

Timely Submission of Final Invoice

- 1) A final undisputed invoice shall be submitted for payment no more than thirty ~~(60)~~ **(30)** calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program project representative, as shown in Exhibit A, provision 5A. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of CDPH under this agreement have ceased and that no further payments are due or outstanding. CDPH may, at its discretion, choose not to honor any delinquent final invoice if the County fails to obtain prior written CDPH approval of an alternate final invoice submission deadline.

Paragraph 5.A. to read as follows:

5. Amounts Payable

A. The amounts payable under this agreement shall not exceed **the total sum of \$2,497,425.84.**

- 1) ~~\$60,591.10 for the budget period of 03/01/2015 through 09/29/2015.~~
- 2) ~~\$807,078.67 for the budget period of 09/30/2015 through 09/29/2016, this includes \$577,838 of unspent funds shifted from Year 1 to Year 2 to complete Year 1 services and a contract reduction of \$32,349.23.~~
- 3) ~~\$1,015,268.00 for the budget period of 09/30/2016 through 09/29/2017, this includes \$376,839 of unspent funds being shifted from Year 2 to Year 3 to complete Year 2 services.~~
- 4) ~~\$638,429 for the budget period of 09/30/2017 through 09/30/2018.~~

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received., **as identified in Exhibit B, Attachments I through IV, Budget Years 1 through Year 4.**

V. Exhibit B, Attachment III, Budget Year 3 & 3A and Attachment IV, Budget Year 4 are replaced in its entirety as attached.

VI. Exhibit E adds the following provisions:

2. Conference/Meeting/Seminar Materials:

A. **Conference materials, including promotional materials, agenda, and internet sites federally funded shall abide by the following:**

I. **Funding for conferences was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.**

3. Logo Use for Conference and Other Materials:

B. **Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer. Further, the HHS and CDC logo cannot be used by the grantee without a license agreement setting forth the terms and conditions of use.**

Exhibit A
Scope of Work

1. Service Overview

Pursuant to California Health and Safety Code Sections 131050-131135 and 104100-104140 respectively, Contractor will provide services to local communities with populations at high risk for diabetes and cardiovascular disease (CVD) who are 18 years and older. The services provided will result in increasing knowledge, skills and opportunities to improve diet, physical activity, and other life habits to prevent, delay or control diabetes, CVD and other chronic diseases.

Centers for Disease Control and Prevention (CDC) funding awarded to the California Department of Public Health (CDPH) for Contractor Local Assistance is for Lifetime of Wellness: Communities in Action interventions and include required strategies as described in the Scope of Work.

2. CDPH Responsibilities

CDPH will be responsible for overall programmatic oversight for implementation of the activities designed to address the risk of diabetes and CVD.

3. Service Location

The services shall be performed in the County of Fresno as prescribed in the Scope of Work.

4. Service Hours

The services shall be provided during normal Contractor working days and hours, excluding national and state holidays.

5. Project Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health Laurel Cima-Coates Chief, Programs and Policy Section Chronic Disease Control Branch Telephone: (916) 552-9900 Fax: (916) 552-9729 Email: cdcb@cdph.ca.gov	County of Fresno Sara Bosse Melanie Ruvalcaba , Program Manager Office of Policy, Planning and Communication Department of Public Health Telephone: (559) 600-6449 Fax: (559) 600-7687 Email: mruvalcaba@co.fresno.ca.us sbosse@co.fresno.ca.us
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Exhibit A
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B. Direct all inquiries to:

<p>California Department of Public Health Chronic Disease Control Branch Attention: Lisa Pulido 1616 Capitol Avenue P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377</p> <p>Telephone: (916) 552-9948 Fax: (916) 552-9927 Email: lisa.pulido@cdph.ca.gov</p>	<p>County of Fresno <u>Melanie Ruvalcaba</u> Sara Besse, Program Manager Office of Policy, Planning and Communication Department of Public Health</p> <p>Telephone: (559) 600-6449 Fax: (559) 600-7687 Email: mruvalcaba@co.fresno.ca.us sbosse@co.fresno.ca.us</p>
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C. 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.

6. Reporting

- A. The Contractor shall submit one original Performance Report semi-annually to CDPH in the format prescribed by the State. The Performance Reports shall describe advancement made in completing agreement deliverables.
- B. Per the Consolidated Appropriations Act of 2014, Prevention and Public Health Fund (PPHF) summary reporting is required semiannually. The Contractor shall submit one original PPHF Summary Report semi-annually to CDPH in the format prescribed by the State. The PPHF Summary Reports shall provide a brief summary of reporting period activities, including subsections for all subcontractor activities, and an estimated percentage of total goals reached.
- C. Contractor shall submit one original Comprehensive Final report within 30 days after the end of the contract. The final report shall include, at a minimum: 1) lessons learned on implementing action items; 2) main challenges and how the challenges were addressed; 3) key partners and their roles; 4) if activities related to the implementation of deliverables will continue and if so, what activities are planned.
- D. Report periods and due dates:

	Report	Report Period	Due Date
Year 1:	Performance Report	03/01/15-07/31/15	07/06/15
	PPHF Summary	03/01/15-06/30/15	07/06/15
Year 2:	Performance Report I	08/01/15-01/31/16	01/15/16
	PPHF Summary I	07/01/15-12/31/15	11/15/15
	Performance Report II	02/01/16-07/31/16	07/15/16
	PPHF Summary II	01/01/16-06/30/16	05/15/16

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	Report	Report Period	Due Date
Year 3:	Performance Report I	08/01/16-01/31/17	01/15/17
	PPHF Summary I	07/01/16-12/31/16	11/15/16
	Performance Report II	02/01/17-07/31/17	07/15/17
	PPHF Summary II	01/01/17-06/30/17	05/15/17
Year 4:	Performance Report I	08/01/17-01/31/18	01/15/18
	PPHF Summary I	07/01/17-12/31/17	11/15/17
	Performance Report II	02/01/18-07/31/18	07/15/18
	PPHF Summary II	01/01/18-06/30/18	05/15/18
	Comprehensive Final	09/30/14-09/30/18	09/29/18

- E. Copies of items specified in the scope of work as a Deliverable must be submitted to CDPH concurrently with the semiannual Performance Reports.
- F. If the State does not receive complete and accurate reports by the required dates, further payments to the Contractor may be suspended until complete and accurate reports are received. Contractor's last monthly and/or final invoice will not be processed until an acceptable Comprehensive Final Report has been received and approved by the State, due no later than 30 days after contract end.
- G. Upon the evaluation of the contractor's performance, the State may at its discretion terminate this Agreement or decrease the funding allocation to Contractor if insufficient screening volume and/or delivery of program services are not met as outlined in the Exhibit A, Scope of Work.

7. Subcontractor Requirements

Contractor will implement a competitive bid process for subcontracts \$2,500 and over. All subcontracting must comply with the requirements of the State Contracting Manual, Sections 3.06.D and 3.17.2.D, as applicable. **Three competitive quotations should be submitted or adequate justification provided for the absence of bidding.**

8. Services to be Performed

The Contractor will provide specific services, deliverables, and tasks specified in the Scope of Work to address strategies required by CDC funding. Any subsequent formal amendments will be approved in writing as required pursuant to this agreement.

The Contractor will collaborate with the University of California, Davis (UCD) to collect data from publically available sources to track and monitor progress in meeting required performance measures. The **required performance measures** include:

- A. Increased community and large city environments that promote and reinforce healthful behaviors and practices related to obesity, diabetes prevention, cardiovascular health, including key settings that support physical activity and healthful foods and beverages

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- B. Increased use and reach of strategies to build support of lifestyle change
- C. Improved quality, effective delivery and use of clinical and other preventive services
- D. Increased management of hypertension (HTN) and prevention of type 2 diabetes.
- E. Increased community clinical linkages to support self-management and control of hypertension and prevention of type 2 diabetes
- F. Increased consumption of nutritious food and beverages and increased physical activity
- G. Increased engagement in lifestyle change
- H. Improved medication adherence for adults with high blood pressure (HBP)
- I. Increased self-monitoring of HBP tied to clinical support
- J. Increased referrals to and enrollments in lifestyle change programs (LCPs)
- K. Reduced death and disability due to diabetes, heart disease and stroke by 3% in the implementation area
- L. Reduced prevalence of obesity by 3% in the implementation area.

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YEAR 1

Component 1a: Environmental Strategies to Promote Health and Support and Reinforce Healthful Behaviors

Strategy 1.1: Implement nutrition and beverage standards including sodium standards in public institutions, worksites and other key locations such as hospitals

#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with UCD to conduct an environmental scan to: <ul style="list-style-type: none"> Identify food/beverages sold in the cafeterias, snack shops/bars, and/or vending machines of the four largest hospitals and large county buildings (potential reach of over 10,000 employees combined) to determine baseline and target numbers. Review existing food procurement guidelines for the target venues. Review model food procurement guidelines from other counties. 	March 1 2015- September 30, 2016	Health Educator (HE) and Health Education Specialists (HES1, HES2)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan tool obtained from UCD, a copy of the developed plan for conducting the scan using the scan tool, a list of agencies who participated in the environmental scan, and a copy of the scan results.
2	Contractor will develop educational materials on the need for food/beverage guidelines. Include public data on blood pressure, diabetes, and obesity in the local jurisdiction. Distribute to government facilities/worksites/hospitals, stakeholders, policymakers; and post on the County Health Department website.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of developed educational materials, and a screen shot of posted web materials.
3	Contractor will identify and participate in national and state meetings, webinars and conferences as appropriate to increase local knowledge and capacity. Suggestions include American Heart Association (AHA), Association of State and Territorial Health Officials (ASTHO), National Salt Reduction Initiative (NSRI), CDC Healthy Food Service Guidelines, CDPH Sodium Awareness Leadership Team (SALT), and the Million Hearts Initiative (MHI)	March 1 2015 - September 30, 2016	Principle Investigator (PI), HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the agenda from each event attended

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Strategy 1.1: Implement nutrition and beverage standards including sodium standards in public institutions, worksites and other key locations such as hospitals				
#	Activity	Timeline	Responsible	Deliverables
4	Using environmental scans, contractor will work with the Health Clinic Subcontractor to identify target worksites and assess the trainings needs and provide customized technical assistance* (TA) and training to local government officials and key stakeholders on the need for food procurement guidelines that include sodium reduction. *TA conveys information for the express purpose of achieving increased capacity for project implementation and meeting required performance measures.	March 1 2015- September 30, 2016	HE, HES1, HES2, Health Clinic Subcontractor (Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of training materials, and • meeting agendas/minutes.
5	Contractor and Health Clinic Subcontractor, will work with identified target worksites to develop, adopt, and implement food procurement guidelines that include sodium reduction to increase availability of healthy foods and beverages.	March 1 2015- September 30, 2016	PI, HE, HES1, HES2, Health Clinic Subcontractor (Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of the training materials, • the meeting agendas/minutes, • the target worksite procurement guidelines, and • resulting implementation plan(s).
6	Contractor will conduct an assessment of the Contractor's internal wellness policy. Identify areas for strengthening and update the policy. Distribute the policy and provide training to Contractor supervisors regarding successful implementation. Continue to monitor progress.	March 1 2015- September 30, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of the assessment results, • the training materials, and • the meeting agendas/minutes.
7	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Strategy 1.2: Strengthen healthier food access and sales in retail venues and community venues through increased availability, improved pricing, placement, and promotion				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour meetings of the Fresno County Healthy Stores for a Healthy Community Workgroup (FCHSHC) to add capacity and implement additional interventions that encourage healthy retail environments with the goal to promote healthier food access.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will use FCHSHC assessment public data and store public data from CDPH Environmental Health Division to identify stores for intervention. Work with FCHSHC and CDPH Nutrition, Education, and Obesity Prevention Branch (NEOP) to identify specific activities needed to promote healthier food access in retail stores.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of FCHSHC assessment results and retail promotion activities plan.
3	As part of FCHSHC, Contractor will provide input and TA to the “Healthy Stores for a Healthy Community Campaign” to reinforce campaign messages at the local level. If possible, utilize the CDPH Chronic Disease Prevention Messaging Toolkit to develop culturally and linguistically appropriate campaign messages and educational materials. Utilize Public Relations Services (PRS) to promote selected campaign messages.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes, and campaign messages and educational materials.
4	Contractor will participate in a Statewide Nutrition-Specific Retail Workgroup facilitated by CDPH to support the FCHSHC campaign. The workgroup will define and prioritize strategies for local level environmental and system change interventions as related to healthier food access.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of workgroup meeting agenda/minutes.
5	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.2. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Strategy 1.3: Strengthen community promotion of physical activity through signage, worksite policies, social support, and joint use agreements in communities and jurisdictions				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour Healthy Lifestyle Partnership (HLP) meetings (county coalition facilitated by NEOP) to plan and implement community initiatives that promote physical activity.	March 1 - September 30, 2015	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes.
2	Contractor will use the local Physical Activity (PA) directory to determine low and no cost PA opportunities in the county. Work with the HLP and Partner in Community Health (PICH) to assess community readiness, resources (including funding and local individual/agency champions), target audience, potential reach, barriers, and sustainability of potential PA initiatives including joint use and structured adult physical activity programs at schools, worksites, and other community sites. Utilize this assessment to select 1-2 physical activity initiatives that do not duplicate efforts of other programs.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes, and • assessment.
3	Contractor will collect or develop materials to educate stakeholders and key opinion leaders on the selected physical activity initiatives and engage them in the promotion of the initiatives. Provide technical assistance as necessary.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of the training materials.
4	Contractor will work with HLP and PICH to assess the effectiveness of potential promotional/marketing approaches for the PA initiatives and target audiences selected. Develop culturally and linguistically appropriate campaign messages, including educational materials, for activities within strategy 1.3. Implement selected communication strategies to support physical activity initiatives including PRS to promote selected campaign messages.	March 1 2015 - September 30, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of communications/ promotion items and educational materials.
5	Contractor will work with UCD to identify and collect public data for required performance measure 1.3. Contractor will attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected as well as a copy of event agendas.

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Strategy 1.4: Develop and or implement transportation and community plans that promote walking				
#	Activity	Timeline	Responsible	Deliverables
1	As part of the Fresno County Transportation Needs Assessment already underway, Contractor will work with the Fresno Council of Governments (Fresno COG) and the Transportation Community Coalition (TCC) and participate in conducting an environmental community scan for the county to identify gaps in transportation infrastructure to support safe and active communities, existing city/county transportation plans that promote walking and readiness to implement walking/biking plans, as well as city/county planning departments that are open to enhancing plans to promote more walking/biking.	March 1 2015 - September 30, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of the scan results and • a walking promotion plan.
2	Based on assessment results collaborate with Fresno COG and TCC, Contractor will identify 1-2 target communities (city or unincorporated community) and provide input to city or county general, transportation bicycle master plans and community transportation plans to increase number of communities that promote walking and active transportation, and use of public transportation. Work with target communities to promote the plan through public relations services.	March 1 2015- September 30, 2016	PI and HE	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes and • copies of target communities' plan(s). • copy of promotional items
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • compilation of public data collected, and • event agendas.

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Component 1b: Strategies to build support for healthy lifestyles, particularly for those at high risk, to support diabetes and heart disease and stroke prevention efforts

Program Strategy 1.5: Plan and execute strategic public data-driven actions through a network of partners and local organizations to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will identify a Health Clinic Subcontractor and assist them to develop partnerships with organizations (employer groups, insurers, health systems, community-based organizations (CBOs), diabetes health educators, coalitions, etc.) to promote the goals of the National Diabetes Prevention Program (NDPP) and Take off Pounds Sensibly (TOPS).	March 1 2015- September 30, 2016	PI, HE, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes, and list of identified partners.
2	Contractor will conduct NDPP capacity/readiness assessment utilizing an evaluation tool created by UCD with network partners to determine if resources are available within community to deliver the program.	March 1 2015- September 30, 2016	PI, HE, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the assessment results.
3	Based on results of assessment, Contractor will identify readiness of Health Clinic System to implement and sustain an NDPP. Contractor will then develop a strategic plan to build capacity and implement a NDPP program in conjunction with Health Clinic Subcontractor.	March 1 2015- September 30, 2016	PI, HE, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of NDPP strategic plan.
4	Contractor will work with Health Clinic Subcontractor to conduct a scan to identify any existing TOPS chapters as well as CBOs within the service area which may be interested in starting chapters.	March 1 2015- September 30, 2016	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of scan results.

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Program Strategy 1.5: Plan and execute strategic public data-driven actions through a network of partners and local organizations to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
5	Contractor will work with Health Clinic Subcontractor to implement capacity building efforts to expand TOPS to include Spanish-language materials and resources.	March 1 2015- September 30, 2016	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes, and • a copy of developed Spanish language materials.
6	Contractor will work with UCD to identify and collect public data for required performance measure 1.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Program Strategy 1.6: Implement evidence-based engagement strategies to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to conduct a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis regarding lifestyle change with identified priority population(s) in the clinic system (i.e., high burden populations, whose with pre-diabetes or uncontrolled HBP who experience racial/ethnic or socioeconomic health disparities including inadequate access to care, poor quality of care, or low income), and/or organizations that serve identified priority population(s). In year 2, implement community engagement principles within identified communities.	March 1 2015 - September 30, 2016	HE, HES1, HES2, Epidemiologist, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • SWOT analysis, and • SWOT analysis results.
2	Based on the SWOT analysis, Contractor will develop a marketing plan, including educational materials, using the CDC template.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of Contractor marketing plan and educational materials.
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

Program Strategy 1.7: Increase coverage for evidence-based supports for lifestyle change by working with network partners				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with network partners to conduct an assessment utilizing an evaluation tool created by UCD to identify what health insurance plans are offered to employees and essential benefits included for prediabetes and prevention of type 2 diabetes. Contractor will identify challenges and barriers to coverage for LCPs.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of the assessment results.

Exhibit A
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Program Strategy 1.7: Increase coverage for evidence-based supports for lifestyle change by working with network partners				
#	Activity	Timeline	Responsible	Deliverables
2	Contractor will adapt CDC communication and marketing materials designed for various audiences to educate about prediabetes and promote LCPs as a means to prevent or delay the onset of type 2 diabetes in high risk populations. Leverage other resources as applicable, such as the recommendation to cover LCPs that accompanied the report released by the University of California at Los Angeles Center of Health Policy Research and California Center for Public Health Advocacy.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of CDC adapted marketing materials.
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> compilation of public data collected, and a copy of event agendas.

Component 2a: Health System Interventions to Improve the Quality of Health Care Delivery to Populations with the Highest Hypertension and Prediabetes Disparities

Program Strategy 2.1: Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance (pursuant to federal and state guidelines)				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will conduct an environmental scan utilizing an evaluation tool created by UCD to assess EHR/Meaningful Use of select providers/health systems regarding implementation, related policies and procedures, and capacity of Health Clinic Subcontractor, focusing on achievement of blood pressure control initiatives to identify gaps and opportunities for collaboration. Engage with Health Clinic Subcontractor to maximize understanding of EHR policy and practice landscape within the local area.	March 1 2015- September 30, 2016	HE, Epidemiologist, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	Contractor will work with UCD to identify and collect public data. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.2: Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to identify and provide web links for TA and training to Health Center Controlled networks in the area (or similar health systems) in order to develop and implement toolsets (e.g., clinical quality dashboards) to provide clinicians with public performance data.	March 1 2015 - September 30, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the training materials.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.3: Increase engagement of non-physician team members in hypertension management in community health care systems				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to conduct environmental scan of providers and hospital/clinic systems and health insurance plans, utilizing an evaluation tool created by UCD, to determine which clinic systems are currently engaging in hypertension management. Results will be used to determine baseline in county.	March 1 2015- September 30, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Subcontractor (TBD) will submit to Contractor: <ul style="list-style-type: none"> a list of proposed and interviewed clinic systems. Contractor will submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.

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Program Strategy 2.3: Increase engagement of non-physician team members in hypertension management in community health care systems				
#	Activity	Timeline	Responsible	Deliverables
2	Based on scan results, Health Clinic Subcontractor will promote adoption by clinic systems of procedures/protocols that support the implementation of comprehensive health care teams. Contractor will monitor, provide TA, and track providers that adopt procedures/protocols.	March 1 2015- September 30, 2016	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Subcontractor (TBD) will submit to Contractor: <ul style="list-style-type: none"> a list of clinic systems that adopted the recommended procedures/protocols. Contractor will submit to CDPH: <ul style="list-style-type: none"> a copy of adopted procedures/protocols.
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.3. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 2015 - September 30, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.4: Increase use of self-measured blood pressure monitoring tied with clinical support				
#	Activity	Timeline	Responsible	Deliverables
1	Conduct asset mapping/environmental scans, utilizing an evaluation tool created by UCD, to determine the CBOs or health systems that are currently providing blood pressure and or diabetes screening/monitoring and who they serve (demographics) for baseline and target. Identify blood pressure/diabetes champions from within the community.	March 1 2015 - September 30, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.5: Implement systems to facilitate identification of patients with undiagnosed hypertension and people with prediabetes				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to conduct asset mapping/environmental scans that determine the CBOs in Health Clinic Subcontractor service areas which are currently providing blood pressure and or diabetes screening/monitoring and who they serve (demographics) for baseline and target. Identify blood pressure/diabetes champions from within the community.	March 1 2015- September 30, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a written summary of the scan, and list of community Champions.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Component 2b: Community Clinical Linkage Strategies to Support Heart Disease and Stroke and Diabetes Prevention Efforts

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Program Strategy 2.6: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with prediabetes or at high risk for type 2 diabetes

#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to conduct an environmental scan utilizing an evaluation tool created by UCD, to assess existing programs that target adults with HBP and adults with prediabetes or at high risk for type 2 diabetes. Begin with Fresno Metro Ministry's Community Resource Directory.	March 1 2015- September 30, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.7: Increase engagement of community pharmacists in the provision of medication-/self-management for adults with high blood pressure

#	Activity	Timeline	Responsible	Deliverables
1	Contractor will conduct environmental scan/assessment utilizing an evaluation tool created by UCD to determine which providers, health insurance plans etc. are using pharmacists as part of the team for medication/self-management. Based on the results of the community scan, Contractor will build relationships with health systems to promote inclusion of community pharmacists as part of the health care team.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.8: Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will conduct environmental scan utilizing an evaluation tool created by UCD of existing 211 services within Fresno County. Identify current and potential 211 service availability and/or identify other entities that could serve as a source for community referrals to LCPs.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	Contractor will work with Health Clinic Subcontractor to conduct assessment of Subcontractor referral practices for patients with a diagnosis of HBP and prediabetes, and viability of utilizing 211 for referral to LCPs.	March 1 2015- September 30, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Contractor will submit to CDPH: <ul style="list-style-type: none"> a copy of assessment results.
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.8. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	March 1 - September 30, 2015	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Cross-cutting (applies to all components)

Cross-Cut Strategy: Build local capacity and document lessons learned of implementing local health departments and partners.				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will attend training sessions, conferences, and webinars on specific content areas to augment the internal team's skills and program effectiveness (topics could include, public data mining health records, increasing community-clinical linkages, etc.).	March 1 2015- September 30, 2016	PI, HE, HES1, HES2, Staff Analyst (SA) I, and Epidemiologist	Submit to CDPH: <ul style="list-style-type: none"> copies of training agendas.
2	Contractor will send at least 2 staff to attend CDPH required annual meeting (1) and trainings (1-2 per year) in Sacramento. Meetings may include: "Program Kick Off", SALT, and NDPP.	March 1 2015- September 30, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> copies of confirmed travel arrangements.

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Cross-Cut Strategy: Build local capacity and document lessons learned of implementing local health departments and partners.				
#	Activity	Timeline	Responsible	Deliverables
3	Contractor will provide a description of best practice, noting whether it refers to innovative educational materials/presentations, policies, success stories, or other.	March 1 2015- September 30, 2016	HE	Submit to CDPH: <ul style="list-style-type: none"> • a copy of best practices summary report.
4	Contractor will participate in focus groups and planning workgroups. Focus groups may include TA, educational materials, and/or review of evaluation tools. Workgroups may include sodium taskforce and NDPP.	March 1 2015- September 30, 2016	HE	Submit to CDPH: <ul style="list-style-type: none"> • copies of meeting agendas/minutes.
5	Contractor will provide internal support including logistics and paperwork for orders, mailing, travel, meetings, technical support, training, etc.	March 1 2015- September 30, 2016	Office Assistant (OA) III	Submit to CDPH: <ul style="list-style-type: none"> • timesheets, and • documentation of logistical processes.

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YEAR 2

Component 1a: Environmental Strategies to Promote Health and Support and Reinforce Healthful Behaviors

Strategy 1.1: Implement nutrition and beverage standards including sodium standards in public institutions, worksites and other key locations such as hospitals

#	Activity	Timeline	Responsible	Deliverables
1	Contractor will develop educational materials on the need for food/beverage guidelines. Include public data on blood pressure, diabetes, and obesity in the local jurisdiction. Distribute to government facilities/worksites/hospitals, stakeholders, policymakers. Post on the Fresno County Health Department website.	September 30, 2015 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of developed educational materials and a screen shot of posted materials.
2	Contractor will identify and participate in national and state meetings, webinars and conferences as appropriate to increase local knowledge and capacity. Suggestions include AHA, ASTHO, NSRI, CDC Healthy Food Service Guidelines, SALT, and MHI.	September 30, 2015 - September 29, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of event agendas.
3	Contractor will use existing environmental scans identify target worksites, assess their training needs and provide customized training/TA to local government officials and key stakeholders on the need for food procurement guidelines that include sodium reduction.	September 30, 2015 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, and meeting agendas/minutes.
4	Contractor will work with Health Clinic Subcontractor to identify target worksites to develop, adopt, and implement food procurement guidelines that include sodium reduction to increase availability of healthy foods and beverages. Use public relations services to promote new guidelines and/or policies.	September 30, 2015 - September 29, 2017	PI, HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, meeting agendas/minutes, target worksite procurement guidelines, and implementation plan(s).
5	Contractor will conduct an assessment of the internal wellness policy for the Fresno County Department of Public Health (FCDPH). Identify areas for strengthening and update the policy. Distribute the policy and provide training/TA to FCDPH supervisors regarding successful implementation. Monitor progress.	September 30, 2015 - September 29, 2017	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the assessment results, training materials, and meeting agendas/minutes.

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Strategy 1.1: Implement nutrition and beverage standards including sodium standards in public institutions, worksites and other key locations such as hospitals				
#	Activity	Timeline	Responsible	Deliverables
6	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Strategy 1.2: Strengthen healthier food access and sales in retail venues and community venues through increased availability, improved pricing, placement, and promotion				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour meetings of the FCHSHC to add capacity and implement additional interventions that encourage healthy retail environments with the goal to promote healthier food access.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will use FCHSHC assessment public data and store public data from CDPH Environmental Health Division to identify stores for intervention. Work with FCHSHC and NEOP to identify specific activities needed to promote healthier food access in retail stores.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of FCHSHC assessment results and retail promotion activities plan.
3	As part of FCHSHC, Contractor will provide input to the “Healthy Stores for a Healthy Community Campaign” to reinforce campaign messages at the local level. If possible, utilize the CDPH Chronic Disease Prevention Messaging Toolkit to develop culturally and linguistically appropriate campaign and educational messages. Utilize PRS to promote selected campaign messages.	September 30, 2015 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes, and campaign messages.
4	In collaboration with the FCHSHC subcommittee, Contractor will participate in the California Tobacco Control Program (CTCP) retail public data collection training to prepare for public data collection.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
5	As part of the FCHSHC, Contractor will participate in an event to train data collectors for the retail survey.	September 30, 2015 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> Copy of training agenda and materials

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Strategy 1.2: Strengthen healthier food access and sales in retail venues and community venues through increased availability, improved pricing, placement, and promotion				
#	Activity	Timeline	Responsible	Deliverables
6	Contractor will recruit, determine specific training/resources needs, and provide TA to at least 1-2 new owner/operator representatives of grocery/specialty food retailers including farmers' market operators to participate in the FCHSHC campaign to improve healthy options in their stores.	September 30, 2015 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agenda/minutes, • training materials, and • photos of the campaign materials in the retailer venue.
7	In collaboration with the FCHSHC, Contractor will participate in the CTCP retail public data collection nutrition specific module.	September 30, 2015 - September 29, 2017	HE, HES1, HES2	Submit to CDPH <ul style="list-style-type: none"> • a list of retail venues where public data was collected.
8	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.2. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Strategy 1.3: Strengthen community promotion of physical activity through signage, worksite policies, social support, and joint use agreements in communities and jurisdictions				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour Healthy Lifestyle Partnership (HLP) meetings (county coalition facilitated by NEOP) to plan and implement community initiatives that promote physical activity.	September 30, 2015 - September 29, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will collect or develop materials to educate stakeholders and key opinion leaders on the selected physical activity initiatives and engage them in the promotion of the initiatives.	September 30, 2015 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials.
3	Contractor will provide training and TA to facilitate the development and implementation of the selected physical activity initiatives.	September 30, 2015 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agenda/minutes and photos. Additional specific deliverables will be identified after the initiatives are selected.
4	Contractor will work with HLP and PICH to assess the effectiveness of potential promotional/marketing approaches for the PA initiatives and target audiences selected. Develop culturally and linguistically appropriate education and campaign messages for activities within strategy 1.3. Implement selected communication strategies to support physical activity initiatives including PRS to promote selected campaign messages.	September 30, 2015 - September 29, 2017	PI, HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of communications/promotion items.
5	Contractor will work with UCD to identify and collect public data for required performance measure 1.3. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Strategy 1.4: Develop and or implement transportation and community plans that promote walking				
#	Activity	Timeline	Responsible	Deliverables
1	As part of the Fresno County Transportation Needs Assessment already underway, Contractor will work with the Fresno Council of Governments (Fresno COG) and the Transportation Community Coalition (TCC) and participate in conducting an environmental community scan for the county to identify gaps in transportation infrastructure to support safe and active communities, existing city/county transportation plans that promote walking and readiness to implement walking/biking plans, as well as city/county planning departments that are open to enhancing plans to promote more walking/biking.	September 30, 2015 - September 29, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of scan results and • walking promotion plan.
2	Based on assessment results, Contractor will continue to collaborate with Fresno COG and TCC, to work with target communities (city or unincorporated community) and provide input to city or county general, transportation bicycle master plans, and community transportation plans to increase number of communities that promote walking and active transportation, and use of public transportation. Work with target communities to promote the plans through public relations services.	September 30, 2015 - September 29, 2017	PI, HE	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes and • copies of target communities' plan(s).
3	Contractor will educate community leaders from 1-2 target communities on conducting walkability assessment to determine scope of problem and highlight changes needed to create safe environments for active transportation	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes, and • training materials.
4	Contractor will coordinate with TCC, target city/county officials including law enforcement, and community members to conduct 1-2 walkability assessments in target communities to determine scope of problem and highlight changes needed to create safe environments for active transportation.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of the walkability assessment(s).
5	Contractor will work with UCD to identify and collect public data for required performance measure 1.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Component 1b: Strategies to build support for healthy lifestyles, particularly for those at high risk, to support diabetes and heart disease and stroke prevention efforts

Program Strategy 1.5: Plan and execute strategic public data-driven actions through a network of partners and local organizations to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to provide NDPP training and certification to at least four identified Health Clinic System staff.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of certifications, and • training materials.
2	Contractor will provide technical assistance to Health Clinic Subcontractor to complete the NDPP Capacity Assessment and will initiate the CDC recognition process.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • Copy of DPRP Capacity Assessment.
3	Contractor will work with Health Clinic Subcontractor to participate in planning for a statewide NDPP summit led by CDPH staff. Planning will include participation in planning meetings, developing summit materials, identifying appropriate key partners/stakeholders to identify the strategic direction and priorities for increasing referrals, utilization, and reimbursement of NDPP.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of planning meeting agendas/minutes.

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Program Strategy 1.5: Plan and execute strategic public data-driven actions through a network of partners and local organizations to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
4	Contractor will work with Health Clinic Subcontractor to refer patients and interested community members to scheduled NDPP classes at Health Clinic System health centers. Promote classes through public relations services.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a listing of classes scheduled, • referral and attendance logs (summary numbers only).
5	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 1.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

Program Strategy 1.6: Implement evidence-based engagement strategies to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
1	In year 2, based on SWOT analysis results, implement community engagement principles within identified communities with Health Clinic Subcontractor.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, Epidemiologist, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • List of potential community engagement activities.

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Program Strategy 1.6: Implement evidence-based engagement strategies to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
2	Utilizing the Chronic Disease Prevention Messaging Toolkit, Contractor will work with Health Clinic Subcontractor to develop a plan, including educational materials, for how partners (CBOs, Fresno County Department of Public Health, Health Clinic Systems, community champions) will work together to conduct outreach, promote the programs through public relations services, build support for and increase referrals to NDPP. Review and update annually.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of planning meeting agendas/minutes, and • the outreach plan.
3	In collaboration with CDPH, Contractor will adapt CDC NDPP communications, educational, and public relations services for marketing materials and work with Health Clinic Subcontractor to mobilize champions to disseminate in target communities as a means to increase reach to and engagement of priority populations. Assess reach and outcomes of lifestyle change strategies and marketing efforts and refine as necessary.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of promotional materials developed, • distribution and reach log.
4	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 1.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Program Strategy 1.7: Increase coverage for evidence-based supports for lifestyle change by working with network partners				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with network partners to conduct an assessment utilizing an evaluation tool created by UCD to identify what health insurance plans are offered to employees and essential benefits included for prediabetes and prevention of type 2 diabetes. Identify challenge and barriers to coverage for LCPs.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the assessment results.
2	Based on assessment results, Contractor will develop and implement an action plan to establish or increase insurance coverage of LCPs within county.	September 30, 2015 - September 29, 2016	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> action plan timeline.
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Component 2a: Health System Interventions to Improve the Quality of Health Care Delivery to Populations with the Highest Hypertension and Pre-diabetes Disparities

Program Strategy 2.1: Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance (pursuant to federal and state guidelines)				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to conduct a community scan within Health Clinic System of blood pressure control initiatives to identify gaps and opportunities for collaboration and improve performance.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of scan.

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Program Strategy 2.1: Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance (pursuant to federal and state guidelines)				
#	Activity	Timeline	Responsible	Deliverables
2	Contractor will recruit providers/health systems to participate in Central Valley Health Information Exchange (CVHIE) to promote reporting on National Quality Forum (NQF) 18 and 59 and standardized clinical quality measures for management and treatment of patients with HBP.	September 30, 2015 - September 29, 2016	PI, HE, and Epidemiologist	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
3	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 2.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.2: Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to assess capacity for providers and/or health systems, utilizing an evaluation tool created by UCD, to electronically track, monitor and report aggregated/standardized quality measures to the Centers for Medicare and Medicaid Services, CDPH, and others.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> an assessment report of the environmental scan.

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Program Strategy 2.2: Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level				
#	Activity	Timeline	Responsible	Deliverables
2	Contractor will work with Health Clinic Subcontractor to convene representatives from county Federally Qualified Health Centers (FQHCs) and CVHIE to develop protocols and processes for monitoring and sharing standardized quality measures at the provider level.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/ minutes.
3	Contractor will work with Health Clinic Subcontractor to expand health system EHR analytics or participation in clinical quality dashboards for Health Clinic System patients with hypertension, prediabetes, and diabetes. Promote quality improvement through the implementation of systems that provide relevant and timely patient public data to providers and health systems.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a summary of systems in use.
4	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 2.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.3: Increase engagement of non-physician team members in hypertension management in community health care systems				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to conduct environmental scan of providers and hospital/clinic systems and health insurance plans, utilizing an evaluation tool created by UCD, to determine which team members are currently engaging in hypertension management. Results will be used to determine baseline in county.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	Based on scan results, Contractor will work with Health Clinic Subcontractor to promote adoption by Health Clinic System providers of procedures/protocols that support the implementation of comprehensive health care teams. Monitor and track providers that adopt procedures/protocols.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of adopted procedures/protocols.
3	Contractor will work with Health Clinic Subcontractor to utilize scan results to identify evidence and practice tools to share with the provider community that support the implementation of evidence-based guidelines for HBP, such as the MHI hypertension protocols i.e., through local medical society. Identify training and TA needs to facilitate adoption/implementation of tools by Health Clinic Subcontractor.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, and meeting agendas/minutes.
4	Contractor will work with Health Clinic Subcontractor to develop a workgroup and project workplan to fill 1-2 of the evidence gaps specified in The Community Guide at http://www.thecommunityguide.org/cvd/RGteambasedcare.html .	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a summary of the evidence gathered and gap(s) identified.

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Program Strategy 2.3: Increase engagement of non-physician team members in hypertension management in community health care systems				
#	Activity	Timeline	Responsible	Deliverables
5	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 2.3. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

Program Strategy 2.4: Increase use of self-measured blood pressure monitoring tied with clinical support				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to provide assessment or analysis results to augment and enhance Health Clinic System provider's capacity and reach. Analysis should include feasibility and compatibility of self-management programs for HBP (e.g., <i>Check. Change. Control</i>) with existing community health care programs.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of analysis report.
2	Contractor will work with Health Clinic Subcontractor to research model practices, outcomes, and benefits to promote the adoption and EHR use with Health Clinic Systems that include integrated HBP algorithms and supports for provider prompts/feedback, patient communication, and public data tracking, monitoring, and reporting. Promote new practices to community partners.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of sample adopted EHR systems.

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Program Strategy 2.4: Increase use of self-measured blood pressure monitoring tied with clinical support				
#	Activity	Timeline	Responsible	Deliverables
3	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 2.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.5: Implement systems to facilitate identification of patients with undiagnosed hypertension and people with pre-diabetes				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to complete an assessment of Health Clinic System to identify patients with undiagnosed hypertension and/or pre-diabetes, provide referral for education and provider feedback about home blood pressure/blood sugar monitoring, and provider prompts and patient contact system for managing patients with HBP/blood sugar.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the assessment.
2	Contractor will work with Health Clinic Subcontractor to Develop and implement a plan for improving the system for identifying and monitoring patients with HBP in Health Clinic System. Promote new system to community partners.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the plan.

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Program Strategy 2.5: Implement systems to facilitate identification of patients with undiagnosed hypertension and people with pre-diabetes				
#	Activity	Timeline	Responsible	Deliverables
3	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 2.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Component 2b: Community Clinical Linkage Strategies to Support Heart Disease and Stroke and Diabetes Prevention Efforts

Program Strategy 2.6: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with pre-diabetes or at high risk for type 2 diabetes				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will assess where CDPH, PHI and other partners currently are with fiscal reimbursement strategies for Community Health Workers (CHWs) within health plans. Contractor will work with Health Clinic Subcontractor to conduct an environmental scan, utilizing an evaluation tool created by UCD of existing clinics, the California Health Workforce Alliance report, and local health care systems to identify which have CHWs or similar staff.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	As a result of the health system scan, Contractor will work with Health Clinic Subcontractor by providing TA to develop a plan to promote systematic change to involve Health Clinic System CHWs to promote linkages between health systems and community resources to improve outcomes for heart disease and diabetes. Coordinate with others working on CHW initiatives for awareness, input, and support. Work with CHWs for their input and guidance on promotional strategies between health systems and community resources. Monitor change. Promote new guidelines or policies through public relations services.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the plan and a summary of changes made.
3	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 2.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.7: Increase engagement of community pharmacists in the provision of medication-/self-management for adults with high blood pressure				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will conduct environmental scan/assessment utilizing an evaluation tool created by UCD to determine which providers, health insurance plans etc. are using pharmacists as part of the team for medication/self-management. Based on the results of the community scan build relationships with health systems to promote inclusion of community pharmacists as part of the health care team.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the scan results.
2	Contractor will work with Health Clinic Subcontractor to identify and convene appropriate partners to identify and share best practices, including training of pharmacists and mechanism of payment; promoting inclusion of pharmacists in the team for community-based medication reconciliation/reporting to providers and hypertension self-management. Promote new guidelines or policies through public relations services.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Exhibit A
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Program Strategy 2.8: Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will institute 211 service LCPs for HBP and pre-diabetes, and/or identify other entities that could serve as a source for community referrals to LCPs. Develop tracking/monitoring system for referrals.	September 30, 2015 - September 29, 2016	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes, • 211/referral system service promotion materials, and • a summary of the tracking/monitoring system.
2	Contractor will develop and implement a communications plan to provide TA and assist with communication, awareness, and outreach strategy to maximize reach and impact of 211.	September 30, 2015 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of 211 communication plan.
3	Contractor will work with Health Clinic Subcontractor to educate Health Clinic System providers about community resources available for patients with HBP and pre-diabetes, and the benefits of using a community referral system, such as 211, within their organization (e.g. utilizing EHR to refer patients to community resources). Determine what resources/systems are needed to ensure bi-directional referrals are made.	September 30, 2015 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of training materials, and • 211/referral system service promotion materials.
4	Contractor will work with Health Clinic Subcontractor and UCD to identify and collect public data for required performance measure 2.8. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2015 - September 29, 2016	HE, HES1, HES2, and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

Cross-cutting (applies to all components)

Exhibit A
Scope of Work

Cross-Cut Strategy: Build local capacity and document lessons learned of implementing local health departments and partners.				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will attend training sessions, conferences, and webinars on specific content areas to augment the internal team's skills and program effectiveness (topics could include, public data mining health records, increasing community-clinical linkages, etc.).	September 30, 2015 - September 29, 2016	PI, HE, HES1, HES2, SA I, and Epidemiologist	Submit to CDPH: <ul style="list-style-type: none"> copies of training agendas.
2	Contractor will send at least 2 staff to attend CDPH required annual meeting (1) and trainings (1-2 per year) in Sacramento. Meetings may include: "Program Kick Off", SALT, and NDPP.	March 1 - September 30, 2015	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> copies of confirmed travel arrangements.
3	Contractor will provide a description of best practice, noting whether it refers to innovative educational materials/presentations, policies, success stories, or other.	September 30, 2015 - September 29, 2016	Health Educator	Submit to CDPH: <ul style="list-style-type: none"> a best practices summary report.
4	Contractor will participate in focus groups and planning workgroups. Focus groups may include TA, educational materials, and/or review of evaluation tools. Workgroups may include sodium taskforce, and NDPP.	September 30, 2015 - September 29, 2016	Health Educator	Submit to CDPH: <ul style="list-style-type: none"> copies of meeting agendas/minutes.
5	Contractor will provide internal support including logistics and paperwork for orders, mailing, travel, meetings, technical support, training, etc.	September 30, 2015 - September 29, 2017	OA III	Submit to CDPH: <ul style="list-style-type: none"> timesheets, and documentation of logistical processes.

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YEAR 3

Component 1a: Environmental Strategies to Promote Health and Support and Reinforce Healthful Behaviors

Strategy 1.1: Implement nutrition and beverage standards including sodium standards in public institutions, worksites and other key locations such as hospitals

#	Activity	Timeline	Responsible	Deliverables
1	Contractor will identify and participate in national and state meetings, webinars and conferences as appropriate to increase local knowledge and capacity. Suggestions include AHA, ASTHO, NSRI, CDC Healthy Food Service Guidelines, SALT, and MHI.	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of event agendas.
2	Contractor will work with identified target worksites to develop, adopt, and implement food procurement guidelines that include sodium reduction to increase availability of healthy foods and beverages.	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, meeting agendas/minutes, target worksite procurement guidelines, and implementation plan(s).
3	Contractor will conduct an assessment of the internal wellness policy for the Fresno County Department of Public Health (FCDPH). Identify areas for strengthening and update the policy. Distribute the policy and provide training to FCDPH supervisors regarding successful implementation. Monitor progress.	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the assessment results, training materials, and meeting agendas/minutes.
4	Contractor will meet with directors of other county departments and share the FCDPH wellness policy. Through discussion, assess the viability of implementing a similar or modified version of the FCDPH wellness policy in the other departments and Health Clinic Subcontractor.	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
5	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Exhibit A
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Strategy 1.2: Strengthen healthier food access and sales in retail venues and community venues through increased availability, improved pricing, placement, and promotion.				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour meetings of the FCHSHC to add capacity and implement additional interventions that encourage healthy retail environments with the goal to promote healthier food access.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will use FCHSHC assessment public data and store public data from CDPH Environmental Health Division to identify stores for intervention. Work with FCHSHC and NEOP to identify specific activities needed to promote healthier food access in retail stores.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of FCHSHC assessment results and retail promotion activities plan.
3	As part FCHSHC, Contractor will provide input to the “Healthy Stores for a Healthy Community Campaign” to reinforce campaign messages at the local level. If possible, utilize the CDPH Chronic Disease Prevention Messaging Toolkit to develop culturally and linguistically appropriate campaign messages.	September 30, 2016 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes, and campaign messages.
4	Contractor will recruit, determine specific training/resources needs, and provide TA to at least 1-2 new owner/operator representatives’ grocery/specialty food retailers including farmers’ market operators to participate in the FCHSHC campaign to improve healthy options in their stores.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agenda/minutes, training materials, and photos of the campaign materials in the retailer venue.
5	In collaboration with the FCHSHC subcommittee, Contractor will participate in the CTCP spokesperson training to prepare for a FCHSHC press event.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of the spokesperson training agenda.
6	In collaboration with the FCHSHC subcommittee and CDPH, Contractor will plan and participate in the CTCP retail public data collection press event.	September 30, 2016 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of the press event packet.
7	In collaboration with the FCHSHC subcommittee, Contractor will assist with the dissemination of Fresno County retail public data collection results. Results will be provided by CTCP in the form of a factsheet that will be adapted to meet the needs of Fresno County.	September 30, 2016 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of the adapted factsheet.

Exhibit A
Scope of Work

Strategy 1.2: Strengthen healthier food access and sales in retail venues and community venues through increased availability, improved pricing, placement, and promotion.				
#	Activity	Timeline	Responsible	Deliverables
8	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.2. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Strategy 1.3: Strengthen community promotion of physical activity through signage, worksite policies, social support, and joint use agreements in communities and jurisdictions				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour Healthy Lifestyle Partnership (HLP) meetings (county coalition facilitated by NEOP) to plan and implement community initiatives that promote physical activity.	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will provide training and TA to facilitate the development and implementation of the selected physical activity initiatives.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agenda/minutes and photos. Additional specific deliverables will be identified after the initiatives are selected.
3	Contractor will work with HLP and PICH to assess the effectiveness of potential promotional/marketing approaches for the PA initiatives and target audiences selected. Develop culturally and linguistically appropriate campaign messages. Implement selected communication strategies to support physical activity initiatives including PRS to promote selected campaign messages.	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a copy of communications/promotion items.
4	Contractor will work with UCD to identify and collect public data for required performance measure 1.3. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Exhibit A
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Strategy 1.4: Develop and or implement transportation and community plans that promote walking				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will continue to collaborate with Fresno COG and TCC, to work in target communities (city or unincorporated community) and provide input to city or county general, transportation bicycle master plans and community transportation plans to increase number of communities that promote walking and active transportation, and use of public transportation.	September 30, 2016 - September 29, 2017	PI, HE,	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes and • copies of target communities' plan(s).
2	Contractor will coordinate with TCC, target city/county officials including law enforcement, and community members to utilize the completed walkability assessment(s) to identify potential local active transportation project(s) for funding from CalTrans and other funding sources.	September 30, 2016 - September 29, 2017	PI, HE,	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes and • list of the potential projects identified.
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

Exhibit A
Scope of Work

Component 1b: Strategies to build support for healthy lifestyles, particularly for those at high risk, to support diabetes, heart disease and stroke prevention efforts

Program Strategy 1.5: Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for lifestyle change

#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to refer patients and interested community members to scheduled NDPP classes at health centers and promote the classes through public relations/media.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, HES3, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of classes scheduled, referral and attendance logs (summary numbers only).
2	Contractor will work with Health Clinic Subcontractor, to submit evaluation data to CDC in order to achieve NDPP recognition status.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> Copy of evaluation data.
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 – September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 1.6: Implement evidence-based engagement strategies to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
1	Utilizing the Chronic Disease Prevention Messaging Toolkit, Contractor will provide TA to the Health Clinic Subcontractor to develop a plan for how partners (CBOs, Fresno County Department of Public Health, Health Clinic Subcontractor, community champions) will work together to conduct outreach/marketing, build support for and increase referrals to NDPP. Review and update annually.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of planning meeting agendas/minutes, and the outreach/marketing plan.
2	In collaboration with CDPH, Contractor will work with Health Clinic Subcontractor to adapt CDC NDPP communications and marketing materials and mobilize champions to disseminate in target communities as a means to increase reach to and engagement of priority populations. Assess reach and outcomes of lifestyle change strategies and marketing efforts and refine as necessary.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of promotional materials developed, and distribution and reach log.
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 1.7: Increase coverage for evidence-based supports for lifestyle change by working with network partners				
#	Activity	Timeline	Responsible	Deliverables
1	Based on assessment results, Contractor will develop and implement an action plan to establish or increase insurance coverage of LCPs within county.	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> action plan timeline.
2	Contractor will work with UCD to identify and collect public data for required performance measure 1.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Exhibit A
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Component 2a: Health System Interventions to Improve the Quality of Health Care Delivery to Populations with the Highest Hypertension and Pre-diabetes Disparities

Program Strategy 2.1: Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance (pursuant to federal and state guidelines)				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will recruit providers/health systems to participate in CVHIE to promote reporting on NQF 18 and 59 and standardized clinical quality measures for management and treatment of patients with HBP.	September 30, 2016 - September 29, 2017	PI, HE,	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will work with Health Clinic Subcontractor to create and/or adapt existing Patient-centered Medical Home (PCMH) certification materials for use with partners of the California Primary Care Association or the County Medical Society.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of promotional materials, materials distribution log, and meeting agendas/minutes.
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.2: Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to convene representatives from FQHCs and CVHIE in the county to develop protocols and processes for monitoring and sharing standardized quality measures at the provider level.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.

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Program Strategy 2.2: Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level				
#	Activity	Timeline	Responsible	Deliverables
2	Contractor will work with Health Clinic Subcontractor to expand health system EHR analytics or participation in clinical quality dashboards for Health Clinic System patients with hypertension, pre-diabetes, and diabetes. Promote quality improvement through the implementation of systems that provide relevant and timely patient public data to providers and health systems.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a summary of systems in use.
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.3: Increase engagement of non-physician team members in hypertension management in community health care systems				
#	Activity	Timeline	Responsible	Deliverables
1	Based on scan results, Contractor will work with Health Clinic Subcontractor to promote adoption by Health Clinic System providers of procedures/protocols that support the implementation of comprehensive health care teams. Contractor will monitor and track procedures/protocols adopted by providers.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of adopted procedures/ protocols.

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Program Strategy 2.3: Increase engagement of non-physician team members in hypertension management in community health care systems				
#	Activity	Timeline	Responsible	Deliverables
2	Contractor will work with Health Clinic Subcontractor to Utilize scan results to identify evidence and practice tools to share with the provider community that support the implementation of evidence-based guidelines for HBP, such as the MHI hypertension protocols i.e., through local medical society. Identify training and TA needs to facilitate adoption/implementation of tools with Health Clinic Systems.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of training materials, and • meeting agendas/minutes.
3	Contractor will work with Health Clinic Subcontractor to develop a workgroup and project work plan to fill 1-2 of the evidence gaps specified in The Community Guide at http://www.thecommunityguide.org/cvd/RGteambasedcare.html	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a summary of the evidence gathered and • a summary of gap(s) identified.
4	Contractor will work with UCD to identify and collect public data for required performance measure 2.3. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

Program Strategy 2.4: Increase use of self-measured blood pressure monitoring tied with clinical support				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to research model practices, outcomes, and benefits to promote the adoption and EHR use by Health Clinic System that include integrated HBP algorithms and supports for provider prompts/feedback, patient communication, and public data tracking, monitoring, reporting and public relations services.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, HES3, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of sample adopted EHR systems.

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Program Strategy 2.4: Increase use of self-measured blood pressure monitoring tied with clinical support				
#	Activity	Timeline	Responsible	Deliverables
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Program Strategy 2.5: Implement systems to facilitate identification of patients with undiagnosed hypertension and people with prediabetes				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will provide TA to Health Clinic Subcontractor to develop and implement a plan for improving the system for identifying and monitoring patients with HBP in Health Clinic System.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the implementation plan.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Component 2b: Community Clinical Linkage Strategies to Support Heart Disease and Stroke and Diabetes Prevention Efforts

Program Strategy 2.6: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with pre-diabetes or at high risk for type 2 diabetes				
#	Activity	Timeline	Responsible	Deliverables
1	As a result of the health system scan, Contractor will develop a plan to promote systematic change to involve Health Clinic System CHWs to promote linkages between health systems and community resources to improve outcomes for heart disease and diabetes. Contractor will work with Health Clinic Subcontractor to coordinate with others working on CHW initiatives for awareness, input, support and public relations services. Contractor will work with CHWs for their input and guidance on promotional strategies between health systems and community resources and monitor change.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, HES3, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the plan and a summary of changes made.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.7: Increase engagement of community pharmacists in the provision of medication-/self-management for adults with high blood pressure				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will identify and convene appropriate partners to identify and share best practices, including training of pharmacists and mechanism of payment; promoting inclusion of pharmacists in the team for community-based medication reconciliation/reporting to providers and hypertension self-management.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.8: Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will institute 211 service LCPs for HBP and prediabetes, and/or identify other entities that could serve as a source for community referrals to LCPs. Develop tracking/monitoring system for referrals.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes, 211/referral system service promotion materials, and summary of the tracking/monitoring system.
2	Contractor will work with Health Clinic Subcontractor to educate Health Clinic Systems about community resources available for patients with HBP and pre-diabetes, and the benefits of using a community referral system, such as 211, within their organization (e.g. utilizing EHR to refer patients to community resources). Provide TA to determine what resources/systems are needed to ensure bi-directional referrals are made.	September 30, 2016 - September 29, 2017	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, and 211/referral system service promotion materials.

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Program Strategy 2.8: Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs				
#	Activity	Timeline	Responsible	Deliverables
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.8. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2016 - September 29, 2017	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Cross-cutting (applies to all components)

Cross-Cut Strategy: Build local capacity and document lessons learned of implementing local health departments and partners.				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will attend training sessions, conferences, and webinars on specific content areas to augment the internal team's skills and program effectiveness (topics could include, public data mining health records, increasing community-clinical linkages, etc.).	September 30, 2016 - September 29, 2017	PI, HE, HES1, HES2, SA II,	Submit to CDPH: <ul style="list-style-type: none"> copies of training agendas.
2	Contractor will send at least 2 staff to attend CDPH required annual meeting (1) and trainings (1-2 per year) in Sacramento. Meetings may include: "Program Kick Off", SALT, and NDPP.	March 1 - September 30, 2015	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> copies of confirmed travel arrangements.
3	Contractor will provide a description of best practice, noting whether it refers to innovative educational materials/presentations, policies, success stories, or other.	September 30, 2016 - September 29, 2017	HE	Submit to CDPH: <ul style="list-style-type: none"> a copy of best practices summary report.
4	Contractor will participate in focus groups and planning workgroups. Focus groups may include TA, educational materials, and/or review of evaluation tools. Workgroups may include sodium taskforce, and NDPP.	September 30, 2016 - September 29, 2017	HE	Submit to CDPH: <ul style="list-style-type: none"> copies of meeting agendas/minutes.
5	Contractor will provide internal support including logistics and paperwork for orders, mailing, travel, meetings, technical support, training, etc.	September 30, 2016 - September 29, 2017	SAII	Submit to CDPH: <ul style="list-style-type: none"> timesheets, and documentation of logistical processes.

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YEAR 4

Component 1a: Environmental Strategies to Promote Health and Support and Reinforce Healthful Behaviors

Strategy 1.1: Implement nutrition and beverage standards including sodium standards in public institutions, worksites and other key locations such as hospitals				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will identify and participate in national and state meetings, webinars and conferences as appropriate to increase local knowledge and capacity. Suggestions include AHA, ASTHO, NSRI, CDC Healthy Food Service Guidelines, SALT, and MHI.	September 30, 2017 - September 29, 2018	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of event agendas.
2	Contractor will work with identified target worksites and potential consultant to research best practices to develop, adopt, and implement food procurement guidelines and recipe development that includes sodium reduction to increase availability of healthy foods and beverages.	September 30, 2017 - September 29, 2018	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, meeting agendas/minutes, target worksite procurement guidelines, and implementation plan(s).
3	Contractor will meet with directors of other county departments and share the FCDPH wellness policy. Through discussion, assess the viability of implementing a similar or modified version of the FCDPH wellness policy in the other departments.	September 30, 2017 - September 29, 2018	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
4	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2,	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Strategy 1.2: Strengthen healthier food access and sales in retail venues and community venues through increased availability, improved pricing, placement, and promotion				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour meetings of the FCHSHC to add capacity and implement additional interventions that encourage healthy retail environments with the goal to promote healthier food access.	September 30, 2017 - September 29, 2018	HE, HES1; HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes.
2	Contractor will use FCHSHC assessment public data and store public data from CDPH Environmental Health Division to identify stores for intervention. Work with FCHSHC and NEOP to identify specific activities needed to promote healthier food access in retail stores.	September 30, 2017 - September 29, 2018	HE, HES1; HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of FCHSHC assessment results and • retail promotion activities plan.
3	As part FCHSHC, Contractor will provide input to the “Healthy Stores for a Healthy Community Campaign” to reinforce campaign messages at the local level. If possible, utilize the CDPH Chronic Disease Prevention Messaging Toolkit to develop culturally and linguistically appropriate campaign messages <u>and share through media campaign opportunities.</u>	September 30, 2017 - September 29, 2018	HE, HES1; HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes, and • campaign messages.
4	Contractor will recruit, determine specific training/resources needs, and provide TA to at least 1-2 new owner/operator representatives’ grocery/specialty food retailers including farmers’ market operators to participate in the FCHSHC campaign to improve healthy options in their stores <u>and share through media campaign opportunities.</u>	September 30, 2017 - September 29, 2018	HE, HES1; HES2	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agenda/minutes, • training materials, and • photos of the campaign materials in the retailer venue.
5	Contractor will work with UCD to identify and collect public data for required performance measures within strategy 1.2. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1; HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Strategy 1.3: Strengthen community promotion of physical activity through signage, worksite policies, social support, and joint use agreements in communities and jurisdictions				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will participate in quarterly 1-2 hour Healthy Lifestyle Partnership (HLP) meetings (county coalition facilitated by NEOP) to plan and implement community initiatives that promote physical activity.	September 30, 2017 - September 29, 2018	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will provide training and TA to facilitate the development and implementation of the selected physical activity initiatives.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agenda/minutes and photos. Additional specific deliverables will be identified after the initiatives are selected.
3	Contractor will work with HLP and PICH to assess the effectiveness of potential promotional/marketing approaches for the PA initiatives and target audiences selected. Develop culturally and linguistically appropriate campaign messages for activities within strategy 1.3. Implement selected communication strategies to support physical activity initiatives including PRS to promote selected campaign messages.	September 30, 2017 - September 29, 2018	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of communications/promotion items.
4	Contractor will work with UCD to identify and collect public data for required performance measure 1.3. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Strategy 1.4: Develop and or implement transportation and community plans that promote walking				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will continue to provide input to city or county general, transportation bicycle master plans and community transportation plans to increase number of communities that promote walking and active transportation, and use of public transportation.	September 30, 2017 - September 29, 2018	PI, HE,	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes and copies of target communities' plan(s).

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Strategy 1.4: Develop and or implement transportation and community plans that promote walking				
#	Activity	Timeline	Responsible	Deliverables
2	Contractor will coordinate with TCC, target city/county officials including law enforcement, and community members to utilize the completed walkability assessment(s) to identify potential local active transportation project(s) for funding from CalTrans and other funding sources.	September 30, 2017 - September 29, 2018	PI, HE,	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes and list of the potential projects identified.
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Component 1b: Strategies to build support for healthy lifestyles, particularly for those at high risk, to support diabetes and heart disease and stroke prevention efforts

Program Strategy 1.5: Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to refer patients and interested community members to scheduled NDPP <u>Diabetes Prevention Program (DPP)</u> classes at Health Clinic System health centers.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of classes scheduled, referral and attendance logs (summary numbers only).
<u>2</u>	<u>Provide technical assistance to local health organizations to increase capacity for providing DPP classes, including, providing Lifestyle Coach training if necessary.</u>	<u>September 20, 2017-September 29, 2018</u>	<u>HE, HES1</u>	<u>Submit to CDPH</u> <ul style="list-style-type: none"> <u>List of technical assistance provided</u> <u>List of staff trained</u>
23	Contractor will work with UCD to identify and collect public data for required performance measure 1.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 1.5: Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
34	Contractor will work with Health Clinic Subcontractor to submit evaluation data to CDC in order to achieve NDPP recognition status.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , and Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • Copy of evaluation data.

Program Strategy 1.6: Implement evidence-based engagement strategies to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
1	Utilizing the Chronic Disease Prevention Messaging Toolkit, Contractor will work with Health Clinic Subcontractor to develop a plan for how partners (CBOs, Fresno County Department of Public Health, Health Clinic System, community champions) will work together to conduct outreach/marketing, build support for and increase referrals to NDPP . Review and update annually.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of planning meeting agendas/minutes, • the outreach/marketing plan.
2	In collaboration with CDPH and Health Clinic Subcontractor, Contractor will adapt CDC NDPP communications and marketing materials and mobilize champions to disseminate in target communities as a means to increase reach to and engagement of priority populations. Assess reach and outcomes of lifestyle change strategies and marketing efforts and refine as necessary.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of promotional materials developed, • distribution and reach log.

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Program Strategy 1.6: Implement evidence-based engagement strategies to build support for lifestyle change				
#	Activity	Timeline	Responsible	Deliverables
3	Contractor will work with UCD to identify and collect public data for required performance measure 1.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 1.7: Increase coverage for evidence-based supports for lifestyle change by working with network partners				
#	Activity	Timeline	Responsible	Deliverables
1	Based on assessment results, Contractor will develop and implement an action plan to establish or increase insurance coverage of LCPs within county.	September 30, 2017 - September 29, 2018	PI, HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> action plan timeline.
2	Contractor will work with UCD to identify and collect public data for required performance measure 1.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Component 2a: Health System Interventions to Improve the Quality of Health Care Delivery to Populations with the Highest Hypertension and Prediabetes Disparities

Program Strategy 2.1: Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance (pursuant to federal and state guidelines)				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will recruit providers/health systems to participate in CVHIE to promote reporting on NQF 18 and 59 and standardized clinical quality measures for management and treatment of patients with HBP.	September 30, 2017 - September 29, 2018	PI, HE, Epidemiologist	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.2: Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to convene representatives from FQHCs and CVHIE in the county to develop protocols and processes for monitoring and sharing standardized quality measures at the provider level.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a copy of meeting agendas/minutes.
2	Contractor will work with Health Clinic Subcontractor to expand health system EHR analytics or participation in clinical quality dashboards for Health Clinic System patients with hypertension, pre-diabetes, and diabetes. Promote quality improvement through the implementation of systems that provide relevant and timely patient public data to providers and health systems.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> • a summary of systems in use.
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.1. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> • a compilation of public data collected, and • a copy of event agendas.

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Program Strategy 2.3: Increase engagement of non-physician team members in hypertension management in community health care systems				
#	Activity	Timeline	Responsible	Deliverables
1	Based on scan results, Contractor will work with Health Clinic Subcontractor to promote adoption by Health Clinic System providers of procedures/protocols that support the implementation of comprehensive health care teams. Monitor and track providers who adopt procedures/protocols.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of adopted procedures/protocols.
2	Contractor will work with Health Clinic Subcontractor to utilize scan results to identify evidence and practice tools to share with the provider community that support the implementation of evidence-based guidelines for HBP, such as the MHI hypertension protocols i.e., through local medical society, <u>and through media campaigns to the community</u> . Identify training and TA needs to facilitate adoption/implementation of tools with Health Clinic Subcontractor.	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, and meeting agendas/minutes. <u>Media materials</u>
3	Contractor will work with Health Clinic Subcontractor to develop a workgroup and project work plan to fill 1-2 of the evidence gaps specified in The Community Guide at http://www.thecommunityguide.org/cvd/RGteambasedcare.html	September 30, 2017 - September 29, 2018	HE, HES1, HES2 , Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a summary of the evidence gathered and gap(s) identified.
4	Contractor will work with UCD to identify and collect public data for required performance measure 2.3. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

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Program Strategy 2.4: Increase use of self-measured blood pressure monitoring tied with clinical support				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to research model practices, outcomes, and benefits to promote the adoption and EHR use with Health Clinic System health centers that include integrated HBP algorithms and supports for provider prompts/feedback, patient communication, and public data tracking, monitoring, and reporting.	September 30, 2017 - September 29, 2018	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of sample adopted EHR systems.
2	<u>Work with community partners such as the library to promote self measured blood pressure. Use media materials to promote tools available for self measurement.</u>	<u>September 20, 2017 – September 29, 2018</u>	<u>HE, HES1</u>	<ul style="list-style-type: none"> <u>Promotional materials</u>
23	Contractor will work with UCD to identify and collect public data for required performance measure 2.4. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Exhibit A
Scope of Work

Program Strategy 2.5: Implement systems to facilitate identification of patients with undiagnosed hypertension and people with prediabetes				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will work with Health Clinic Subcontractor to develop and implement a plan for improving the system for identifying and monitoring patients with HBP in Health Clinic System.	September 30, 2017 - September 29, 2018	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the plan.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.5. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Component 2b: Community Clinical Linkage Strategies to Support Heart Disease and Stroke and Diabetes Prevention Efforts

Program Strategy 2.6: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with pre-diabetes or at high risk for type 2 diabetes				
#	Activity	Timeline	Responsible	Deliverables
1	As a result of the health system scan, Contractor will work with Health Clinic Subcontractor to develop a plan to promote systematic change to involve Health Clinic System CHWs to promote linkages between health systems and community resources to improve outcomes for heart disease and diabetes. Coordinate with others working on CHW initiatives for awareness, input, and support. Work with CHWs for their input and guidance on promotional strategies between health systems and community resources. Monitor change.	September 30, 2017 - September 29, 2018	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of the plan and a summary of changes made.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.6. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Exhibit A
Scope of Work

Program Strategy 2.7: Increase engagement of community pharmacists in the provision of medication-/self-management for adults with high blood pressure				
#	Activity	Timeline	Responsible	Deliverables
1	Identify and convene appropriate partners to identify and share best practices, including training of pharmacists and mechanism of payment; promoting inclusion of pharmacists in the team for community-based medication reconciliation/reporting to providers and hypertension self-management.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes.
2	Contractor will work with UCD to identify and collect public data for required performance measure 2.7. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Program Strategy 2.8: Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will institute 211 services LCPs for HBP and pre-diabetes, and/or identify other entities that could serve as a source for community referrals to LCPs. Develop tracking/monitoring system for referrals.	September 30, 2017 - September 29, 2018	HE, HES1, HES2	Submit to CDPH: <ul style="list-style-type: none"> a copy of meeting agendas/minutes, 211/referral system service promotion materials, and a summary of the tracking/monitoring system.
2	Contractor will work with Health Clinic Subcontractor to educate Health Clinic System providers about community resources available for patients with HBP and pre-diabetes, and the benefits of using a community referral system, such as 211, within their organization (e.g. utilizing EHR to refer patients to community resources). Determine what resources/systems are needed to ensure bi-directional referrals are made. <u>Use media campaign to promote services available in the community.</u>	September 30, 2017 - September 29, 2018	HE, HES1, HES2, Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley)	Submit to CDPH: <ul style="list-style-type: none"> a copy of training materials, and 211/referral system service promotion materials.

Exhibit A
Scope of Work

Program Strategy 2.8: Implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs				
#	Activity	Timeline	Responsible	Deliverables
3	Contractor will work with UCD to identify and collect public data for required performance measure 2.8. Attend required webinars and trainings on public data collection and performance measures sponsored by CDPH.	September 30, 2017 - September 29, 2018	HE, HES1; HES2	Submit to CDPH: <ul style="list-style-type: none"> a compilation of public data collected, and a copy of event agendas.

Cross-cutting (applies to all components)

Cross-Cut Strategy: Build local capacity and document lessons learned of implementing local health departments and partners.				
#	Activity	Timeline	Responsible	Deliverables
1	Contractor will attend training sessions, conferences, and webinars on specific content areas to augment the internal team's skills and program effectiveness (topics could include, public data mining health records, increasing community-clinical linkages, etc.).	September 30, 2017 - September 29, 2018	PI, HE, HES1, HES2, SA III, Epidemiologist	Submit to CDPH: <ul style="list-style-type: none"> copies of training agendas.
2	Contractor will send at least 2 staff to attend CDPH required annual meeting (1) and trainings (1-2 per year) in Sacramento. Meetings may include: "Program Kick Off", SALT, and NDPP.	September 30, 2017 - September 29, 2018	PI, HE, HES1; HES2	Submit to CDPH: <ul style="list-style-type: none"> copies of confirmed travel arrangements.
3	Contractor will provide a description of best practice, noting whether it refers to innovative educational materials/presentations, policies, success stories, or other.	September 30, 2017 - September 29, 2018	HE	Submit to CDPH: <ul style="list-style-type: none"> a copy of best practices summary report.
4	Contractor will participate in focus groups and planning workgroups. Focus groups may include TA, educational materials, and/or review of evaluation tools. Workgroups may include sodium taskforce, and NDPP.	September 30, 2017 - September 29, 2018	HE	Submit to CDPH: <ul style="list-style-type: none"> copies of meeting agendas/minutes.
5	Contractor will provide internal support including logistics and paperwork for orders, mailing, travel, meetings, technical support, training, etc.	September 30, 2017 - September 29, 2018	OA III <u>HES1</u>	Submit to CDPH: <ul style="list-style-type: none"> timesheets, and documentation of logistical processes.

Exhibit B, Attachment III-A
 Budget Year 3-A
 (Unspent balance from Budget Year 2)
 09/30/16 through 09/29/17

	Component 1		Component 2		Total
	Task 1a Heart 15%	Task 1b Diabetes 35%	Task 2a Diabetes 15%	Task 2b Heart 35%	
A. OPERATING EXPENSES					
General Office Supplies	\$150 <u>\$136.93</u>	\$350 <u>\$319.55</u>	\$150 <u>\$136.95</u>	\$350 <u>\$319.54</u>	\$1,000 <u>\$912.97</u>
Printing ♦C1,all Strategies; ♦C2, all Strategies	\$450 <u>\$449.99</u>	\$1,050	\$450	\$1,050	\$3,000 <u>\$2,999.99</u>
Meeting room rentals ♦C1,all Strategies; ♦C2, all Strategies	\$337	\$787	\$337	\$787	\$2,248
Security, Utilities and Facilities	\$1,238	\$2,888	\$1,238	\$2,888	\$8,252
Communications	\$201 <u>\$161.99</u>	\$469 <u>\$377.98</u>	\$201 <u>\$161.99</u>	\$469 <u>\$377.98</u>	\$1,340 <u>\$1,079.94</u>
Minor Equipment	\$300 <u>\$212.92</u>	\$700 <u>\$496.80</u>	\$300 <u>\$212.92</u>	\$700 <u>\$496.80</u>	\$2,000 <u>\$1,419.44</u>
Total Operating	\$2,676 <u>\$2,536.83</u>	\$6,244 <u>\$5,919.33</u>	\$2,676 <u>\$2,536.86</u>	\$6,244 <u>\$5,919.32</u>	\$17,840 <u>\$16,912.34</u>
B.D. TRAVEL					
Local travel to complete SOW deliverables (926 miles at \$.535/mile) ♦C1,all Strategies; ♦C2, all Strategies	\$75	\$175	\$75	\$175	\$500
Conferences/Trainings (hotel, per diem, parking, and mileage) ♦C1,all Strategies; ♦C2, all Strategies	\$750 <u>\$512.05</u>	\$1,750 <u>\$1,194.75</u>	\$750	\$1,750	\$5,000 <u>\$4,206.80</u>
Total Travel	\$825 <u>\$587.05</u>	\$1,925 <u>\$1,369.75</u>	\$825 <u>\$825.00</u>	\$1,925 <u>\$1,925.00</u>	\$5,500 <u>\$4,706.80</u>
C.E. SUBCONTRACTS					
Health Clinic Subcontractor (United Health Centers of San Joaquin Valley) ♦C1a,S1.1,A4 ♦C1b,S1.5,A1-A5; S1.6,A1-A4; ♦C2a,S2.1,A1,A3; S2.2,A1-A4; S2.3,A1-A5; S2.4,A1-A3; S2.5,A1-A3; ♦C2b,S2.6,A1-A3; S2.7,A2; S2.8,A3-A4	\$7,318 <u>\$7,260.76</u>	\$111,576	\$48,639 <u>\$48,591.25</u>	\$111,727 <u>\$111,704.01</u>	\$279,260 <u>\$279,132.02</u>
Total Subcontracts	\$7,318 <u>\$7,260.76</u>	\$111,576	\$48,639 <u>\$48,591.25</u>	\$111,727 <u>\$111,704.01</u>	\$279,260 <u>\$279,132.02</u>
D.F. OTHER COSTS					
Public Relations Services (Media, Press release, Campaign) ♦C1a,S1.1,A4; S1.2,A3,A6; S1.3,A4; S1.4,A2 ♦C1b,S1.5,A4; S1.6,A2-A3 ♦C2aS2.4,A2; S2.5,A2, ♦C2b,S2.6,A2; S2.7,A2, S2.8,A3	\$7,283 <u>\$7,219.80</u>	\$16,992 <u>\$16,846.18</u>	\$7,283 <u>\$7,219.80</u>	\$16,992 <u>\$16,846.18</u>	\$48,550 <u>\$48,131.96</u>

Exhibit B, Attachment III-A
 Budget Year 3-A
 (Unspent balance from Budget Year 2)
 09/30/16 through 09/29/17

County of Fresno Department of Public Health
 14-10712
 A03

Technical Assistance (Provider Support - TBD. Based on available funding) ♦C1a,S1.1,A3,A5; S1.2,A6;S1.3,A3 ♦C1b, S1.5,A2; ♦C2a,S2.3,A3; ♦C2b,S2.6,A2; S2.8,A2 ♦Cross-CutA4	\$900	\$2,100	\$900	\$2,100	\$6,000
			<u>\$875.32</u>	<u>\$2,042.41</u>	<u>\$5,917.73</u>
Meeting supplies, interpretation, and child care for all sessions and kick-off meetings. ♦ C1a, all Strategies	\$270	\$630	\$270	\$630	\$1,800
	<u>\$155.33</u>	<u>\$362.42</u>	<u>\$155.32</u>	<u>\$362.42</u>	<u>\$1,035.49</u>
Education/Training Materials (including related translation of materials)	\$285	\$665	\$285	\$665	\$1,900
Total Other Costs	\$8,738	\$20,387	\$8,738	\$20,387	\$58,250
	<u>\$8,560.13</u>	<u>\$19,973.60</u>	<u>\$8,535.44</u>	<u>\$19,916.01</u>	<u>\$56,985.18</u>
TOTAL DIRECT COSTS	\$19,557	\$140,132	\$60,878	\$140,283	\$360,850
	<u>\$18,944.77</u>	<u>\$138,838.68</u>	<u>\$60,488.55</u>	<u>\$139,464.34</u>	<u>\$357,736.34</u>
EG. INDIRECT COSTS					
<i>Total Allowable Direct Costs</i>	<i>\$15,989</i>	<i>\$37,306</i>	<i>\$15,989</i>	<i>\$37,306</i>	<i>\$106,590</i>
Calculated at 15.0% of Total Allowable* Direct Costs	\$2,398	\$5,596	\$2,398	\$5,596	\$15,989
	<u>\$1,850.10</u>	<u>\$5,589.40</u>	<u>\$2,398.00</u>	<u>\$5,596.00</u>	<u>\$15,433.50</u>
*Only the first \$25,000 of each subcontract may be used in the calculation					
Total Expenses	\$21,955	\$145,728	\$63,276	\$145,879	\$376,838
	<u>\$20,794.87</u>	<u>\$144,428.08</u>	<u>\$62,886.55</u>	<u>\$145,060.34</u>	<u>\$373,169.84</u>

♦ Key: SOW Component (C), SOW Program Strategy (S), SOW Activity (A)

Exhibit B, Attachment III
 Budget Year 3
 (09/30/2016 through 09/29/2017)

				Component 1		Component 2			
				Task 1a Heart 15%	Task 1b Diabetes 35%	Task 2a Diabetes 15%	Task 2b Heart 35%	Total	
Position Title	Base Salary	Months	Benefit %	Cost	Cost	Cost	Cost	Total % FTE	Total Costs
A. PERSONNEL									
Principal Investigator	\$79,021	12	64.74%	\$1,185	\$2,766	\$1,185	\$2,766	10%	\$7,902
Health Educator	\$52,004	12	69.41%	\$7,801 \$6,399.42	\$18,201 \$14,931.93	\$7,801 \$6,399.40	\$18,201 \$14,931.93	70%	\$52,004 \$42,662.68
Health Education Specialist	\$44,187	12	71.67%	\$6,629 \$6,581.09	\$15,465 \$15,355.88	\$6,628 \$6,581.09	\$15,465 \$15,355.88	90%	\$44,187 \$43,873.94
Health Education Specialist	\$44,187	12	71.67%	\$6,628 \$6,618.98	\$15,465 \$15,444.27	\$6,629 \$6,618.98	\$15,465 \$15,444.27	60%	\$44,187 \$44,126.50
Staff Analyst II	\$48,211	12	80.79%	\$1,446	\$3,375	\$1,446	\$3,375	20%	\$9,642
Health Education Specialist	\$44,187	12	75.85%	\$662 \$632.57	\$1,547 \$1,475.99	\$663 \$632.57	\$1,547 \$1,475.99	10%	\$4,419 \$4,217.12
Total Salaries	\$311,797		70.29%	\$24,351 \$22,863.06	\$56,819 \$53,349.07	\$24,352 \$22,863.04	\$56,819 \$53,349.07		\$162,341 \$152,424.24
B. FRINGE BENEFITS									
Average 70.29% of Personnel**				\$16,802 \$15,814.66	\$39,205 \$36,900.83	\$16,802 \$15,814.66	\$39,205 \$36,900.83		\$112,014 \$105,430.98
**Fresno County employees receive benefits based upon their date of hire, retirement tier level, and job classification. Benefit rates vary based upon the length of time in a position and changes yearly with merit adjustments.									
Total Personnel				\$41,153 \$38,677.72	\$96,024 \$90,249.90	\$41,154 \$38,677.70	\$96,024 \$90,249.90		\$274,355 \$257,855.22
C. OPERATING EXPENSES									
General Office Supplies				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Printing — ♦C1, all Strategies; ♦C2, all Strategies				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Meeting room rentals — ♦C1, all Strategies; ♦C2, all				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Communications				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Security, Utilities and Facilities				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Total Operating				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
D. TRAVEL									
Local travel to complete SOW deliverables (1200 miles at \$.535/mile) — ♦C1, all Strategies; ♦C2, all Strategies				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Conferences/Trainings (hotel, per diem, parking, and mileage) — ♦C1, all Strategies; ♦C2, all Strategies				\$53	\$123	\$52	\$123		\$351
Total Travel				\$53	\$123	\$52	\$123		\$351

E. SUBCONTRACTS					
Health Clinic Subcontractor (United Health Centers of the San Joaquin Valley) ♦C1a,S1.1,A4 ♦C1b,S1.5,A1-A2; S1.6,A1-A2; ♦C2a,S2.1,A2; S2.2,A1-A2; S2.3,A1-A3; S2.4,A1; S2.5,A1; ♦C2b,S2.6,A1; S2.8,A2	\$47,621 <u>\$47,620.50</u>	\$111,115 <u>\$111,114.53</u>	\$47,621 <u>\$47,620.51</u>	\$111,115 <u>\$111,114.53</u>	\$317,472 <u>\$317,470.07</u>
Total Subcontracts	\$47,621 <u>\$47,620.50</u>	\$111,115 <u>\$111,114.53</u>	\$47,621 <u>\$47,620.51</u>	\$111,115 <u>\$111,114.53</u>	\$317,472 <u>\$317,470.07</u>
F. OTHER COSTS					
Public Relations Services (Media, Press release, Campaign) – ♦C1a,1.3,A3 – ♦C1b,S1.5,A1; S1.6,A1,A2 – ♦C2a,S2.4,A1 – ♦C2b,S2.6,A1	\$79 <u>\$0</u>	\$184 <u>\$0</u>	\$79 <u>\$0</u>	\$184 <u>\$0</u>	\$526 <u>\$0</u>
Technical Assistance (Provider Support – TBD. Based on available funding) – ♦C1a,S1.2,A4; ♦C1b,S1.3,A2; ♦C1b,S1.6,A1 ♦C2a,S2.3,A2;S2.5,A1; ♦C2b,S2.8,A2 ♦Cross-CutA4	\$45 <u>\$0</u>	\$105 <u>\$0</u>	\$45 <u>\$0</u>	\$105 <u>\$0</u>	\$300 <u>\$0</u>
Meeting supplies, interpretation, and child care for all sessions and kick-off meetings. – ♦C1,all Strategies; ♦C2, all Strategies	\$0	\$0	\$0	\$0	\$0
Education/Training Materials (including related translation of materials) – ♦C1a,S1.1,A3; S1.2,A4 A6; S1.3A2; ♦C1b,S1.5A1 A2; ♦C2a,S2.3,A2; ♦C2b,S2.6A2; S2.7,A1; S2.8,A2	\$45 <u>\$0</u>	\$105 <u>\$0</u>	\$45 <u>\$0</u>	\$105 <u>\$0</u>	\$300 <u>\$0</u>
Total Other Costs	\$169 <u>\$0</u>	\$394 <u>\$0</u>	\$169 <u>\$0</u>	\$394 <u>\$0</u>	\$1,126 <u>\$0</u>
TOTAL DIRECT COSTS	\$88,996 <u>\$86,351.22</u>	\$207,656 <u>\$201,487.43</u>	\$88,996 <u>\$86,350.21</u>	\$207,656 <u>\$201,487.43</u>	\$593,304 <u>\$575,676.29</u>
G. INDIRECT COSTS					
<i>Total Allowable Direct Costs</i>	\$45,125 <u>\$44,956</u>	\$105,291 <u>\$104,897</u>	\$45,125 <u>\$44,956</u>	\$105,291 <u>\$104,897</u>	\$300,832 <u>\$299,706</u>
Calculated at 15.0% of Total Allowable* Direct Costs	\$6,769 <u>\$6,372.11</u>	\$15,794 <u>\$14,868.44</u>	\$6,769 <u>\$6,371.95</u>	\$15,794 <u>\$14,868.44</u>	\$45,125 <u>\$42,480.94</u>
*Only the first \$25,000 of each subcontract may be used in the calculation					
Total Expenses	\$95,764 <u>\$92,723.33</u>	\$223,450 <u>\$216,355.87</u>	\$95,765 <u>\$92,722.16</u>	\$223,450 <u>\$216,355.87</u>	\$638,429 <u>\$618,157.23</u>

♦ Key: SOW Component (C), SOW Program Strategy (S), SOW Activity (A)

				Component 1		Component 2			
				Task 1a Heart 30%	Task 1b Diabetes 70%	Task 2a Diabetes 30%	Task 2b Heart 70%	Total	
A. PERSONNEL									
Position Title	Base Salary	Months	Benefit %	Cost	Cost	Cost	Cost	Total % FTE	Total Costs
Principal Investigator	77,792.00 72,286.00	12	64.74%	\$ 1,167 \$ 758	\$ 2,723 \$ 1,770	\$ 1,167 \$ 758	\$ 2,723 \$ 1,770	10% 7%	\$ 7,779 \$ 5,058
Health Educator	50,960.00 53,746.00	12	69.00%	\$ 5,351 \$ 5,643	\$ 12,485 \$ 13,168	\$ 5,351 \$ 5,643	\$ 12,485 \$ 13,168	70% 70%	\$ 35,672 \$ 37,622
Health Education Specialist	43,836.00 45,898.00	12	71.18%	\$ 5,918 \$ 6,885	\$ 13,808 \$ 16,064	\$ 5,918 \$ 6,885	\$ 13,808 \$ 16,064	90% 100%	\$ 39,452 \$ 45,898
Health Education Specialist	43,836.00	12	71.18%	\$ 3,945	\$ 9,206	\$ 3,945	\$ 9,206	60%	\$ 26,302
Staff Analyst III	47,892.00 58,120.00	12	71.16%	\$ 1,437 \$ 1,744	\$ 3,352 \$ 4,068	\$ 1,437 \$ 1,744	\$ 3,352 \$ 4,068	20% 20%	\$ 9,578 \$ 11,624
Office Assistant III	37,102.00	12	74.70%	\$ 1,391	\$ 3,246	\$ 1,391	\$ 3,246	25%	\$ 9,276
Epidemiologist	67,626.00	12	66.38%	\$ 1,014	\$ 2,367	\$ 1,014	\$ 2,367	10%	\$ 6,763
Total Salaries	\$ 369,045 \$ 230,050		69.76% 70.83%	\$20,223 \$ 15,030	\$47,188 \$ 35,071	\$20,223 \$ 15,030	\$47,188 \$ 35,071		\$134,822 \$ 100,202

B. FRINGE BENEFITS					
Average 70.836976% of Personnel**	\$14,108 \$ 10,646	\$32,919 \$ 24,841	\$14,108 \$ 10,646	\$32,919 \$ 24,841	\$94,055 \$ 70,974

**Fresno County employees receive benefits based upon their date of hire, retirement tier level, and job classification. Benefit rates vary based upon the length of time in a position and changes yearly with merit adjustments.

Total Personnel Costs	\$34,332 \$ 25,676	\$80,107 \$ 59,912	\$34,332 \$ 25,676	\$80,107 \$ 59,912	\$228,877 \$ 171,176
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B. OPERATING EXPENSES					
General Office Supplies	\$ 450 \$ 71	\$ 1,050 \$ 166	\$ 450 \$ 71	\$ 1,050 \$ 166	\$ 3,000 \$ 474
Printing ♦C1,all Strategies; ♦C2, all Strategies	\$ 750 \$ 225	\$ 1,750 \$ 525	\$ 750 \$ 225	\$ 1,750 \$ 525	\$ 5,000 \$ 1,500
Meeting room rentals ♦C1,all Strategies; ♦C2, all Strategies	\$ 150 \$ 300	\$ 350 \$ 700	\$ 150 \$ 300	\$ 350 \$ 700	\$ 1,000 \$ 2,000
Communications	\$ 150 \$ 164	\$ 350 \$ 384	\$ 150 \$ 164	\$ 350 \$ 384	\$ 1,000 \$ 1,096
Tech Support <u>Security, Utilities and Facilities</u>	\$ 143 \$ 829	\$ 333 \$ 1,935	\$ 143 \$ 829	\$ 333 \$ 1,935	\$ 950 \$ 5,528
Total Operating	\$ 1,643 \$ 1,589	\$ 3,833 \$ 3,710	\$ 1,643 \$ 1,590	\$ 3,833 \$ 3,710	\$ 10,950 \$ 10,599

C. TRAVEL					
Local travel to complete SOW deliverables (1200 miles at \$.575/mile) ♦C1,all Strategies; ♦C2, all Strategies	\$ 104	\$ 242	\$ 104	\$ 242	\$ 690
	\$ 60	\$ 140	\$ 60	\$ 140	\$ 400
Conferences/Trainings (hotel, per diem, parking, and mileage) ♦C1,all Strategies; ♦C2, all Strategies	\$ 405	\$ 945	\$ 405	\$ 945	\$ 2,700
	\$ 525	\$ 1,225	\$ 525	\$ 1,225	\$ 3,500
Total Travel	\$ 509	\$ 1,187	\$ 509	\$ 1,187	\$ 3,390
	\$ 585	\$ 1,365	\$ 585	\$ 1,365	\$ 3,900

D. SUBCONTRACTS					
Health Clinic Subcontractor (TBD) ♦C1b,S1.5,A1A2A4; S1.6,A1-A2; ♦C2a, S2.2,A1-A2; S2.3,A1-A3; S2.4,A1; S2.5,A1; ♦C2b,S2.6,A1; S2.8,A2	\$	\$ 85,204	\$ 170,408	\$ 85,204	\$ 340,815
	\$ 51,123	\$ 119,285	\$ 51,122	\$ 119,285	\$ 340,815
Total Subcontracts	\$ 51,123	\$ 119,285	\$ 51,122	\$ 119,285	\$ 340,815

E. OTHER COSTS					
Public Relations Services (Media, Press release, Campaign) ♦C1a,1.2,A3-4,1.3,A3 ♦C1b,S1.6,A1,A2 ♦C2a,S2.3,A2;S2.4,A2 ♦C2b,S2.8,A2	\$ 3,000	\$ 7,000	\$	\$	\$ 10,000
	\$ 8,848	\$ 20,648	\$ 8,849	\$ 20,648	\$ 58,993
Technical Assistance (Provider Support - TBD. Based on available funding) ♦C1a,S1.1,A2,1.2,A4; ♦C1b,S1.3,A2; ♦C2a,S2.3,A2; ♦Cross-CutA4	\$ 225	\$ 525	\$ 225	\$ 525	\$ 1,500
	\$ 450	\$ 1,050	\$ 450	\$ 1,050	\$ 3,000
Meeting supplies, interpretation, and child care for all sessions and kick-off meetings. ♦C1,all Strategies; ♦C2, all Strategies	\$ 135	\$ 315	\$ 135	\$ 315	\$ 900
	\$ 75	\$ 175	\$ 75	\$ 175	\$ 500
Education/Training Materials (including related translation of materials) and fees ♦C1a,S1.3,A2; ♦C1b,S1.5,A2 ♦C2a,S2.3,A2; ♦C1b,S1.5A1; ♦C2b,S2.6A2; S2.7,A1; S2.8,A2	\$ 105	\$ 245	\$ 105	\$ 245	\$ 700
	\$ 998	\$ 2,328	\$ 998	\$ 2,328	\$ 6,652
Total Other Costs	\$ 3,465	\$ 8,085	\$ 465	\$ 1,085	\$ 13,100
	\$ 10,371	\$ 24,201	\$ 10,372	\$ 24,201	\$ 69,145

TOTAL DIRECT COSTS	\$ 89,344	\$ 208,473	\$ 89,345	\$ 208,473	\$ 595,635
Total Allowable Direct Costs	\$ 39,948	\$ 101,544	\$ 45,281	\$ 94,544	\$ 281,317

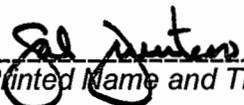
F. INDIRECT COSTS					
Calculated at 14.68% of Total Allowable* Direct Costs 25% of Personnel	\$ 5,864	\$ 14,907	\$ 6,647	\$ 13,879	\$ 41,297
	\$ 6,419	\$ 14,978	\$ 6,419	\$ 14,978	\$ 42,794
*Only the first \$25,000 of each subcontract may be used in the calculation-					

TOTAL EXPENSES	\$45,812	\$193,321	\$214,002	\$185,294	\$638,429
	\$ 95,763	\$ 223,451	\$ 95,764	\$ 223,451	\$ 638,429

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES:** For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		<i>Federal ID Number</i> 946036494
<i>Proposer/Bidder Firm Name (Printed)</i> County of Fresno		ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Fresno, State of California By <u>Luise Cuyf</u> Deputy
<i>By (Authorized Signature)</i> 		
<i>Printed Name and Title of Person Signing</i> Sal Quintero, Chairperson, Board of Supervisors		
<i>Date Executed</i> 6/12/18	<i>Executed in the County and State of</i> Fresno California	

STATE DPH – Chronic Disease Control Branch: Lifetime of Wellness: Communities in Action
Amendment (#14-10712, A03; A-15-397-3)

Fund/Subclass: 0001/10000

Organization#: 56201551

Revenue: 4380