AMENDMENT I TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT (hereinafter "Amendment") is made and entered into this 24th day of ______, 2023, by and between COUNTY OF FRESNO, a Political Subdivision of the State of California, Fresno, California (hereinafter "COUNTY"), and **Fresno**Metropolitan Ministry, a California Non-Profit Corporation, whose address is 3845 N. Clark St. Suite 101, Fresno, California 93726, hereinafter referred to as "CONTRACTOR".

WITNESSETH:

WHEREAS, COUNTY and CONTRACTOR entered into Agreement number A-21-539, dated the 14th of December 2021 (hereinafter "Agreement"); and

WHEREAS, COUNTY and CONTRACTOR now desire to amend the Agreement in order to extend the term of the Agreement; and

WHEREAS, COUNTY and CONTRACTOR now desire to amend the Agreement in order to increase the total compensation of the Agreement; and

WHEREAS COUNTY and CONTRACTOR now desire to amend the Agreement in order to update the Scope of Work of the Agreement.

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

1. Paragraph Three (3) – TERM, of the Agreement, on Page Three (3), Line Six (6) and ending on Page Three (3), Line Eleven (11) with the word "performance" shall be deleted in its entirety and replaced with the following:

"3. <u>TERM</u>

The term of this Agreement shall commence upon execution and be for a period through and including July 31, 2024. This Agreement may be extended for two (2) additional consecutive twelve (12) month periods upon written approval of both parties no later than the last day of the current term. The Director or his or her designee is authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR'S satisfactory performance and availability of funds."

2. That all references in Agreement to "Exhibit B" shall be changed to read "Revised Exhibit B". Revised Exhibit B is attached hereto and incorporated herein by this reference.

3. That Paragraph Four (5) – COMPENSATION/INVOICING, of the Agreement, on Page Four (4), Line Ten (10) and ending on Page Five (5), Line Eighteen (18) with the word "amount" shall be deleted in its entirety and replaced with the following:

"5. COMPENSATION/INVOICING:

A. COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive compensation at the rates as identified in Revised Exhibit B, attached hereto and incorporated herein by this reference. CONTRACTOR shall submit monthly invoices in triplicate by the thirtieth (30th) working day of each month for prior month's services using a template to be provided by COUNTY with full appropriate supporting documentation (e.g., activity logs, receipts, invoices) to the County of Fresno, Department of Public Health, HPW-Health Disparities Program, Attention: HPW-Health Disparities

Program Staff Analyst at DPHBOAP@fresnocountyca.gov or addressed to the County of Fresno, Department of Public Health, HPW-Health Disparities Program, P.O. Box 11867, Fresno, CA 93775, Attention: HPW-Health Disparities Program Staff Analyst.

B. In no event shall services performed under this Agreement by CONTRACTOR be in excess of Nine Million Six Hundred Twelve Thousand Nine Hundred Seventy-Six and No/100 Dollars (\$9,612,976) during the term of this Agreement. It is understood that all expenses incidental to CONTRACTOR'S performance of services under this Agreement shall be borne by CONTRACTOR.

- C. CONTRACTOR may request an advance payment of up to 25% of the maximum compensation. CONTRACTOR shall reconcile the advance payment with full, appropriate supporting documentation for all expenses incurred. The Director of his or her designee may make a determination of an appropriate date of reconciling the main advance payment funds.
- D. Notwithstanding the above, payments made by COUNTY shall be in arrears, for services provided during the preceding month, within forty-five (45) days after receipt and verification of CONTRACTOR's invoices by COUNTY's Department of Public Health. Invoice verification shall consist of: review of supporting documentation for all expenditures, which may include but not limited to timesheets, receipts, mileage records, quarantine support records, and subcontractor invoices including all like supporting documentation; documentation is compliant with Section 12 of this Agreement; line item totals detail in Revised Exhibit B attached hereto have not been over-expended;

indirect costs have been correctly calculated; and the required invoice template has been submitted.

E. CONTRACTOR shall submit quarterly qualitative reports on a template to be provided by COUNTY in accordance with the scope of work attached hereto as Revised Exhibit A. CONTRACTOR shall submit quarterly reports by the thirtieth (30th) working day following the three month's services.

F. CONTRACTOR shall submit monthly quantitative reports with key metrics (e.g., number of people receiving education and outreach, number of vaccine/testing events supported, number of vaccine/testing events hosted) using the REDCap database or a system agreed by the COUNTY no later than receipt of the monthly invoice. COUNTY shall withhold ten percent (10%) of the CONTRACTOR's invoiced amount when monthly metric reports are not completed.

CONTRACTOR's monthly invoice shall demonstrate a ten percent (10%) withholding from subcontractors when monthly metric reports are not completed by the subcontractors or CONTRACTOR. COUNTY will assess each invoice and determine if the ten percent (10%) withholding will be applied to subcontractor level costs and/or to CONTRACTOR's total invoiced amount. Upon completion of the monthly report, COUNTY shall pay CONTRACTOR the withheld amount."

4. That all references in Agreement to "Exhibit A" shall be changed to read "Revised Exhibit A". Revised Exhibit A is attached hereto and incorporated herein by this reference.

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

The parties agree that this First Amendment may be executed by electronic signature as provided in this section. An "electronic signature" means any symbol or process intended by an individual signing this Amendment to represent their signature, including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example by PDF document) of a handwritten signature. Each electronic signature affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten signature of the person signing this Amendment for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as

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the valid original handwritten signature of that person. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation. This Amendment is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Amendment with an original handwritten signature.

The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants, conditions, and promises contained in the Agreement and not amended herein shall remain in full force and effect. This Amendment shall become effective upon execution.

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1	IN WITN	ESS WHEREOF, the parti	es hereto have executed this Amendment I as of the day and
2	year first hereina	bove written.	
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4 5	CONTRACTOR Fresno Metrop		COUNTY OF FRESNO
6	keith Bergtho	ld	CINE
7	(Authorized Sign		Sal Quintero,
8			Chairman of the Board of Supervisors of the County of Fresno
9	Keith Bergthold, 12/6/2022 5:2	Executive Director 27 PM PST	
10	Date		
11			
12	Mailing Address 3845 N. Clark S		ATTEST: Bernice E. Seidel
13	Fresno, CA 937	26	Clerk of the Board of Supervisors County of Fresno, State of California
14			County of County County County County
15			By: Haname
16	FOR ACCOUNTI	NG USE ONLY:	Deputy
17	Fund/Subclass:	0001/10000	
18	Organization:	56201019	
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	II.		

Fresno County Department of Public Health – Fresno County Community Health Worker Network Vendor Scope of Work

Summary: COVID-19 has brought many unforeseen challenges to families in our community, including lasting impacts on our most vulnerable and underserved families. Through the CHW Network created through local CBOs during the COVID-19 response, wrap-around services to address health and social disparities have expanded the response to the most vulnerable populations. Through the FCHIP Fresno HOPE Pathways Community HUB (PCH), CBOs responding to these needs through the CHW Network will be able to enhance capacity and continue the work through a standardized approach that will align with CalAIM and Fresno County requirements in a sustainable payment model approach.

		Category 1: RECRUITMENT, PARTNERSHIPS & TRAIN	IING	
Activity	Activity Name	Description	Responsible Party	Outcome/Deliverable
1.1	Recruitment & Hiring	Partner will secure staff as needed for FCHIP PCH. Recruited staff will be responsible for implementation and administration of PCH activities, oversight of CBO contracts, and all aspects of the FCDPH contracted agreement.	FCHIP	 Hire staffing for project Include FCDPH lead staff in hiring process Submit staffing report to FCDPH on a quarterly basis
1.2	FCHIP PCH Location	Partner will secure a physical work location & workstation for all FCHIP PCH staff.	FCHIP	Work location is established.
1.3	Invoicing & financial reports	Partner will submit invoices, supporting documentation, and other financial reports monthly on or before an agreed upon date following an established protocol. These reports and supporting documentation will reflect program and contractual activities.	FCHIP	Monthly invoice submission

1.4	CBO Contracts	Partner will contract with CBOs, and will make contract amendments as needed, to continue COVID-19 equity work (outreach and education regarding testing, vaccination, quarantine and isolation) and provide capacity building through the Pathways sustainable payment model approach. This includes: • Working with FCDPH on CBO SOW development and performance measure monitoring. • Coordinate & establish CBO partnerships and structure agreements. e.g., Coalitions, individual. • Monitor CBO contracted activities, expenditures, and implement quality improvement measures to address gaps in services and outcomes.	FCHIP FCDPH	 Execute contracts with CBOs Provide copy of executed contracts or contract amendments to FCDPH Performance measures
1.5	Data System(s)	Partner will work with FCDPH on managing the administration of Care Coordinated Systems (CCS) and will provide IT support to contracted CBO partners. This support includes: • CBO add-on user requests will be submitted to FCDPH through an established protocol. • Identify and establish additional benchmarks needing to be captured through the data system(s). e.g., crisis counseling, other wrap around services. • Providing IT support & troubleshoot needed support for contact tracing efforts, as needed, in the respective data system platforms. e.g., CalConnect • Establish guidelines and provide TA support on quality improvement measures to assure data entry and system usage efficiency. • Managing CBO IT support requests in a timely manner through a developed/agreed upon process & workflow.	FCHIP FCDPH	Provide data system support to CBO contracted partners.

		 Managing CBO partner support regarding operations, reporting, and invoicing within the data system. Administration of all Business Associate Agreement (BAAs) with CBOs 		
1.6	Trainings	Partner will develop a training plan, and update it as needed, to include training requirements for PCH staff and CBO contracted and non-contracted partners. The training plan will include culturally appropriate trainings to be facilitated by contracted partners and PCH staff. These training topics include, but are not limited to: Data system user training HIPAA & confidentiality Pathways/PCHI required training ACES awareness Mandated reporter training Motivational interviewing & reflective practice Cultural sensitivity & responsiveness Resources & programs in Fresno County CalAIM Cal Connect COVID-19 identified trainings Social determinants of health Social needs assessment tool Health Equity National CLAS Standards Other trainings as needed	FCHIP FCDPH CBO Contracted Partners	 Submit training plan to FCDPH. Submit training plan progress on a quarterly basis.

		Category 2: IMPLEMENTATION & SUPPORT		
Activity	Activity Name	Description	Responsible Party	Outcome/Deliverable
2.1	CBO COVID-19 continued support	 Partner will monitor and establish mechanisms aligned with the PCH Model to assure CBO contracted partners continue to provide COVID-19 response activities during the contracted period. These activities include: COVID-19 Outreach & education in hard-to-reach priority communities within Fresno County. COVID-19 vaccination and testing coordination in priority populations within Fresno County. Vaccination event support. Contact tracing & medical investigation, as needed. Implementation & distribution of isolation/quarantine support (IQS) based on established and/or FCDPH modified processes & protocols, as needed Reduction of identified barriers by opening Pathways and providing referrals & supports to complete Pathways. e.g., transportation, food security, social service-financial supports, housing. Complete the Covid-19 Learning Pathway and the Medical Referral Pathway for Covid-19 Vaccines as appropriate with participants enrolled in the HOPE PCH. Other established services as needed, in a culturally and linguistically appropriate manner. Partner will provide support and resources needed from CBO contracted partners in COVID-19 response efforts. 	FCHIP CBO Contracted Partners	Submit monthly reports to FCDPH to capture established metrics from each CBO contracted partner through CCS.

2.2	Payment for outcome phase transition	Partner will establish payment for outcome model processes and provide support to CBO contracted partners in the implementation of these processes. This will include: • Training & support needed by CBO contracted partners during the transition. • Timeline, guidelines, and criteria needed for payment reimbursement through the established phases following the PCHI® Model criteria. • Work with FCDPH to establish billing criteria for non-Pathway COVID-19 billing support services, and updating them as needed. e.g., Contact tracing, vaccination event support, etc.	FCHIP	Submit a quarterly report to FCDPH on phase transition progress & payment outcomes.
		partners if applicable for the successful completion of Pathways. • PCH to distribute payment to CBOs for completion of established Pathways within their respective CHW support & other non-Pathway COVID-19 services. Partner will provide support and TA to CBO contracted partners.		

2.3	CBO Pathway model activities	 Partner will establish and execute processes for CBO contracted partner Pathway model activities, to include care coordination approaches & data system usage: Identify priority population and/or outcome area within Fresno County, and make adjustments as needed. Provide support in establishing referral processes for CBO CHW Network. Implement strategies to engage identified service population. Implement strategies to address service gaps in the priority population/outcome area. Establish community resource referral process for CHW Network care coordination efforts. Implement social determinants of health needs assessment and provide resources, intervention strategies, and best practice support. Provide the necessary tools to support with CHW Network Care coordination efforts leading to a standardized Pathway. 	FCHIP	Submit a quarterly report to FCDPH on CBO contracted partner Pathway model activity progress, to include challenges & successes.
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2.4	Educational resources	Partner will identify, assess, and provide additional educational support needed for CBO contracted activities. These will include: • Tailored educational resources, to be in a culturally and linguistically appropriate manner. • Resource sharing, to include updates on COVID-19 updated mandates, Pathway model resources, and other identified resource needs. • Provide CBO talking points for tailored messaging to community members as needed. Partner will identify CBO TA needs based on educational resource requests and supports needed.	FCHIP	Maintain an educational resource repository.
2.5	Media Activities	 Partner will work with FCDPH media contractor to identify media opportunity needs with CBO partners and targeted community. This will include: Identifying need for targeted messaging & marketing opportunities. Participate and/or coordinate CBO participation in local media opportunities, to include FCDPH media briefs when needed. Promote program and activities in ethnic/linguistic communities using culturally competent practices. Track marketing efforts by each CBO partner through an agreed upon process & protocol. 	FCHIP FCDPH Media Contractor	Submit a log of media activities conducted & resource development on a quarterly basis to FCDPH.

2.6	Community Collaboration	Partner will establish and coordinate a community advisory council, when appropriate, that will include engagement and participation of CBO contracted and non-contracted partners, community members receiving services, CHW network partners, network of care community agencies, and other identified partners. This collaboration will include:	FCHIP FCDPH CBO Contracted Partners	Provide sign-in sheets, meeting minutes, and agendas to FCDPH on quarterly basis.
		 Quarterly meetings Standing meeting agenda items Serve as a bi-directional collaboration platform for resources sharing, referral processes, best-practice support, quality improvement, and other identified needs. Serve as a group that provides oversight & feedback on PCHI model & other implementation practices. 		

Category 3: Quality Assurance & Reporting Measures					
Activity	Activity Name	Description	Responsible	Outcome/Deliverable	
_	-		Party		

3.1	Pathways PCHI model	 Partner will align with PCHI Model fidelity to achieve certification. These requirements will include: Community engagement and planning Fulfill prerequisites for PCH certification eligibility through organizational standards. Fulfill requirements through the evidence-based set standards. Meet standards and obtain certification. Maintain certification status and align with model fidelity. 	FCHIP	 Submit quarterly report to FCDPH on Pathways model certification status. Once certified, submit certification notice to FCDPH. Maintain ongoing standards to keep certification standards current.
3.2	CBO COVID-19 Metrics	 Partner will monitor and establish mechanisms to assure CBO contracted partners adherence with COVID-19 activity metrics. Track outcomes and review data on an on-going basis to assure proper intervention and responses are taking place. Track adherence & timeliness of data submission by CBO contracted partners. Identify additional tracking resources needed in the data system and/or other tracking mechanisms. 	FCHIP	Submit monthly reports to FCDPH to capture established metrics from each CBO contracted partner.

3.3	CBO PCHI Model	 Partner will implement & maintain quality assurance measures to assure CBO contracted partners are adhering to contracted activities and PCHI model processes: Review data on an ongoing basis to ensure client care coordination outcomes. Review issues of quality, timeliness of service, documentation completion, and other identified areas. Analyze timeliness of each Pathway based risk mitigation. Analyze data to identify additional support needed and/or training for CBO-CHW Network partners. Analyze data to identify specific community infrastructure needs and enhancements. This can be done in part by analyzing "finished incomplete Pathways." Develop a sustainability plan, to include identifying and/or establishing additional payors to assure identified gaps, services, and community supports continue. Partner will implement quality improvement measures and work with each contracted CBO partner to establish a plan of improvement measures based on performance and need. 	FCHIP	•	Submit quality improvement plans to FCDPH once established. Submit the sustainability plan once completed.
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3.4	CBO partner site visits	Partner will perform site visits with contracted CBO partners to ensure fidelity with the PCHI Model, COVID-19 activities & contractual compliance. Partner will: • Establish frequency of site visits. • Provide feedback of site visit results with individual sites & FCDPH. • Strategize with individual sites on best practice implementations to improve client care coordination outcomes.	FCHIP	Submit site visit results with FCDPH in quarterly report.
3.5	Community Advisory Council QI measures	Partner will work with community advisory council members, when appropriate, to share information regarding service delivery feedback and other quality improvement measures, this will include: • Sharing best practice program implementation measures in areas needing improvement. • Identifying gaps in community resources & collaboration needs for bi-directional referrals where gaps are identified. • Leveraging other identified needed supports and implementation improvement practices.	FCHIP	Provide sign-in sheets, meeting minutes, and agendas to FCDPH on quarterly basis.

3.6	Meetings	Partner will participate in FCDPH identified meeting/calls to be attended by established staff on an agreed upon frequency.	FCHIP FCDPH Staff	Attend all agreed upon meeting/calls.
		 Monthly program call with FCDPH lead staff. Meeting/calls with media contractor as needed. Meeting/calls with contracted evaluator as needed. Community Advisory Council quarterly meetings. Other identified meetings as needed. Partner will identify meetings/calls that would need to be attended by FCDPH as it pertains to program implementation and outcomes.		

3.7	Program reports	Partner will submit appropriate reports on an agreed upon timeframe and will identify/communicate additional reporting needs and/or challenges with FCDPH.	FCHIP	Submission of appropriate reports on agreed upon timeline.
		Monthly Reports:		
		 CBO Contracted COVID-19 activities & metrics Pathways completion report Financial report, to include invoicing & other supportive documentation. 		
		Quarterly		
		 Overall program report Staffing report Media activity log Training log Community advisory board documentation 		
		Once completed/obtained:		
		Submission of other identified reports & metrics once transition to PCH payment model is in effect and/or identified by program evaluator.		

	Category 4: Evaluation					
Activity	Activity Name	Description	Responsible Party	Outcome/Deliverable		
4.1	Evaluator	Program will work with contracted evaluator to implement evaluation metrics, benchmarks, and practices to evaluate the effectiveness and impacts of the program. These activities will include • Identify & implement evaluation needs in data system to track and measure program impacts. • Implement improvement recommendations of identified areas to improve program outcomes. • Contribute to the effectiveness of the program evaluation through collaboration and feedback of program progress. • Support and contribute with evaluation methods in various program aspects such as implementation, certification fidelity, community input, health equity, and other identified areas. • Identify future opportunities of braided funding and leveraging of resources based on program outcomes and opportunities, to be included in the sustainability plan. • Other evaluation needs.	FCHIP Contract Evaluator	Collaborate with contractor on evaluation plan.		

Glossary:

- CalAIM: California Advancing and Innovating Medi-Cal
- CCS: Care Coordination System
- CHW: Community Health Workers
- CBO: Community-Based Organizations
- CLAS: Culturally and Linguistically Appropriate Services
- FCHIP: Fresno County Health Improvement Partnership
- FCDPH: Fresno County Department of Public Health
- PCH: Pathways Community HUB
- PCHI: Pathways Community HUB Institute
- SOW: Scope of Work
- IQS: Isolation Quarantine Support
- TA: Technical Assistance

Fresno HOPE PCH Budget Proposal

Date Proposed: October 19, 2022

Term: December 15, 2021 - July 31, 2024			
Personnel		Approved Budget ecember 15, 2021-	Amended Budget December 15, 2021 - July
reisonnei		July 31, 2023	31, 2024
HUB Program Director - 1 FTE (17 mo/12 mo/29 mo)	\$	125,615.00	\$ 195,419.00
Fiscal and Contracts Management - 1 FTE (15 mo/12 mo/27 mo)	\$	80,000.00	\$ 136,968.00
FCHIP Program Director3 FTE (19 months/12 months at .1 FTE/31 mo)	\$	39,005.00	\$ 39,005.00
FCHIP Manager20 FTE (1 mo)	\$	2,166.00	\$ 2,166.00
FCHIP Marketing Coordinator10 FTE (1 mo)	\$	1,247.00	\$ 796.00
FCHIP Communications Coordinator - FY 22-23 @ .20 FTE FY 23-24 @ .10 FTE (19 mo/12 mo/31 mo)	\$	12,408.00	\$ 14,905.00
HUB Admin - 1 FTE (18 mo)	\$	59,280.00	\$ 90,682.00
Care Coordination HUB Manager - Special Projects - 1 FTE (17 mo/12 mo/29 mo)	\$	87,833.00	\$ 122,475.00
Care Coordination Partner Liaison for 4 CBOs and Quality Assurance/Audit Manager - 1 FTE (17 mo)	\$	77,917.00	\$ 120,960.00
Care Coordination Partner Liaison for 4 CBOs (HUB's Train the Trainer) Training Lead - 1 FTE (17 mo)	\$	77,917.00	\$ 84,241.00
Care Coordination Partner Liaison for 4 CBOs and Referral Lead (17 mo)	\$	77,917.00	\$ 109,352.00
Personnel Sub-Total		641,305.00	\$ 916,969.00
Fringe @ 32% Total Personnel		205,218.00 846,523.00	\$ 293,431.00 \$ 1,210,400.00
Operating Costs	Ψ	040,323.00	1,210,400.00
Fiscal Sponsor - Fresno Metropolitan Ministry	\$	204,200.00	\$ 360,200.00
HUB Staff General Expense (office supplies, Adobe subscription, copy, print, etc.)	\$	6,451.00	\$ 12,904.00
HUB Staff Facilities, Security, utilities, maintenance	\$	36,000.00	\$ 42,360.00
HUB Staff Workspace Furniture (\$1k x 6.5 FTEs - one time expense)	\$	6,500.00	\$ 6,500.00
HUB Staff Equipment and Software (Laptops and MS Word Suite (\$2.2K x 6.5 - one time expense)	\$	14,300.00	\$ 14,300.00
HUB Staff Communications - Cell Phone Stipends, Internet, Mailchimp, Survey Monkey	\$	19,225.00	\$ 18,026.00
Meetings - Zoom subscription, Equipment - Conference Camera for hybrid meetings, materials, community resident stipends, refreshments for meetings.	\$	5,600.00	\$ 11,100.00
HUB Staff Travel* (mileage reimbursement for local travel @.625/mile @ \$333.33/mo x 15 mo/ 12 mo/27 mo)	\$	5,000.00	\$ 15,039.00
IT /Reflective Practice Support for 25 CHWs and HUB Staff	\$	28,500.00	\$ 28,500.00
Total Operating		325,776.00	\$ 508,929.00
Direct Costs Indirect Costs @		1,172,299.00	\$ 1,719,329.00
Total Direct and Indirect		1,172,299.00	\$ 1,719,329.00
Other Costs (not included in indirect) Subcontracts	\$	5,334,900.00	\$ 6,739,767.00
Consultants (Legal Counsel, Supplemental Training, Bilingual Trainer, and other consultant as needed)	\$	61,000.00	\$ 66,280.00
Isolation Quarantine Support (IQS)	\$	528,100.00	\$ 920,623.00
Consultant - HUB Technical Assistance Contractor - Pathways Community HUB Institute and Certification Fees	\$	60,000.00	\$ 80,000.00
Marketing Services - build a website, logo, and branding for Fresno HOPE PCH	\$	14,000.00	\$ 14,000.00
Consultant- data tracking and reporting	\$	30,300.00	\$ 60,600.00
Consultant- translation services	\$	12,377.00	\$ 12,377.00
Other Costs Subtotal	_	6,040,677.00	\$ 7,893,647.00 \$ 9,612,976.00
Grand Total	I \$	7,212,976.00	\$ 9,612,976.00