AMENDMENT NO. 3 TO SERVICE AGREEMENT

This Amendment No. 3 to Service Agreement ("Amendment No. 3") is dated October 21, 2025 and is between Fresno Metropolitan Ministry, a California 501 C3 Non-Profit corporation ("Contractor"), and the County of Fresno, a political subdivision of the State of California ("County").

Recitals

A. On December 14, 2021, the County and the Contractor entered into a service agreement, which is County agreement number A-21-539 to provide community health worker interventions to vulnerable populations including disabled, special needs, hearing impaired, vision impaired, agricultural and food process workers and other populations experiencing health disparities.

B. On January 24, 2023, the County and the Contractor entered into a First Amendment, which is County agreement number A-23-047 to update the scope of work, extend the term of the Agreement, revise the budget, and increase total compensation of the Agreement.

C. On July 9, 2024, the County and the Contractor entered into a Second Amendment, which is County agreement number A-24-386 (Agreement number A-21-539 , First Amendment number A-23-047, and Second Amendment number A-24-386 collectively, shall be referred to herein as "the Agreement"), to update the scope of work, extend the term of the Agreement, revise the budget, and include federal requirements.

D. The County and the Contractor now desire to further amend the Agreement to (1) extend the term of the Agreement and; (2) Include Paragraph Thirty-One "Services Funding Source" to the Agreement and; (3) include Paragraph Thirty-Two "Prohibition of Duplicative Services" to the Agreement and; (4) replace Exhibit A with Revised Exhibit A-2 to update the scope of work and; (5) replace Exhibit B with Revised Exhibit B-3 to adjust annual budget amounts to reflect actuals, carryover unspent funds from the current fiscal year three to fiscal year four, and reallocate carryover funds in fiscal year four to adjust for costs of the extended term.

The parties therefore agree as follows:

1. Section Three titled Term of the Agreement located at page Three (3) beginning at line Six (6) and ending at line Eleven (11) with the word "Performance" is deleted in its entirety and replaced with the following:

"3. TERM

The term of this Agreement shall commence upon execution and be for a period through and including December 31, 2026."

2. That Paragraph Thirty-One (31) – SERVICES FUNDING SOURCE shall be included in the Agreement on Page Twenty-Six (26) beginning after Paragraph Thirty (30) – COMPLIANCE WITH FEDERAL REQUIREMENTS and include the following:

"31. SERVICES FUNDING SOURCE: Funding for these services is provided by the California Department of Health Care Services Medi-Cal Managed Care Plan funding, and the US Department of Health and Human Services CDC – Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises (Catalog of Federal Domestic Assistance Number 93.391)."

3. That Paragraph Thirty-Two (32) – PROHIBITION OF DUPLICATIVE SERVICES shall be included in the Agreement on Page Twenty-Six (26) beginning after Paragraph Thirty (31) – SERVICES FUNDING SOURCE and include the following:

"32. PROHIBITION OF DUPLICATIVE SERVICES: The Contractor certifies that services performed under this Agreement do not duplicate any services previously or currently funded by Federal, State, County, or any other funding source and shall not use any portion of funds under this Agreement for duplicative services."

4. That all references in Agreement to "Exhibit A" and "Revised Exhibit A-1" shall be changed to read "Revised Exhibit A-2". Revised Exhibit A-2 is attached hereto and incorporated herein by this reference.

5. That all references in Agreement to "Exhibit B", "Revised Exhibit B", "Revised Exhibit B-1", "Revised Exhibit B-2", and "Revised Exhibit B-3" shall be changed to read "Revised Exhibit B-4". Revised Exhibit B-4 is attached hereto and incorporated herein by this reference.

6. When both parties have signed this Amendment No. 3, the Agreement, Amendment No. 1, Amendment No. 2, and this Amendment No. 3 together constitute the Agreement.

7. The Contractor represents and warrants to the County that:

a. The Contractor is duly authorized and empowered to sign and perform its obligations under this Amendment.

b. The individual signing this Amendment on behalf of the Contractor is duly authorized to do so and his or her signature on this Amendment legally binds the Contractor to the terms of this Amendment.

8. The parties agree that this Amendment may be executed by electronic signature as provided in this section.

a. 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) version of an original handwritten signature.

b. 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 the valid original handwritten signature of that person.

c. 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).

d. 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.

e. 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.

9. This Amendment may be signed in counterparts, each of which is an original, and all of which together constitute this Amendment.

10. The Agreement as previously amended and amended by this Amendment No. 3 is ratified and continued. All provisions of the Agreement as previously amended and not amended by this Amendment No. 3 remain in full force and effect.

[*SIGNATURE PAGE FOLLOWS*]

The parties are signing this Amendment No. 3 on the date stated in the introductory clause.

CONTRACTOR
FRESNO METROPOLITAN MINISTRY

DocuSigned by:
Emogene Nelson
EDCB2B7765674A8...

Emogene Nelson, Executive Director

10/1/2025 | 10:02 AM PDT
Date

Mailing Address:
3845 N. Clark Steet #101
Fresno, CA 93726

COUNTY OF FRESNO

Ernest Buddy Mendes, Chairman of the
Board of Supervisors of the County of Fresno

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

By: _____
Deputy

For accounting use only:

Org No.: 56201558, 56201022, 56201557, 56201621
Account No.: 7295
Fund No. : 0001
Subclass No.: 10000

Revised Exhibit A-2

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 in 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 FCHIP's HOPE HUB, 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 & TRAINING				
Activity	**Activity Name**	**Description**	**Responsible Party**	**Outcome/Deliverable**
1.1	Recruitment & Hiring	Partner will secure staff as needed for FCHIP HOPE HUB Recruited staff will be responsible for implementation and administration of care coordination 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 HOPE HUB Location	Partner will secure a physical work location & workstation for all FCHIP HOPE HUB staff.	FCHIP	• Provide update(s) on established work location and/or changes, if applicable
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 to include Federal Terms and Conditions as needed, to continue COVID-19 equity work (outreach and education regarding testing, vaccination, quarantine and isolation) and provide capacity building through a care coordination 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 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. • Managing CBO partner support regarding operations, reporting, and invoicing within the data system.	FCHIP FCDPH	• Provide data system support to CBO contracted partners.

		• 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 HOPE HUB staff and CBO contracts partners, other CHW Network partners, and non-contracted partners, as applicable. The training plan will include culturally appropriate trainings to be facilitated by contracted partners and HOPE HUB staff, in accordance with approved budget allocation and as applicable as FCDPH will pay up to the contracted amount. Training topics at large include, but are not limited to: • HIPAA & confidentiality • ACES awareness • Mandated reporter training • Cultural sensitivity & responsiveness • COVID-19 identified trainings • Social determinants of health • Health Equity • Resources & programs in Fresno County • Resource access to 211 services • Other trainings as identified Training topics specific to contracted partners under a care coordination model include: • Data system user training • Care coordination related, required trainings • Motivational interviewing & reflective practice • Other trainings as identified Training topics to be provided by FCDPH, for contracted partners include: • Health Equity • National CLAS Standards	FCHIP FCDPH CBO Contracted Partners Non-contracted partners	• Submit training plan to FCDPH. • Submit training plan progress on a quarterly basis.

Revised Exhibit A-2

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 HOPE HUB care coordination model to assure CBO contracted partners continue to provide COVID-19 response activities during the contracted period, including RMH events, as applicable. These activities include: • COVID-19 Outreach & education in hard-to-reach priority communities within Fresno County, including RMH events, as applicable and capacity allows. • 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 services and providing referrals & supports to complete services. E*.g., transportation, food security, social service-financial supports, housing.* 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 quarterly 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 care coordination service criteria. • Work with FCDPH to establish billing criteria for care coordination COVID-19 billing support services, and updating them as needed. *E.g., Contact tracing, vaccination event support, etc.* • HOPE HUB to bill managed care plans & other funding partners if applicable for the successful completion of care coordination services. • HOPE HUB to distribute payment to CBOs for completion of established care coordination services within their respective CHW support & other COVID-19 services. Partner will provide support and TA to CBO contracted partners.	FCHIP	• Submit a quarterly report to FCDPH on phase transition progress & payment outcomes.

2.3	CBO care coordination activities	Partner will establish and execute processes for CBO contracted partner care coordination activities, to include client navigation 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 service outcome.	FCHIP	• Submit a quarterly report to FCDPH on CBO contracted partner activity progress, to include challenges & successes.
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, care coordination resources, and other identified resource needs. • Health Equity trainings for partners. • 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 FCDPH	• 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 in media training, as applicable and available. • 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, other FCDPH programs, network of care community agencies, and other identified partners. This collaboration will include: • Quarterly meetings • Standing meeting agenda items • Serve as a bi-directional collaboration platform for resources sharing, referral processes, referral partnerships with the community, other FCDPH programs, and local 211, best-practice support, quality improvement, and other identified needs. • Serve as a group that provides oversight & feedback on care coordination models & other implementation practices.	FCHIP FCDPH CBO Contracted Partners	• Provide sign-in sheets, meeting minutes, and agendas to FCDPH on quarterly basis.

Revised Exhibit A-2

Category 3: Quality Assurance & Reporting Measures				
Activity	**Activity Name**	**Description**	**Responsible Party**	**Outcome/Deliverable**
3.1	Care Coordination Standards	Partner will align with the established care coordination standards to achieve the respective certification and/or requirements. These requirements will include: • Community engagement and planning • Fulfill prerequisites for verification and or/ certification eligibility through organizational standards. • Fulfill requirements through and evidence-based or non-evidence based set standards. • Meet standards and obtain verification and or/ certification. • Maintain verification and or/ certification status and align with the established care coordination standards.	FCHIP	• Submit quarterly report to FCDPH on care coordination verification and or/ certification status. • Once verified and or/ certified, submit documented notice to FCDPH. • Maintain ongoing standards to keep verification and or/ 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 quarterly reports to FCDPH to capture established metrics from each CBO contracted partner.

3.3	CBO Care Coordination Standards	Partner will implement & maintain quality assurance measures to assure CBO contracted partners are adhering to contracted activities and care coordination I processes: • Review data on an on-going basis to ensure client care coordination outcomes. • Review issues of quality, timeliness of service, documentation completion, and other identified areas. • Analyze timeliness of each service 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” services. • 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.

3.4	CBO partner site visits	Partner will perform site visits with contracted CBO partners to ensure care coordination standards I, 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. • 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.	FCHIP FCDPH Staff	• Attend all agreed upon meeting/calls.

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. **Monthly Reports:** • CBO Contracted COVID-19 activities & metrics • Financial report, to include invoicing & other supportive documentation. **Quarterly** • Overall program report • Staffing report • Media activity log • Training log • Community advisory council documentation **Once completed/obtained:** • Training plan • Care coordination verification and or/ certification • Quality improvement plans • Sustainability plan Submission of other identified reports & metrics once transition to care coordination payment model is in effect and/or identified by program evaluator.	FCHIP	• Submission of appropriate reports on agreed upon timeline.

Revised Exhibit A-2

Category 4: Evaluation				
Activity	**Activity Name**	**Description**	**Responsible Party**	**Outcome/Deliverable**
4.1	Evaluator	Program will work with 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 FCDPH Evaluator	• Collaborate with FCDPH evaluator on evaluation plan.

Revised Exhibit A-2

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
- IQS: Isolation Quarantine Support
- SOW: Scope of Work
- RMH: Rural Mobile Health
- TA: Technical Assistance

Revised Exhibit B-4

Fresno Metro Ministry/FCHIP HOPE HUB
Agreement A-24-386
Term: December 15, 2021 - December 31, 2026

Personnel	Approved Budget	Amended Budget	Amount Change	Changes/Justifications		
HUB Program Director - 1 FTE	$ 376,399.00	$ 387,750.14	$ 11,351.14	Responsible for the direction of HUB, oversight and management of all assigned programs including contract compliance, performance outcomes, administrative supervision, budget compliance, blended funding, and community outreach as well as overseeing contracts with Community-Based Organizations (CBOs) and funders to pay for care coordination services for at-risk populations within HPI (2.0) Quartile 1, supervision of staff, facilitation of meetings, and responsible for meeting requirements for national PCHI certification and CalAIM certification.	Salary Position, Annual $83,991 @ 1 FTE HOPE April 18, 25 to Oct '25 @ 1 FTE= 6,667 x 7 mo= 46,669 Nov '25- Dec '26 @ .90 FTE, 6,667 x 14 mo x .90 fte= 84,004 Nov '25- Dec '26 @ pay increase 4,667 Fatherhood Program YR 2 Nov '25 to June '26= 6,667 x 8 mo x .05 fte=2,667 YR 3 July '26 to Dec '26= 6,667 x 6 mo x .05 fte=2,000 Total: 4,667.00	Doula Program YR 2 Nov '25 to June '26= 6,667 x 8 mo x .05 fte=2,667 YR 3 July '26 to Dec '26= 6,667 x 6 mo x .05 fte=2,000 Total: 4,667.00 TOTAL 46,669 + 84,004+ 4,667+ 4667 + 4,667= 144,674 Changes: Moved $11,351.14 from Care Coordination Partner Liason- Training Lead
Fiscal and Contracts Management - .5 FTE	$ 279,644.00	$ 270,894.22	$ (8,749.78)	Responsible for overseeing the HUB in contract management, fiscal invoices, payments associated with subcontracts, vendors, legal fees, and consultants, monitoring the HUB budget including subawardees, evaluation of fiscal performance for subawardees, making fiscal and contractual recommendations, and informing the Community Advisory Council and FCHIP Executive Committee of any discrepancies. Supervises the Administrator to ensures compliance with blended funded. Assesses any fiscal and/or contractual risks and provides recommendations to the FCHIP team.	Salary Position, Annual $78,624 @ .5 FTE HOPE April 18, 25 to Oct '25 @ 1 FTE= 6,250 x 7 mo x .5 fte= 21,875 Nov '25- Dec '26 @ .50 FTE, 6,250 x 14 mo x .40 fte= 35,000 Nov '25- Dec '26 @ pay increase 2,187.50 Fatherhood Program YR 2 Nov '25 to June '26= 6250 x 8 mo x .05 fte=2,500 YR 3 July '26 to Dec '26= 6250 x 6 mo x .05 fte=1,875 Total: 4,375.00	Doula Program YR 2 Nov '25 to June '26= 6250 x 8 mo x .05 fte=2,500 YR 3 July '26 to Dec '26= 6250 x 6 mo x .05 fte=1,875 Total: 4,375.00 TOTAL 21,875+ 35,000+ 2,187 + 4,375+4.375= 67,813 Changes: Moved 8,749.78 to Care Coordination Partner Liason- Quality Assurance
FCHIP Program Director- .3 FTE (19 months/12 months at .1 FTE/31 mo)	$ 44,317.00	$ 44,317.00	$ -			
FCHIP Manager - .20 FTE (1 mo)	$ 2,166.00	$ 2,166.00	$ -			
FCHIP Marketing Coordinator - .10 FTE (1 mo)	$ 796.00	$ 796.00	$ -			
FCHIP Communications Coordinator - FY 22-23 @ .20 FTE | FY 23-24 @ .10 FTE (19 mo/12 mo/31 mo)	$ 8,381.00	$ 8,381.00	$ -			
HUB Admin - .5 FTE	$ 183,436.00	$ 172,804.59	$ (10,631.41)	Responsible for serving as a backbone support staff for all administrative duties related to programmatic and fiscal activities including processing HUB expenses, coordinating meetings, invoicing for blended funding, notetaking, preparing agendas and meeting materials, and tracking subawardee deliverables. The position is key to the performance of the HUB infrastructure. Hourly Position, Annual PT $31,850 = $26.54/hr TOTAL 2,654 x 21 mo (April'25 to Dec '26) = 55,734 Changes: Moved 10,631.41 to Care Coordination Partner Liason- Quality Assurance		
Care Coordination HUB Manager - Special Projects - 1 FTE	$ 248,766.00	$ 289,210.56	$ 40,444.56	Responsible for overseeing and managing the day-to-day operations of the Care Coordination Agencies and Community Health Workers and ensuring the HUBs subcontracts are meeting their scope of work while complying with Pathways Community HUB Institute guidelines. Also, serves as a liaison to all CHWs for workforce development, training for the database and model. Also responsible for auditing all billable forms within the pathways model, planning and coordinating various operational activities, analyze processes and identify areas for improvement, implementing strategies to enhance productivity, reduce costs, and optimize efficiency. also involved in setting and monitoring key performance indicators (KPIs), evaluating operational performance, and making data-driven decisions to drive continuous improvement. Responsible for identifying trainings and providing trainings. This includes the national CHW certification, Pathways Community HUB Institute Training, Safety in the Home, HIPPA, Cultural and Linguistic Appropriate Services, MediCal Billable case notes, and others as assigned. Also serves as a liaison to 3 CBOs to provide supervisor meetings, site visits, and all partner meetings where trainings and inservices are provided for workforce development. Oversees and manages the monthly newsletter, RMH event coordination, and any other partnerships as assigned.	Hourly Position, Annual $65,520 @ 1 FTE HOPE April 18, 25 to Oct '25 @ 1 FTE= 5,200 x 7 mo x 1 fte= 36,400 Nov '25- Dec '26 @ .70 FTE, 5,200 x 14 mo x .7 fte= 50,960 Nov '25- Dec '26 @ pay increase 3,640 Fatherhood Program YR 2 Nov '25 to June '26=5,200x 8 mo x .15 fte=6,240 YR 3 July '26 to Dec '26= 5,200 x 6 mo x .15 fte=4,680 Total: 10,920.00 Doula Program YR 2 Nov '25 to June '26=5,200x 8 mo x .15 fte=6,240 YR 3 July '26 to Dec '26= 5,200 x 6 mo x .15 fte=4,680 Total: 10,920.00	

Revised Exhibit B-4

Care Coordination Partner Liaison for Quality Assurance/Audit Manager - 1 FTE	$ 120,177.00	$ 172,914.31	$ 52,737.31	Responsible for developing and implementing a quality improvement plan, develops strategies for CCAs and conducts QI audits. Assists in monitoring all data entry and reviews and develops weekly reports to monitor outcomes. Changes: Increased by: $7,238.77 from Care Coordination Partner Liason- Training Lead, $8,749.78 from Fiscal and Contracts Managment, 18552.16 fromCare Coordination Partner Liason- Referral Lead, $10,631.41 from HUB Admin, $7,565.19 from Fringe Line Total Increase = $52,737.31 increase	Hourly Position, Annual $52,416 @ 1 FTE HOPE April 18, 25 to Oct '25 @ 1 FTE= 4,160 x 7 mo x 1 fte= 29,120 Nov '25- Dec '26 @ .70 FTE, 4,160 x 14 mo x .7 fte= 40,768 Nov '25- Dec '26 @ pay increase 2,912 Fatherhood Program YR 2 Nov '25 to June '26=4,160 x 8 mo x .15 fte=4,992 YR 3 July '26 to Dec '26=4,160 x 6 mo x .15 fte =3,744 Total: 8,736.00	Doula Program YR 2 Nov '25 to June '26=4,160 x 8 mo x .15 fte=4,992 YR 3 July '26 to Dec '26=4,160 x 6 mo x .15 fte =3,744 Total: 8,736.00 TOTAL 29,120 + 40,768+ 2,912 +8,736 +8,736 = 90,272
Care Coordination Partner Liaison for 4 CBOs (HUB's Train the Trainer) Training Lead - 1 FTE (17 mo)	$ 138,581.00	$ 78,350.32	$ (60,230.68)	Responsible for identifying trainings and providing trainings. This includes the national CHW certification, Pathways Community HUB Institute Training, Safety in the Home, HIPPA, Cultural and Linguistic Appropriate Services, MediCal Billable case notes, and others as assigned. Also serves as a liaison to 3 CBOs to provide supervisor meetings, site visits, and all partner meetings where trainings and inservices are provided for workforce development. Oversees and manages the monthly newsletter, RMH event coordination, and any other partnerships as assigned.	Hourly Position, Annual $59,280 @ .5 FTE YR 1 Aug'24 to Jul '25= $59,280 x.5 fte= $29,640 YR 2 Aug '25 to May '26 (10 mo) = $4,940 mo x 10 mo X .5 fte = $24,700 Total Increase: $29,640+ $24,700= $54,340 Total $ 84,241+ $54,340= $138,581	Changes: Moved to: Hub Director ($11,351.14) Care Coordination Partner Liason- HUB Manager ($40,444.56) Care Coordination Partner Liason- Quality Assurance ($7,238.77) HUB Executive Director ($1,196.21) Total: 60,230.68
Care Coordination Partner Liaison for Partner Liason and Referral Lead - .5 FTE	$ 186,790.00	$ 168,237.84	$ (18,552.16)	Responsible for intaking all referrals within the database system and assigning to a CHW, creating partnerships with local agencies to ensure the 21 Standard pathways are closed, creating MOUs with Primary Care Providers and Mental Health Providers to streamline access to care for HUB clients, identifying and analyzing gaps in resources based on Pathways Community HUB Model data and identifying avenues for advocacy and education on the work of CHWs. Also serves as a liaison to 3 CBOs to provide supervisor meetings, site visits, and all partner meetings. Supports in Outcome based unit reports and coordinates with Medical Consultant for medical billable items. Changes: Moved to Care Coordination Partner Liason- Quality Assurance (18,552.16)	Hourly Position, Annual $50,232 @ .5 FTE= 25,116 HOPE April 18, 25 to Oct '25 @ 1 FTE= 3,987 x 7 mo x .5 fte= 13,955 Nov '25- Dec '26 @ .40 FTE, 3,987 x 14 mo x .4 fte= 22,328 Nov '25- Dec '26 @ pay increase 1,396	Fatherhood Program YR 2 Nov '25 to June '26=3,987 x 8 mo x .05 fte=1,595 YR 3 July '26 to Dec '26=3,987 x 6 mo x .05 fte=1,197 Total: 2,792 Doula Program YR 2 Nov '25 to June '26=3,987 x 8 mo x .05 fte=1,595 YR 3 July '26 to Dec '26=3,987 x 6 mo x .05 fte=1,197 Total: 2,792 TOTAL 13,955 + 22,328+ 1,396 +2,792 +2,792 = 43,260
FCHIP Executive Director	$ 25,300.00	$ 26,496.21	$ 1,196.21	Responsible for providing leadership, direction, and clear vision that aligns with the mission and goals established by the partnership with Fresno County Departmentt of Public Health. Oversee day to day operations to ensure effective and efficient functioning of the HUB and manage staff resources. Changes: Increased by $1,196.21 from Care Coordination Partner Liason- Training Lead	Salary $110,240 Annual @ .10 FTE= $11,024 HOPE April 18, 25 to Oct '25 @ .10 =8,750 x 7 mo x .10 fte = 6,125 Nov '25- Dec '26 @ .90 FTE, 8,750 x 14 mo x .04 fte= 4,900 Nov '25- Dec '26 @ pay increase 687 Fatherhood Program YR 2 Nov '25 to June '26= 8,750 x 8 mo x .03 fte=2,100 YR 3 July '26 to Dec '26= 8,750 x 6 mo x .03 fte= 1,575 Total: 3,675	Doula Program YR 2 Nov '25 to June '26= 6,667 x 8 mo x .05 fte=2,667 YR 3 July '26 to Dec '26= 6,667 x 6 mo x .05 fte=2,000 Total: 3,675 TOTAL 6,125 + 4,900 + 687 + 3,675 + 3,675 = 19,062
Personnel Sub-Total	**$ 1,614,753.00**	**$ 1,622,318.19**	**$ 7,565.19**			
Fringe @ 32%	**$ 516,722.00**	**$ 503,221.83**	**$ (13,500.17)**	Changes: Moved to: Care Coordination Partner Liason- Quality Assurance (7,565.19) Meetings (5,934.98) Total = 13,500.17		
Total Personnel	**$ 2,131,475.00**	**$ 2,125,540.02**	**$ (5,934.98)**			
Operating Costs						
Fiscal Sponsor - Fresno Metropolitan Ministry	$ 591,577.00	$ 657,245.37	$ 65,668.37	Allocate 7% . Fiscal Sponsor of HOPE for accounting, bookkeeping, financial reports, invoicing, IQS payment processing, tax filings, nonprofit status filings, audit, and Human Resources 6,781/mo Changes: Increased by $65,668.37 from Subcontracts	HOPE April 18, 25 to Dec '26 = 5,380 x 21 mo = 113,000 Fatherhood Program YR 2 Nov '25 to June '26= 1,050 x 8 mo =8,400 YR 3 July '26 to Dec '26= 1,050 x 6 mo =6,300 Total: 14,700	Doula Program YR 2 Nov '25 to June '26= 1,050 x 8 mo =8,400 YR 3 July '26 to Dec '26= 1,050 x 6 mo =6,300 Total: 14,700 TOTAL 113,000+ 14,700+ 14,700= 142,400
HUB Staff General Expense (staff development, program and office supplies, Adobe subscription, copy, print, etc.)	$ 37,480.00	$ 22,718.39	$ (14,761.61)	General office supplies include Adobe subscriptions, grammarly, Printing HUB flyers, banners, and other marketing materials for the HUB, Office Supplies such as pens, paper, filing cabinet, binders, calculators, ink, and paper, chargers. Changes: Moved to: HUB Staff Facilities (10,544.71) HUB Staff Communications (4,216.90) Total = 14,761.61	HOPE April 18, 25 to Dec '26 300 x 21 mo = 6,300 Perinantal Equity Initiative 5K Wellness Run 62.50 x 8 mo (Jan-Aug '26)= 500 Fatherhood Program YR 2 Nov '25 to June '26= 43 x 8 mo=344 YR 3 July '26 to Dec '26= 43 x 6 mo =258 Total: 602	Doula Program YR 2 Nov '25 to June '26= 43 x 8 mo=344 YR 3 July '26 to Dec '26= 43 x 6 mo =258 Total: 602 TOTAL 6,300 + 500+ 602 + 602= 8,004

Revised Exhibit B-4

HUB Staff Facilities, Security, utilities, maintenance	$ 116,900.00	$ 127,444.71	$ 10,544.71	Rent for shared office space, utilities, board room, fax,copy machine and phone line. Other facility related expenses as needed. The office is for 7 hybrid employees. Derrel is for HOPE storage needs. Changes:Increased by $10,544.71 from HUB Staff General Expenses	HOPE April 18, 25 to Dec '26 300 x 21 mo = 49,213 spend as needed below Rent 3,004 x 21 MO= $63,084/.75 = $ 47,313 Phone $67 x 21mo= $1,407 printer fees 23x 21 mo= $493	Perinantal Equity Initiative 5K Wellness Run 287.50 x 8 mo (Jan-Aug '26)=2,300 Derrels 309 x 7 qtrs= $ 2,300 or as needed TOTAL 47,313 + 1,407+ 493+ 2,300= 51,513
HUB Staff Workspace Furniture ($1k x 6.5 FTEs - one time expense)	$ 9,500.00	$ 6,959.10	$ (2,540.90)	Changes: Moved 2,540.90 to HUB Staff Travel		
HUB Staff Equipment and Software (Laptops and MS Word Suite ($2.2K x 6.5 - one time expense)	$ 14,300.00	$ 14,299.97	$ (0.03)			
HUB Staff Communications - Cell Phone Stipends, Internet, Mailchimp, Survey Monkey	$ 26,386.00	$ 32,852.94	$ 6,466.94	Cellphone stipends are provided for employees who utilize personal cell phones while telecommuting. Mailchimp, Survey Monkey, and DocuSign are utilized to create marketing, assessments, and communication among partners to increase referrals to the PCH, and other communication costs. Changes: Increased by: 4,216.90 from HUB Staff General Expenses 2,250.04 from IT/Reflective Practice Total = 6,466.94	7 staff HOPE April 18, 25 to Dec '26 1098 x 21 mo= 16,759 Cell 7 statt, 315 mo x 21 = 6,615 Annual DocuSign fee= 1,344 Hyphen 1,200 x @ 7.5 mo (Jan- Aug '26 or as needed)= 8,800	Perinantal Equity Initiative 5K Wellness Run Communication, surveys , flyers 100 x 8 mo= 800 TOTAL 16,759 + 800 = 17,559
Meetings - Zoom subscription, Equipment - Conference Camera for hybrid meetings, materials, training materials, printing, training venues.	$ 10,220.00	$ 16,677.94	$ 6,457.94	Expenses will include monthly and annual zoom fees, meeting materials, and community resident stipends for evaluation, and other meeting costs which are essential to PCH operations. Additional zoom licenses are needed for HUB liaisons to schedule virtual meetings. Changes: Increased by: 522.96 from IT/Reflective Practice 5,934.98 from Fringe Total = 6,457.94	HOPE April 18, 25 to Dec '26 @ 472.50 x 21 mo= 9,923 Some items include : Zoom 10 x 21 mo - 210 Zoom Annual x 2 years , 1300 x 2= 2,600 Evaluations, meeting materials, packets	Perinantal Equity Initiative 5K Wellness Run Meeting venue, printing, software, other meeting items ,Jan - Aug '25, 62.50 x 8 mo= 500 TOTAL 9,923 + 500= 10,423
HUB Staff Travel* (mileage reimbursement for local travel @.625/mile @ $333.33/mo x 15 mo/ 12 mo/27 mo)	$ 23,839.00	$ 31,358.58	$ 7,519.58	Travel funds are requested for staff to attend various meetings, on-site quality improvement visits with CBOs, vaccine sites, parking expenses, and education events with community partners utilizing the current IRS mileage rates. HUB staff who visit CBOs, trainings, clinic support, and delivery of flyers and other marketing materials. Changes: Increased by: 2,540.90 from HUB Staff Workspace Furniture 4,978.68 from Subcontracts Total = 7,519.58	HOPE April 18, 25 to Dec '26 428.57 x 21 mo = 9,000 Perinantal Equity Initiative 5K Wellness Run 237.5 x 8 mo (Jan-Aug '26)=1,900 Fatherhood Program YR 2 Nov '25 to June '26= 179 x 8 mo=1,432 YR 3 July '26 to Dec '26= 178 x 6 mo=1,068 Total: 2,500	Doula Program YR 2 Nov '25 to June '26= 179 x 8 mo=1,432 YR 3 July '26 to Dec '26= 178 x 6 mo=1,068 Total: 2,500 TOTAL 9,000 + 1,900 + 2,500 + 2,500= 15,900
IT /Reflective Practice Support for 25 CHWs and HUB Staff	$ 10,715.00	$ 7,942.00	$ (2,773.00)	Changes: Moved to: HUB Staff Communications (2,250.04) Meetings (522.96) Total = 2,773		
Total Operating	**$ 840,917.00**	**$ 917,499.00**	**$ 76,582.00**			
Direct Costs	**$ 2,972,392.00**	**$ 3,043,039.02**	**$ 70,647.02**			
Indirect Costs @	$ -	$ -	$ -			
Total Direct and Indirect	**$ 2,972,392.00**	**$ 3,043,039.02**	**$ 70,647.02**			
Other Costs (not included in indirect)						
Subcontracts	$ 8,711,980.00	$ 8,558,827.45	$ (153,152.55)	Subcontractors are monitored monthly for compliance with the agency's approved budget and the scope of work. Technical assistance is available to all CBO staff and Executive Directors for programmatic and fiscal support. Monthly meetings are hosted with Executive Directors, and any changes are communicated through meetings, emails, and documented in the HOPE Billing Guidance. The HOPE team completes a benchmark evaluation for each CBO's year-to-date spending and programmatic activities. Each CBO leadership team will have a 1:1 meeting with the HOPE Fiscal and Contract Manager, Care Coordination Manager, assigned Liaison, and Program Director to discuss challenges, successes, and lessons learned and strategize together to maximize productivity. HOPE will establish community relationships and award the funds allocations to qualifying community partners. There is potential to create new contracts with existing CBOs and/or award new contracts through the RFP process. All contract amendments or new contracts will be sent to FMM, FCHIP Executive Committee, and DPH for approval.	April 18, 2025- May '26 2 CBO's with OBU payments - $150,00 each (Cultiva and TFC) 1 CBO cost reimbursable - $100,000 (VCB) Additional funds remaining - $77,500 Total: 477,500 Effective June '26 - Dec '26. Depending spenddown, current HOPE CBOs will be offered extensions and award increases. 2 CBO x 75,000 each = 150,000 1 CBO at 50,000 total: 200,000	Fatherhood Program YR 2 Nov '25 to June '26= 10,714 x 8 mo = 85,710 YR 3 July '26 to Dec '26= 110,715 x 6 mo = 64,290 Total: 150,000 Doula Program YR 2 Nov '25 to June '26= 10,714 x 8 mo = 85,710 YR 3 July '26 to Dec '26= 110,715 x 6 mo = 64,290 Total: 150,000 Changes: Moved to: Fiscal Sponsor (65,668.37) HUB Staff Travel (4,978.68) Consultants HUB TA Contractor Pathways (82,505.50) Total = 153,152.55
Consultants (Legal Counsel, Supplemental Training, Bilingual Trainer, Community Resident Stipends, and other consultant as needed)	$ 164,738.80	$ 164,738.80	$ -	Consultants needed for legal counsel for Business Associate Agreements and CBO correspondence around PHI, supplemental training for CBOs to fulfill activity 1.6, PCHI fees, Marketing and communication support, specialized data reports, Train-the-trainer fees, and other consultant needs. YR 1 Aug' 24 to Jul '25= $ 2,396 mo x 12 mo = $ 28,749 YR 2 Aug' 25 to May '26= $2,875 mo x 10 mo= $28,750 Total Increase: $28,749+ $28,750= $57,499 + carryover from other consultant lines $35,960 = $93,459 Total $71,280+ $93,459= $164,739		
Isolation Quarantine Support (IQS)	$ 546,163.00	$ 546,163.00	$ -	The IQS total was not needed as originally budgeted. The cost savings/carryover were moved to the consultant (legal counsel, supplemental training, ect.)		

Revised Exhibit B-4

Consultant - HUB Technical Assistance Contractor - Pathways Community HUB Institute and Certification Fees	$ 40,000.00	$ 122,505.50	$ 82,505.50	Consultants include PCHI annual fees, legal contract draf ts for new CBO, trainers, presenters, data management, website, marketing, impact reports Changes: Increased by 82,505.50 from Subcontracts	40K consultant for Perinantal Equity Initiative 5K Wellness Run 2,165 x 21 mo =45,468 Total: 40,000 + 45,468= 85,468
Marketing and Outreach Services - build a website, logo, and branding for Fresno HOPE PCH. Outreach and marketing support to increase brand awareness	$ 27,550.00	$ 27,550.00	$ -		
Consultant- data tracking and reporting	$ 26,668.00	$ 26,668.00	$ -		
Consultant- translation services	$ 7,377.00	$ 7,377.00	$ -		
Other Costs Subtotal	**$ 9,524,476.80**	**$ 9,453,829.75**	**$ (70,647.05)**		
Grand Total	**$ 12,496,868.80**	**$ 12,496,868.77**	**$ (0.03)**		