

**Amendment V to
Services Agreement
Fiscal Years 2022-2024**

Parties

Commission: Children and Families Commission of Fresno County, California
Contractor: County of Fresno, Department of Public Health

Administrative

Contract Number: 201617-0950

Recitals

A. Commission and Contractor are parties to that certain Services Agreement (the "Agreement"), dated December 23, 2016, the Term of which is from July 1, 2016 to June 30, 2018 (the "Original Term"). Commission and Contractor are also parties to Amendment I, dated August 28, 2018, Amendment II to the Agreement, dated October 23, 2019, Amendment III to the Agreement dated October 14, 2020, and Amendment IV to the Agreement dated October 25, 2021 extending the Term of the Agreement to June 30, 2022.

B. The Parties now desire to amend the Agreement to provide for an extension of the Term and to modify the Services and Project Budget all as defined in the Agreement.

C. All capitalized terms used in this Amendment V to Services Agreement (this "Amendment V") shall have the meanings provided for in the Agreement unless otherwise specified in this Amendment V.

Therefore, in consideration of the above recitals, which are incorporated into this Amendment I by reference, the Parties agree as follows:

1. Term. This Amendment V is made effective as of July 1, 2022 (the "Effective Date"). The Term of the Agreement is extended until June 30, 2024, unless terminated earlier under the Agreement (the "Term") or as specified in this Amendment V to the contrary.
2. Amendment to Section 2.1. Effective as of July 1, 2022, **Exhibit A** will be replaced with the **Exhibit A**, "Scope of Work (2022-2024 Fiscal Years)" attached to this Amendment V and incorporated herein by this reference. As of July 1, 2022, except as needed to interpret and enforce Contractor's responsibilities and obligations under the original Term of the Agreement, the original and prior **Exhibit A** attached to the Agreement and prior Amendment will have no further force and effect.

3. Amendment to Section 4.1. Section 4.1 of the Agreement is deleted in its entirety and replaced with the following:

4.1 **Project Budget.** Compensation for the Services is based on actual costs as described in **Exhibit B**. Compensation for the Services will in no event exceed the total aggregate amount of ~~\$2,966,374~~ (the "Contract Amount"). The Contract Amount includes compensation for Services remaining under the original term of the Agreement, as well as the Services to be performed under the Term, as defined in this Amendment V. Compensation for Services provided prior to July 1, 2022 shall be in accordance with the original Agreement, Amendment I, Amendment II, Amendment III, and Amendment IV.

4. Amendment to Section 4.2. The first sentence in Section 4.2 of the Agreement is deleted in its entirety and replaced with the following (the remainder of Section 4.2 is unaffected):

Commission will reimburse Contractor for all necessary, reasonable, and justifiable expenses, as determined by Commission, incurred in accordance with the Project Budget for providing the Services on behalf of Commission in an aggregate amount not to exceed the Contract Amount.

5. Controlling Document; No Other Amendment. In the event of any conflict between the terms of this Amendment V and the Agreement, the terms of this Amendment V shall control. Except as amended by this Amendment V, all terms of the Agreement shall remain in full force and effect, including, without limitation, all monitoring, evaluation, data collection, contract review, auditing, inspection, and record retention obligations set forth in the Agreement.

6. Binding Effect. The Agreement, as amended by this Amendment V, is binding upon, and inures to the benefit of, the respective heirs, executors, administrators, successors, and assigns of the Parties.

7. Headings and Construction. The subject headings of the sections and paragraphs of this Amendment V are included for purposes of convenience only and do not affect the construction or interpretation of any of its provisions. All words used in this Amendment V include the plural as well as the singular number, and vice versa; words used in this Amendment V in the present tense include the future as well as the present; and words used in this Amendment V in the masculine gender include the feminine and neuter genders, whenever the context so requires. No provision of this Amendment V will be interpreted for or against a Party because that Party or its legal representative drafted the provision, and this Amendment V will be construed as if jointly prepared by the Parties.

8. Counterparts. This Amendment V may be signed by the Parties in different counterparts and the signature pages combined to create one document binding on all Parties.

9. Signature Authority. Each Party represents that it has capacity, full power, and authority to enter into this Amendment V and perform under modified terms of the Agreement, and the person signing this Agreement on behalf of each Party has been properly authorized and empowered to enter into this Amendment V. Contractor must sign the signatory authorization, attached as Exhibit C and incorporated into this Amendment V. Contractor must complete and forward to Commission a new signatory authorization each time any name, title, or other information in the existing authorization is no longer current.

10. Electronic Signatures. Each Party acknowledges and agrees that this Amendment V may also be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature, or an "e-signed" document (e.g. DocuSign).

///

Signatures

COMMISSION

CONTRACTOR

CHILDREN AND FAMILIES COMMISSION
OF FRESNO COUNTY

COUNTY OF FRESNO, DEPARTMENT OF
PUBLIC HEALTH

REVIEWED AND RECOMMENDED
FOR APPROVAL

By: Sal Quintero
Authorized Representative

By: [Signature]
Fabiola González, Executive Director

Date of Signature: 8-23-22

Date of Signature: 09/07/2022

Name: Sal Quintero
Vice Chairman of the Board of Supervisors of
Title: the County of Fresno

APPROVED AS TO LEGAL FORM

Federal Tax ID Number: _____

By: [Signature]
Kenneth Price, Legal Counsel

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

Date of Signature: 9/8/22

By: [Signature] Deputy

By: [Signature]
Brian Pacheco, Commission Chair

Date of Signature: 9-8-22

EXHIBIT A

Scope of Work (2022-2024 Fiscal Years)



Direct Services Face Sheet & Scope of Work

This document will be completed with First 5 Fresno County (F5FC) staff and Service Provider during a development meeting.

A. Face Sheet

Agency Name: County of Fresno, Department of Public Health	Contract Number: 201617-0950 Project ID Number: 0950-17															
Project Name: Nurse Liaison	GL: 10-8518-00 100 %															
Agency Address: 1221 Fulton Street, Fresno, CA 93721	Start date/End date: 07/01/2016-06/30/2024															
	Contract amount: \$2,966,374															
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">FY 16-17:</td><td style="text-align: right;">\$312,617</td></tr> <tr><td>FY 17-18:</td><td style="text-align: right;">\$323,762</td></tr> <tr><td>FY 18-19:</td><td style="text-align: right;">\$368,412</td></tr> <tr><td>FY 19-20:</td><td style="text-align: right;">\$384,139</td></tr> <tr><td>FY 20-21:</td><td style="text-align: right;">\$345,183</td></tr> <tr><td>FY 21-22:</td><td style="text-align: right;">\$443,539</td></tr> <tr><td>FY 22-23:</td><td style="text-align: right;">\$394,361</td></tr> <tr><td>FY 23-24:</td><td style="text-align: right;">\$394,361</td></tr> </table>	FY 16-17:	\$312,617	FY 17-18:	\$323,762	FY 18-19:	\$368,412	FY 19-20:	\$384,139	FY 20-21:	\$345,183	FY 21-22:	\$443,539	FY 22-23:	\$394,361	FY 23-24:
FY 16-17:	\$312,617															
FY 17-18:	\$323,762															
FY 18-19:	\$368,412															
FY 19-20:	\$384,139															
FY 20-21:	\$345,183															
FY 21-22:	\$443,539															
FY 22-23:	\$394,361															
FY 23-24:	\$394,361															
	Other Project Funding: \$ 3,727,662															
BOS District: 3	Agency phone #: 559-600-3330															
Website: www.fcdph.org																
Project Description: <i>Briefly address what F5FC is funding and why. If applicable, describe the goals/outcomes. This may be placed on the F5FC website.</i>																
<p>The primary goal of the Nurse Liaison program is to prevent child maltreatment by improving health outcomes and decreasing potential re-hospitalization rates for at-risk infants and children. The Nurse Liaison program provides public health nurse liaison services to Community Regional Medical Center and Valley Children’s Hospital to support infants from the Neonatal Intensive Care Unit and their families through the transition to community care, as well as high risk infants and children under six years of age living in Fresno County who because of organic or environmental factors may be at risk for growth and developmental delays and who may face serious health problems. In addition, the program serves children with developmental, or behavior challenges identified through their child care provider and pregnant or parenting teens referred from the CalLearn program. Nurse Liaisons provide assessment, consultation, technical assistance, referral and linkage to a variety of community programs via a home visitation model.</p>																
F5FC Contract Manager: Liliana Salcedo																
Program Contact (Person who runs day to day program operations/supervisor/coordinator/manager)																
Name: Megan Gunn	Title: Supervising Public Health Nurse															
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330															
Finance Contact (Person responsible for submitting budgets, financial reports and/or invoices)																
Name: Michael Chu	Title: Senior Accountant															
E-mail: mchu@fresnocountyca.gov	Phone #: 559-600-6426															
Notice Contact (Person who has legal authority to sign contract)																
Name: David Luchini	Title: Director of Public Health															
E-mail: dluchini@fresnocountyca.gov <small>RO422 (1&2)</small>	Phone #: 559-600-3200															

Public Contact	
(Person responsible for general public calls requesting program info, how to access services, media, etc.)	
Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Christina Wyrick	Title: Program Technician
E-mail: cwyrick@fresnocountyca.gov	Phone #: 559-600-6347
Program Contact	
(Person responsible for approving submission of data)	
Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Finance Contact	
(Person responsible for entering financial information)	
Name: Michael Chu	Title: Senior Accountant
E-mail: mchu@fresnocountyca.gov	Phone #: 559-600-6426
Finance Contact	
(Person responsible for approving financial information)	
Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Finance Contact	
(Person responsible for approving financial information)	
Name: Aphivanh (Aphi) Xayavath	Title: Staff Analyst
E-mail: axayavath@fresnocountyca.gov	Phone #: 559-600-3330

Agency Service Locations:

Location(s)	District(s)
Location 1: 1221 Fulton Street, Fresno. CA 93721	District 3

First 5 Fresno County Strategic Plan and First 5 CA Result and Service Area Alignment:

Investment Area of F5FC Strategic Plan	Percent of Funding		
Families	100%		
Strategy per F5FC Strategic Plan	Percent of Funding		
Skill Building	100%		
State Result Area/Outcome	State Service Area	Percent of Clients	Percent of Funding
3. Improved Child Health	Early Intervention	100 %	100%

Is this an evidence based or research-based program?

(Please check one)

- Evidence Based
- Research Based
- N/A

B. Demographic and Geographic Client Served Details

Types of Clients Served and Projected Numbers: Please note that these fields reflect the client type options in the contract management database and not family relationships. Include all client level and aggregate clients included in sections C and D.

Type of Client	Total # of Clients FY2223	Total # of Clients FY2324
Child 0<3	105	105
Child 3-5	25	25
Parent	45	45
Prenatal	0	0
Other (please specify):	0	0
TOTAL:	175	175

Provider Category	Total # of Clients FY2223	Total # of Clients FY2324
Internal Program Staff	5	5
TOTAL:	5	5

Projected Numbers Served in Each Geographic Region:

Use the countywide box for programs providing services throughout the county.

Geographical Location of Clients to be Served	Total # of Clients	
	FY2223	FY2324
County Wide	175	175
Total:	175	175

Geographical Location of Clients to be Served	Total # of Clients		Percent Urban (%)		Percent Rural (%)	
	FY2223	FY2324	FY2223	FY2324	FY2223	FY2324
Countywide	175	175	90%	90%	10%	10%

C. Outputs: Services and Contacts

All services listed in section C are required to be entered in the reporting databases system on a monthly basis, refer to the Funded Partner Manual for details. All clients served by F5FC funds must meet age and residency requirements. Service Provider is required to maintain back-up documentation. The information in the table below will remain the same for the full contract term (from one fiscal year to the next) unless otherwise specified or modified through a contract amendment request. Please note, total unduplicated number of clients are captured per deliverable. Quarterly breakdown of clients may overlap.

Service Type	Core Client Type	Core Client Target # (Expected # of clients receiving service)	Core Client Target # (Expected # of clients receiving service)	Frequency	Verification Method
		FY2223	FY2324		
Case management session - Parenting Teen ¹	Parent	Total: 45 Q1: 5 Q2: 15 Q3: 10 Q4: 15	Total: 45 Q1: 5 Q2: 15 Q3: 10 Q4: 15	3 sessions ²	Service log
Case management session ³	Child	Total: 130 Q1: 24 Q2: 30 Q3: 38 Q4: 38	Total: 130 Q1: 24 Q2: 30 Q3: 38 Q4: 38	3 sessions ⁴	Service log
ASQ	Child	Total: 74 Q1: 13 Q2: 17 Q3: 22 Q4: 22	Total: 74 Q1: 13 Q2: 17 Q3: 22 Q4: 22	Annually and as needed	ASQ/ASQ:SE
ASQ:SE	Child	Total: 35 Q1: 7 Q2: 8 Q3: 10 Q4: 10	Total: 35 Q1: 7 Q2: 8 Q3: 10 Q4: 10	Annually and as needed	ASQ/ASQ:SE
Developmental referral	Child	Total: 83 Q1: 14 Q2: 18 Q3: 25 Q4: 26	Total: 83 Q1: 14 Q2: 18 Q3: 25 Q4: 26	Annually and as needed	Service log
Other referral ⁵	Child+Parent	Total: 83 Q1: 14 Q2: 18 Q3: 25 Q4: 26	Total: 83 Q1: 14 Q2: 18 Q3: 25 Q4: 26	Annually and as needed	Service log
Reflective practice session	Provider	Total: 5 Q1: 5 Q2: 5 Q3: 5 Q4: 5	Total: 5 Q1: 5 Q2: 5 Q3: 5 Q4: 5	Once a month ⁶	Attendance Records/Sign-in sheets

¹ Total unduplicated clients to be served in the entire year

² Total unduplicated clients to be served in the entire year

D. Aggregate Services and Narrative

The information in the table below will remain the same for the full contract term (from one fiscal year to the next) unless otherwise specified or modified through a contract amendment request. Service Provider is required to maintain back-up documentation. Data due Quarterly.

Not Applicable - If your program does not provide aggregate services, please check this box

Service Provider Staff Confidentiality Agreement & Request for Reporting Database System User Logon

All staff members of F5FC funded programs and projects (Service Providers) who are responsible for gathering or maintaining confidential information and records must adhere to this agreement.

Responsibilities

During the performance of Service Provider assigned duties related to the F5FC project, Service Provider might have access to confidential client information and records required for effective coordination and delivery of services to children and their families. All confidential discussions, deliberations, records, and information generated or maintained in connection with these activities shall be disclosed only to persons who have the need to know and authority to access confidential consumer information or records. This includes information obtained and conveyed through all media including the reporting database system. **Service Provider must not disclose any confidential client information to any third party without the written authorization from the client or legally authorized representative.**

Legal Liabilities

Service Provider must adhere to the following:

- *Notice: All applicable employees, agents, and subcontractors shall be notified of state requirements for confidentiality and also notified that any person knowingly or intentionally violating the provisions of the state law is guilty of a misdemeanor.*
- *Records pertaining to any individual recipient of F5FC will be confidential and will not be open to examination for any purpose not directly connected with the administration of local evaluation.*
- *No person will publish, disclose, use, or permit the use of, or cause to be published, disclosed or used, any confidential information pertaining to any individual recipient of F5FC services.*

Prohibition of Re-Disclosing Confidential Client Information Employment Confidentiality Agreement

This notice accompanies a disclosure of confidential information concerning a consumer of services funded by the F5FC. The above referenced agency is prohibited from making any further disclosure of this confidential information unless further disclosure is expressly permitted by the written authorization to release the information of the person to whom it pertains or as otherwise permitted by these regulations. A general authorization for the release of confidential information is NOT sufficient for this purpose.

Acknowledgement of Confidentiality and Prohibition of Re-Disclosing Confidential Client Information Employment Confidentiality Agreement

The Agency acknowledges responsibility not to divulge any confidential information or records concerning clients of F5FC funded services without proper written authorization. By signing the Direct Services Agreement, the Agency accepts confidentiality and prohibition of re-disclosing confidential funding requirements.



Direct Services Face Sheet & Scope of Work

Type of Agreement: *Amendment-Direct Service*

Type of Procurement: Informal Formal Sole Source

Annual Contract Review: Formal Informal

BFF Policy Agreement Form Completed: Yes No (attach form to contract) N/A

EFT Form Completed: Yes No (attach form to contract)

W-9 Completed: Yes No

Database Reporting System Set-Up: *(check all that apply)*

- No data - only basic info for state reporting
- Aggregate data
- Client level data reporting
- Narrative
 - Performance module
 - Financial module
- Financial module
 - Monthly reporting
 - Quarterly reporting
 - One time payment
- State upload

Type of Agency: *(choose only one)*

- City Government
- Community Benefit Organization (501(c)3)
- County Government
- Faith Based Organization (attach policy)
- Federal Government Agency
- Higher Education
- Private and/or for Profit Organization
- School District
- State Government
- Other (please specify):

F5FC Office Use Only

Commission Approved Date: 06/01/2016

F5FC Staff Review and Approval	FY 22-23
Contract Manager Approved	4/22/2022
Reviewed & Approved by Director	4/26/2022

Agency name: County of Fresno Department of Public Health Contract number: 201617-0950
 Program name: Nurse Liaison Contract amount: \$2,966,374

- See *Description of Services (end notes)* •

¹ **Case management session- Parenting Teen:** Case Management sessions include PHN visits at the client's home or field visits as an alternative to the home (examples: school, restaurant, park, etc.). Case management will be provided primarily to pregnant and/or parenting teens but may include case management services to infants and children referred from the community. Referrals come from the CalLearn program or other infant or children referrals.

Case management sessions may also include a telephone call, text, email or telehealth visit no less than 5-10 minutes in length for services such as follow-up with the referral source, consultation with medical providers, child care providers, social workers, parents, and representatives of agencies involved with the client's follow-up services. These case management sessions will be recorded in the nursing documentation notes.

² **Case management session (Parenting Teen) Frequency:** It is expected that there will be an average of three service contacts per client, however it may range from one to as many as needed for case management services based on each client's needs and availability.

³ **Case management session- Child:** Case Management sessions include PHN visits at the client's home, field or site visits. Field visits are defined as visits with the PHN at alternative sites such as a public park, library or a restaurant. Site visits are defined as visits with the PHN at child care homes or centers.

Case management sessions may also include a telephone call, text, email or telehealth visit no less than 5-10 minutes in length for services such as follow-up with the referral source, consultation with medical providers, child care providers, social workers, parents, and representatives of agencies involved with the client's follow-up services. These case management sessions will be recorded in the nursing documentation notes.

Primary referral sources are Valley Children's Hospital and Community Regional Medical Center with additional referrals being received from CPS, medical clinics, private doctors, community members, etc.

Referral sources also include child care centers, child care homes, preschools, CSN, etc.

⁴ **Case management (Child) frequency:** It is expected there will be an average of three service contacts per client, however it may range from one to as many as needed for case management services based on each client's needs and availability.

⁵ **Other Referral (Child):** Nurse Liaison will attach other referrals to the child or the parent/caregiver depending on the specificity of the referral. These other referrals are to improve the environment and decrease stressors on the child.

⁶ **Reflective Practice- Frequency:** Staff will participate in a group Reflective Practice (RP) and one-on-one sessions with the SPHN. The average RP service per staff member is once a month. The focus of these meetings will be to provide an opportunity to explore experiences, feelings and challenges encountered with clients or with the challenges of the role of home visiting itself.

EXHIBIT B

Project Budget (2022-2024 Fiscal Years)

**FIRST 5 FRESNO COUNTY
Direct Service Budget**

Agency Name:	County of Fresno, Department of Public Health
Project Name:	Nurse Liaison
Contract Term:	07/01/16-06/30/24
Contract Number:	201617-0950

	A	B	C	D	E	F	G	H	
	Year 1 Actuals	Year 2 Actuals	Year 3 Actuals	Year 4 Actuals	Year 5 Actuals	Year 6 CAR Budget	Year 7 Budget	Year 8 Budget	Total Program Amount
	07/01/16-6/30/17	07/01/17-06/30/18	07/01/18-06/30/19	07/01/19-06/30/20	07/01/20-06/30/21	07/01/21-06/30/22	07/01/22-06/30/23	07/01/23-06/30/24	

Category

I. Personnel										
A. Salaries	144,171	135,693	173,854	187,729	0	193,886	180,171	184,003	1,199,507	
B. Benefits	96,882	96,858	117,470	128,942	0	149,905	117,081	119,067	826,205	
C. Taxes	11,188	10,006	12,397	14,361	0	14,832	13,783	14,076	90,643	
Total Personnel	252,241	242,557	303,721	331,032	315,223	358,623	311,035	317,146	2,431,578	

II. Operating Expenses					0				
A. Facilities Costs	4,579	4,826	4,705	5,366	0	5,789	5,870	5,870	37,005
B. Operational/Supplies	3,069	2,611	3,080	1,832	0	1,326	3,067	1,711	16,696
C. Training/Travel	2,832	1,200	2,764	4,575	0	4,386	9,338	8,893	33,988
Total Operating Expenses	10,480	8,637	10,549	11,773	8,693	11,501	18,275	16,474	96,382

III. Program Expenses									
A. Materials and Supplies	2,889	2,983	4,000	14,929		4,103	10,396	6,169	45,469
Total Program Expenses	2,889	2,983	4,000	14,929	4,030	4,103	10,396	6,169	49,499

IV. Professional Services	7,000	6,060	4,585	8,000	1,475	6,500	8,000	7,000	48,620
V. Unallocated	0	0	0	0	0	26,950	0	0	26,950
VI. Indirect Costs	40,007	63,525	45,557	18,405	15,762	35,862	46,655	47,572	313,346

Total Program	312,617	323,762	368,412	384,139	345,183	443,539	394,361	394,361	\$ 2,966,374
----------------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	---------------------

VII. Other Funding	Year 1 Actuals	Year 2 Actuals	Year 3 Actuals	Year 4 Actuals	Year 5 Actuals	Year 6 Budget	Year 7 Budget	Year 8 Budget	Total Other Funding
A. Leveraged	344,725	376,600	504,244	459,245	572,353	521,222	470,754	478,520	3,727,662
B. Select Other Funding Source:	0	0	0	0	0	0	0	0	0
C. Other Funding Source:	0	0	0	0	0	0	0	0	0
Total Other Funding	344,725	376,600	504,244	459,245	572,353	521,222	470,754	478,520	3,727,662

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/16-06/30/24
2	Project Name:	Nurse Liaison	Contract Number:	201617-0950

		A			B			C		
		YEAR 8								
		First 5 Amounts			Leveraged			Select Other Funding Source:		
		07/01/23-6/30/24			07/01/23-6/30/24			07/01/23-6/30/24		
I. Personnel		Title	FTE	Amount	Title	FTE	Amount	Title	FTE	Amount
8	The "Amount" should be: Annual Salary X the FTE whenever possible. 1 FTE = 40 hours / week	Supervising Public Health Nurse	0.33	40,433	Supervising Public Health Nurse	0.37	46,532			-
		Public Health Nurse II	0.41	30,112	Public Health Nurse II	0.59	43,777			
		Public Health Nurse II	0.40	41,338	Public Health Nurse II	0.60	62,006			
		Public Health Nurse I	0.45	32,988	Public Health Nurse I	0.55	40,901			
		Public Health Nurse I	0.50	39,132	Public Health Nurse I	0.50	38,451			
15		A. Total Salaries & FTE	2.09	184,003		2.61	231,667		-	-
16		B. Benefits	64.709%	119,067			149,909			-
17		C. Taxes	7.65%	14,076			17,723			-
18		Personnel Subtotal		317,146			399,299			-
19		Justification of Benefits and Taxes:	Estimated benefits rates reflect Unemployment Insurance (.0032718), Retirement (.5141-.6527), OASDI (.0765), Health Insurance (\$9605-\$12476 per FTE per year) and Benefits Administration (\$122 per FTE per year).							
20		II. Operating Expenses								
21		A. Facilities Costs		5,870			7,330			-
22		Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (FTE, Square Footage, etc) for these costs and provide the calculation								
23		Fresno County Department of Public Health, 1221 Fulton St, 4th floor, Fresno, CA 93721. Telephones (\$2,000), facility operation/maintenance/household services (\$5,600), utilities (\$4,000), and security/alarm (\$1,600). These are all Internal Service Funds charges by square footage and assigned phone lines for the program. General Services Administration provides base amount for the department. Nurse Liaison staff account for approximately 950 sq ft.								Narrative/Justification –
24		B. Operational/Supplies		1,711			889			-
25		Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (materials, services, leases) for these costs and provide the calculation								
26		General office supplies such as paper, pencils, envelopes and filing supplies (\$1000), printing (\$300) and postage (\$300). Medical supplies for PHNs to use during home visits (\$1000).								Narrative/Justification –
27		C. Training/Travel		8,893			11,107			-
28		Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (name of local conferences & trainings) for these costs and provide the calculation								
29		Fees for staff to attend local meetings, conferences, and trainings (\$2,000). Staff private auto mileage reimbursement at a rate of \$0.585 per mile (\$15,000). County vehicle maintenance/usage/garage (\$3,000).								Narrative/Justification –
33		Operating Expenses Subtotal		16,474			19,326			-
34		III. Program Expenses								
35		Instructional Information		In the Narrative/Justification box provide a detailed explanation of all program expenses considered on this line item and how they are to support the program participants (include calculations where applicable).						
36		A. Materials and Supplies		6,169			-			-
37		Subtotal		6,169			-			-
38		Narrative/Justification – Provide the number of participants, cost per item, a description of the item, and justification for all expenses that support the clients of the program.								
39		Forms, pamphlets, educational materials (books and toys for children) to evaluate, educate and foster physical/mental/social growth in Nurse Liaison clients.								Narrative/Justification for Materials and Supplies
40		IV. Professional Services (Contracts, MOU's, Sub agreements, etc.)								
41		Instructional Information		In the Narrative/Justification box provide a detailed explanation of all professional services considered on this line item and how they are to support the program or staff (include calculations where applicable). Any services exceeding \$5,000 must have attached a narrative delineating services.						
43		Subtotal		7,000			-			-
44		Estimated costs for interpreters/translators who provide services for various languages through a Countywide contract. Interpreting services at a rate of \$40.00 per hou								Narrative/Justification –
50		Program Totals		346,789			418,625			-
51		VI. Indirect (= Program Totals - Equipment x Percentage of Indirect)								
52		Instructional Information		In the Narrative/Justification box explain these costs, how they will support/benefit the program, and how the percentage was determined.						
53		A. Indirect Rate	15.000%	47,572			59,895			-
54		Fresno County Department of Public Health's indirect cost rate is 22.579% of the total personnel costs, prepared following OMB's 2 CFR Part 200 guidelines and approved by County of Fresno's Auditor-Controller/Treasure-Tax Collector Department. Lower rate applied to this budget to ensure sufficient funding for direct costs and remaining within funding award amount.								Narrative/Justification –
55		Total Proposed Budget		394,361			478,520			-

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/16-06/30/24
2	Project Name:	Nurse Liaison	Contract Number:	201617-0950

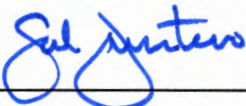
	A			B			C		
	YEAR 7								
	First 5 Amounts			Leveraged			Select Other Funding Source:		
	07/01/22-6/30/23			07/01/22-6/30/23			07/01/22-6/30/23		
I. Personnel	Title	FTE	Amount	Title	FTE	Amount	Title	FTE	Amount
The "Amount" should be: Annual Salary X the FTE whenever possible. 1 FTE = 40 hours / week	Supervising Public Health Nurse	0.33	40,433	Supervising Public Health Nurse	0.37	46,532			-
	Public Health Nurse II	0.41	30,112	Public Health Nurse II	0.59	43,777			
	Public Health Nurse II	0.40	39,369	Public Health Nurse II	0.60	59,054			
	Public Health Nurse I	0.45	32,988	Public Health Nurse I	0.55	40,901			
	Public Health Nurse I	0.50	37,269	Public Health Nurse I	0.50	36,620			
A. Total Salaries & FTE		2.09	180,171		2.61	226,884			-
B. Benefits	64.983%		117,081			147,436			-
C. Taxes	7.65%		13,783			17,357			-
Personnel Subtotal			311,035			391,677			-
Justification of Benefits and Taxes:	Estimated benefits rates reflect Unemployment Insurance (.0032718), Retirement (.5141-.6527), OASDI (.0765), Health Insurance (\$9605-\$12476 per FTE per year) and Benefits Administration (\$122 per FTE per year).								
II. Operating Expenses									
A. Facilities Costs			5,870			7,330			-
Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (FTE, Square Footage, etc) for these costs and provide the calculation									
Fresno County Department of Public Health, 1221 Fulton St, 4th floor, Fresno, CA 93721. Telephones (\$2,000), facility operation/maintenance/household services (\$5,600), utilities (\$4,000), and security/alarm (\$1,600). These are all Internal Service Funds charges by square footage and assigned phone lines for the program. General Services Administration provides base amount for the department. Nurse Liaison staff account for approximately 950 sq ft.							Narrative/Justification –		
B. Operational/Supplies			3,067			1,333			-
Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (materials, services, leases) for these costs and provide the calculation									
General office supplies such as paper, pencils, envelopes and filing supplies (\$1800), printing (\$300) and postage (\$300). Medical supplies for PHNs to use during home visits (\$2000).							Narrative/Justification –		
C. Training/Travel			9,338			11,662			-
Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (name of local conferences & trainings) for these costs and provide the calculation									
Fees for staff to attend local meetings, conferences, and trainings (\$2,000). Staff private auto mileage reimbursement at a rate of \$0.585 per mile (\$15,000). County vehicle maintenance/usage/garage (\$4,000).							Narrative/Justification –		
Operating Expenses Subtotal			18,275			20,325			-
III. Program Expenses									
Instructional Information		In the Narrative/Justification box provide a detailed explanation of all program expenses considered on this line item and how they are to support the program participants (include calculations where applicable).							
A. Materials and Supplies			10,396			-			-
Subtotal			10,396			-			-
Narrative/Justification – Provide the number of participants, cost per item, a description of the item, and justification for all expenses that support the clients of the program.									
Forms, pamphlets, educational materials (books and toys for children) to evaluate, educate and foster physical/mental/social growth in Nurse Liaison clients.							Narrative/Justification for Materials and Supplies		
IV. Professional Services (Contracts, MOU's, Sub agreements, etc.)									
Instructional Information		In the Narrative/Justification box provide a detailed explanation of all professional services considered on this line item and how they are to support the program or staff (include calculations where applicable). Any services exceeding \$5,000 must have attached a narrative delineating services.							
Subtotal			8,000			-			-
Estimated costs for interpreters/translators who provide services for various languages through a Countywide contract. Interpreting services at a rate of \$40.00 per hour.							Narrative/Justification –		
Program Totals			347,706			412,002			-
VI. Indirect (= Program Totals - Equipment x Percentage of Indirect)									
Instructional Information		In the Narrative/Justification box explain these costs, how they will support/benefit the program, and how the percentage was determined.							
A. Indirect Rate	15.000%		46,655			58,752			-
Fresno County Department of Public Health's indirect cost rate is 22.579% of the total personnel costs, prepared following OMB's 2 CFR Part 200 guidelines and approved by County of Fresno's Auditor-Controller/Treasure-Tax Collector Department. Lower rate applied to this budget to ensure sufficient funding for direct costs and remaining within funding award amount.							Narrative/Justification –		
Total Proposed Budget			394,361			470,754			-

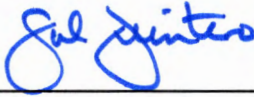
EXHIBIT C

Signature Authorization

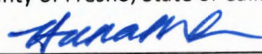
I CERTIFY THE AGENCY OFFICIAL LISTED BELOW IS AUTHORIZED AND EMPOWERED TO SIGN AND ENTER INTO THIS AGREEMENT ON BEHALF OF THE AGENCY (CONTRACTOR) AND BY VIRTUE OF THAT PERSON'S SIGNATURE, BIND THE AGENCY.

ORGANIZATION/AGENCY NAME (CONTRACTOR):	County of Fresno
--	------------------

SIGNATURE OF GOVERNING BODY OFFICIAL:	
DATE SIGNED:	8-23-22
PRINTED NAME:	Sal Quintero
TITLE:	Vice Chairman of the Board of Supervisors of the County of Fresno

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL:	
DATE SIGNED:	8-23-22
TYPED NAME:	Sal Quintero
TITLE:	Vice Chairman of the Board of Supervisors of the County of Fresno

NOTE: SHOULD CIRCUMSTANCES REQUIRE A CHANGE IN THE ABOVE, A NEW SIGNATORY AUTHORIZATION MUST BE COMPLETED AND FORWARDED TO THE COMMISSION.

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