

AMENDMENT NO. 3 TO SERVICE AGREEMENT

This Amendment No.3 to Service Agreement ("Amendment No. 3") is dated June 24, 2025 and is between WestCare California, Inc, a California Non-Profit Corporation ("Contractor"), and the County of Fresno, a political subdivision of the State of California ("County").

Recitals

A. On December 11, 2018, the County and the Contractor entered into Agreement No. 18-686 ("Agreement"), as amended by County Agreement No. 23-302 (Amendment No. 1) effective June 20, 2023, and County Agreement No. 24-293 (Amendment No. 2) effective June 18, 2024 for the Supervised Overnight Stay Agreement for supervised after hours/overnight stay services, linkage, targeted case management, assessments, and other specialty mental health services, for adults referred from local hospital emergency departments, crisis care continuum community partners, or law enforcement.

B. On March 17, 2025, the County issued a Request for Proposals (RFP) 25-068 for Supervised Overnight Stay Services which closed April 11, 2025. An addendum was published on March 27, 2025. No bids were received for this procurement. The County would like to continue these services as a majority of individuals are unhoused and Contractor is willing to continue providing services for an additional year.

C. The County and the Contractor now desire to further amend the Agreement to extend the term for an additional year increasing the contract maximum compensation by \$956,426.50.

The parties therefore agree as follows:

1. **Term.** This Amendment extends the term of the Agreement through June 30, 2026.

2. All references to "Exhibit A1" shall be deemed references to "Revised Exhibit A1", which is attached and incorporated by this reference.

3. All references to "Exhibit B1" shall be deemed references to "Revised Exhibit B1", which is attached and incorporated by this reference."

4. A portion of Section 5 of Amendment No. 2 (Agreement No. 24-293) beginning on Page 3, Lines 4 through 10 are deleted and replaced with the following:

1 “The maximum compensation payable to Contractor under this Agreement for
2 the period of July 1, 2024 through June 30, 2025 for Non-Medi-Cal Supports is
3 Six Hundred Eighty-Nine Thousand, Three Hundred Seventy-Five and 50/100
4 (\$689,375.50).

5 The maximum compensation payable to Contractor under this Agreement for the
6 period of July 1, 2025 through June 30, 2026 for supervised overnight stay
7 services is Nine Hundred Fifty-Six Thousand, Four Hundred Twenty-Four and
8 No/100 (\$956,424.00).

9 In no event shall the maximum contract amount for the full contract term from
10 January 1, 2019 through June 30, 2026, for all services provided by Contractor to
11 County under the terms and conditions of this agreement be in excess of Eight
12 Million, Five Hundred Fifty-Nine Thousand, Nine Hundred Ninety-Four and
13 50/100 (\$8,559,994.50).”

14 5. When both parties have signed this Amendment No. 3, the Agreement, Amendment No.
15 1, Amendment No. 2, and this Amendment No. 3 together constitute the Agreement.

16 6. The Contractor represents and warrants to the County that:

- 17 a. The Contractor is duly authorized and empowered to sign and perform its obligations
18 under this Amendment.
- 19 b. The individual signing this Amendment on behalf of the Contractor is duly authorized
20 to do so and his or her signature on this Amendment legally binds the Contractor to
21 the terms of this Amendment.

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

- 24 a. An “electronic signature” means any symbol or process intended by an individual
25 signing this Amendment to represent their signature, including but not limited to (1) a
26 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
27 electronically scanned and transmitted (for example by PDF document) version of an
28 original handwritten signature.

- 1 b. Each electronic signature affixed or attached to this Amendment (1) is deemed
2 equivalent to a valid original handwritten signature of the person signing this
3 Amendment for all purposes, including but not limited to evidentiary proof in any
4 administrative or judicial proceeding, and (2) has the same force and effect as the
5 valid original handwritten signature of that person.
- 6 c. The provisions of this section satisfy the requirements of Civil Code section 1633.5,
7 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part
8 2, Title 2.5, beginning with section 1633.1).
- 9 d. Each party using a digital signature represents that it has undertaken and satisfied
10 the requirements of Government Code section 16.5, subdivision (a), paragraphs (1)
11 through (5), and agrees that each other party may rely upon that representation.
- 12 e. This Amendment is not conditioned upon the parties conducting the transactions
13 under it by electronic means and either party may sign this Amendment with an
14 original handwritten signature.

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

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

20 [SIGNATURE PAGE FOLLOWS]
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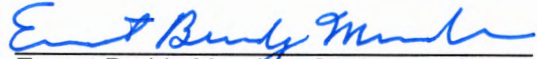
1 The parties are signing this Amendment No. 3 on the date stated in the introductory
2 clause.

3 WestCare California, Inc.

COUNTY OF FRESNO

4
5 

6 Shawn A. Jenkins
7 Resolution WCCA 2025-01
8 1900 N Gateway Blvd Suite 101
9 Fresno, CA 93727



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

10
11 By: 
Deputy

12 For accounting use only:

13 Org No.: 56304782
14 Account No.: 7295
15 Fund No.: 0001
16 Subclass No.: 10000
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**Overnight Stay
Facility
Scope of Work**

ORGANIZATION: WestCare California, Inc.

SITE ADDRESS: 2772 S. Martin Luther King Blvd, Fresno, CA 93706 (Overnight Stay Facility)

SERVICES: **Overnight stay services, clinical response services, peer support services, crisis intervention and assessments, discharge services, transportation and linkage to appropriate mental health programs.**

SCHEDULE OF SERVICES:

Contractor's staff shall be available to provide Overnight Stay Facility services to individuals seven days a week, 24 hours a day.

Contractor shall provide services on eleven (11) County observed holidays in each calendar year as follows:

New Year's Day
Martin Luther King, Jr. Holiday
President's Day
Cesar Chavez Day
Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving Day
Christmas Day

TARGET POPULATION:

Adults and older adults receiving services from emergency departments/5150 facilities who are in crisis but do not require a 5150 hold, released from an acute psychiatric hospital, and mobile crisis response. Referral agencies including but not limited to: Fresno Community Regional Medical Center (CRMC), St. Agnes, Clovis Community Regional Medical Center and Exodus Crisis Stabilization Center. Referral sources may be added upon DBH Director or designee discretion.

PROJECT DESCRIPTION:

The overnight stay program will provide individuals who present at the Emergency Department

(ED) in crisis, but do not require a 5150 hold the opportunity to be voluntarily discharged to the care of Supervised Overnight Stay (SOS) where they may spend the night, receive a meal, a shower, and a place to sleep. The program will coordinate with DBH to provide specialty mental health linkage the following day.

The goal is to reduce ED recidivism and lengths of stay in the emergency department or crisis stabilization unit. Individuals may stay at the SOS facility for up to four nights consecutively when necessary to enhance the probability that a successful linkage will occur. Because at least 80% of individuals of the population to be served are homeless, this opportunity for a longer stay may enable housing to be secured as well as mental health service linkage. When individuals are housed first, the likelihood of initiating and staying with treatment services is enhanced, they are less likely to be lost to follow-up and the opportunity to build a helpful therapeutic alliance is strengthened. The SOS program is an established bridge and permanent supportive housing provider in Fresno County and has long- term and ongoing partnerships with housing providers including Fresno Housing Authority and Turning Point.

CONTRACTOR'S RESPONSIBILITIES:

Contractor shall:

1. Provide services to individuals discharged from local hospital Emergency Department's (ED)/designated 5150 facilities as requested by the County. The Contractor may expand to provide services to other agencies in the County of Fresno as needed or if requested to do so by County, Department of Behavioral Health (DBH).
2. Transport individuals referred by local facilities to the overnight stay facility. Response time to the ED is expected to be less than thirty (30) minutes from referral call from ED. Individuals are transported as necessary 24 hours per day, 7 days per week, including holidays. Individuals will additionally be transported by staff to DBH programs for linkage services..
3. Maintain a census of current beds filled and track all referrals including a denial reason for all denied referrals to the program.
4. Provide overnight stay and linkage to appropriate levels of care the following business day. Services can be anywhere from 24 hours up to four nights if a person served arrives at the facility on a Friday of a holiday weekend and linkage cannot be provided until regular business hours are resumed. The overnight stay shall be between the hours of 8pm-8am; however, the hours of 8am to 8pm will be used for linkage, targeted case management, assessments and other mental health services as needed.
5. Engage individuals at the EDs where they have been admitted.
6. Be notified by ED staff or County of the pending discharge of a person served.
7. Encourage individual to accept the offer to stay overnight and be provided transportation and assistance to outpatient services the following day, or the following business day when applicable.

8. Provide supervision of individuals who are being discharged from the emergency department/designated 5150 facility. Provide for the basic care of individuals i.e.: food, bedding, shower/bath, medication supervision, etc.
9. Maintain adequate staffing for the program's needs.
10. Ensure that the safety of the community, person served, and staff are a priority.
11. Ensure service delivery is culturally sensitive and appropriate for individuals and their families
12. Provide family support services through Peer Support Specialists and Linkage Specialists to aid in the recovery of the individual as well as to educate and engage the whole family.

COUNTY RESPONSIBILITIES:

County shall:

1. Provide program and budget oversight through the County Department of Behavioral Health (DBH), Crisis Care Continuum Division to the Contractor's Overnight Stay Facility. In addition to contract monitoring of the program, oversight includes, but not limited to, coordination with the State Department of Mental Health, Mental Health Services Act in regard to program administration and outcomes.
2. Provide linkage to Specialty Mental Health Services to individuals receiving SOS services.
3. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the Contractor staff and be available to the Contractor for ongoing consultation.
4. Receive and analyze statistical data outcome information from vendor throughout the term of contract on a monthly basis. DBH will notify the vendor when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but may also include, as appropriate, person served and staff interviews, chart reviews, and other methods of obtaining required information.
5. Recognize that cultural competency is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the vendor efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to Contractor:

- A. Technical assistance and mandatory cultural competency training including sexual orientation and sensitivity training for vendor personnel, at minimum once per year. County will provide mandatory training regarding the special needs of this diverse population. Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice, and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.
- B. Technical assistance for vendor in translating behavioral health and substance abuse services information into DBH's threshold languages (Spanish, Laotian, Cambodian and Hmong). Translation services and costs associated will be the responsibility of the vendor.

PROGRAM OUTCOMES

Program outcomes and data tracking will align with funding source requirements including but not limited to number of referrals and by which agency, number of individuals who accepted SOS services, demographics, housing status, and number of individuals who report opioid use. Other data may be requested upon DBH Director or designee's discretion.

WestCare
Supervised Overnight Stay
Fiscal Year (FY) 2025-26

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116	Program Supervisor	1.00		\$ 80,000	\$ 80,000
1117	Peer Support Specialist/Driver	5.00		228,800	228,800
1118	Personal Service Coordinator	4.00		208,000	208,000
1119	Data/Program Assistant PT	0.50		22,880	22,880
1120	Medical Director	0.17		36,351	36,351
1121	Temp Help/Overtime			1,650	1,650
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		10.67		\$ 577,681	\$ 577,681
			Admin	Program	Total
Direct Personnel Salaries Subtotal		10.67	\$ -	\$ 577,681	\$ 577,681
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement			\$ 6,181	\$ 6,181
1202	Worker's Compensation		-	11,554	11,554
1203	Health Insurance		-	22,991	22,991
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ -	\$ 40,726	\$ 40,726
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		-	44,193	44,193
1303	SUI		-	36,394	36,394
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ -	\$ 80,587	\$ 80,587
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			Admin	Program	Total
			\$ -	\$ 698,994	\$ 698,994

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	0%	100%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	16,000
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	5,000
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 21,000

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 5,800
3002	Printing/Postage	1,216
3003	Office, Household & Program Supplies	6,000
3004	Advertising	-
3005	Staff Development & Training	5,500
3006	Staff Mileage	3,500
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	8,000
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 30,016

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 2,600
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	2,400
4004	Rent/Lease Vehicles	33,600
4005	Security	-
4006	Utilities	20,864
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 59,464

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ 146,950
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify): Property/Liability/Umbrella/Vehicle	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 146,950

INDIRECT COST RATE	18.15%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 956,424
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PROGRAM FUNDING SOURCES

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)		
Acct #	Estimated Specialty Mental Health Services Billing Totals:	Amount
	Estimated % of Clients who are Medi-Cal Beneficiaries	0%
	Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries	-
	Federal Financial Participation (FFP) %	0%
8001	Medi-Cal Specialty Mental Health Services	MEDI-CAL FFP TOTAL \$ -

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
SUBSTANCE USE DISORDER FUNDS TOTAL		\$ -

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ 669,497
REALIGNMENT TOTAL		\$ 669,497

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		-
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHSA TOTAL			\$ -

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Opioid Settlement Funds)	286,927
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ 286,927

TOTAL PROGRAM FUNDING SOURCES:	\$ 956,424
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NET PROGRAM COST:	\$	-
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Revised Exhibit B1

WESTCARE
Supervised Overnight Stay
Fiscal Year (FY) 2025-26

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Medical Director	Fresno County Overnight Stay	0.17
	SAMHSA MAT	0.13
	Fresno County DMC Outpatient	0.13
	Fresno County DMC Residential	0.26
	Kings County DMC	0.04
	Madera County	0.09
	Kern County	0.09
	Contra Costa County	0.09
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Revised Exhibit B1

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Revised Exhibit B1

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Revised Exhibit B1

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Revised Exhibit B1
WestCare
Supervised Overnight Stay
Fiscal Year (FY) 2025-26 Budget Narrative

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS			698,994	
Administrative Positions			-	
	1101	0	-	
	1102	0	-	
	1103	0	-	
	1104	0	-	
	1105	0	-	
	1106	0	-	
	1107	0	-	
	1108	0	-	
	1109	0	-	
	1110	0	-	
	1111	0	-	
	1112	0	-	
	1113	0	-	
	1114	0	-	
	1115	0	-	
Program Positions			577,681	
	1116	Program Supervisor	80,000	Responsible for providing the clinical and administrative programmatic leadership and oversight for the program. Responsible for the coordination of client care by collaborating with multidisciplinary professionals to provide and facilitate services.
	1117	Peer Support Specialist/Driver	228,800	To provide needed family and peer support to consumers, supervision of the residential facility, and transportation services.
	1118	Personal Service Coordinator	208,000	Provides support services to behavioral health clients or family member/ caregivers of consumers, assist in development and coordination of activities, and assist consumers in developing self-advocacy, communication, and empowerment skills.
	1119	Data/Program Assistant PT	22,880	For the data collection and clerical needs of the program and ensuring that the unit is prepared for the oncoming shift.
	1120	Medical Director	36,351	To provide medical services associated with the program and oversight of the clinical services.
	1121	Temp Help/Overtime	1,650	For the temporary help and/or overtime that may arise for the program.
	1122	0	-	
	1123	0	-	
	1124	0	-	
	1125	0	-	
	1126	0	-	
	1127	0	-	
	1128	0	-	
	1129	0	-	
	1130	0	-	
	1131	0	-	
	1132	0	-	
	1133	0	-	
	1134	0	-	
Direct Employee Benefits				
	1201	Retirement	6,181	match to employee contribution
	1202	Worker's Compensation	11,554	Workers Compensation expense based on employee classification
	1203	Health Insurance	22,991	Employer health, life, and dental care cost
	1204	Other (specify)	-	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			80,587	
	1301	OASDI	-	
	1302	FICA/MEDICARE	44,193	FICA/MEDICARE for employee salaries
	1303	SUI	36,394	SUI for employee salaries
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

Revised Exhibit B1

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT			21,000	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	16,000	Includes client food, basic client items including but not limited to clothing and hygiene products
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	5,000	Household items to be used by the clients
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	
3000: DIRECT OPERATING EXPENSES			30,016	
	3001	Telecommunications	5,800	Cost of cellphones, landline, and internet
	3002	Printing/Postage	1,216	Includes business cards and postage
	3003	Office, Household & Program Supplies	6,000	Includes office supplies, cleaning supplies, program supplies, and staff PPE
	3004	Advertising	-	
	3005	Staff Development & Training	5,500	Includes Pro-ACT, Motivational Interviewing, and other trauma informed training
	3006	Staff Mileage	3,500	Mileage reimbursement for staff using their personal vehicle for program needs.
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	8,000	For the gasoline and maintenance of the program vehicles.
	3009	Other (specify)	-	
	3010	Other (specify)	-	
	3011	Other (specify)	-	
	3012	Other (specify)	-	
4000: DIRECT FACILITIES & EQUIPMENT			59,464	
	4001	Building Maintenance	2,600	Minor repairs and maintenance to facility
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	2,400	Rent of equipment for program use
	4004	Rent/Lease Vehicles	33,600	Vehicles to be leased for exclusive use by the program.
	4005	Security	-	
	4006	Utilities	20,864	Electricity, natural gas, and garbage service
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	
5000: DIRECT SPECIAL EXPENSES			-	
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	-	
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	
6000: INDIRECT EXPENSES			146,950	
	6001	Administrative Overhead	146,950	Indirect costs are comprised of those administrative personnel and other costs
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify): Property/Liability/Umbrella/Vehicle	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

Revised Exhibit B1

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
7000: DIRECT FIXED ASSETS			
		-	
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE:	956,424
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:	956,424
BUDGET CHECK:	-